# Table of Contents

Introduction to Issue 4 ...........................................................................................................................................3

## Research Articles
Economic Change and the Redistribution of Power Among Women in Yemen: A Focus on the Treatment of Domestic Workers.................................................................7
Exploring the Epistemology of Illicit Drugs........................................................................................................29
Twins in Mesoamerica as a Symbol of Contrasting Duality ............................................................................44
“The thing is, to adapt is traditional”: Environmental Change and its Effects on Traditional Ecological Knowledge in the Eastern United States........................................................................64

## Book Reviews
This is the forth issue of *Spectrum: An Undergraduate Journal*. Included in this issue are six articles and four book reviews, which showcase the breadth of original research and critical inquiry that students carry out under the direction of our diverse faculty. Together the collection illustrates the inventive ways that our undergraduates both draw on and extend departmental specializations in religion and gender, medical anthropology, and archaeology and historical anthropology.

**Religion & Gender**

Here in the anthropology department, we are lucky to have several faculty members whose research focuses on gender, sexuality, and religion. In courses like, *Islam and Gender, Sex and Sexuality*, and *Gender and HIV/AIDS*, students explore the ways in which sex and gender identities shape human experience – for instance in the uneven distribution of health outcomes, in the choice of sex partners, or in the varied forms of religious, political and social mobilization worldwide. Molly Foye and Samantha Cotellesta tackle these rich topics in their original research articles, which explore how gender designations shift in accordance with social class, and in response to political and economic transformations. Common to all of these papers is a commitment to understanding gender as a fluid *and negotiated* category; one that not only enrolls people in unequal relationships of power, but also serves as a position from which to challenge and redefine the social order.
Medical Anthropology

In recent years, our department has been building its strength in medical anthropology. Added to our offerings in *Medical Anthropology, Global Population Health,* and *HIV/AIDS in Sub-Saharan Africa* are new courses entitled, *The World of Drugs,* and *Medicine & Culture: Science, Technology, and the Body.* Popular among anthropology and biomedical science majors alike, these courses explore the intersection of various health and healing systems worldwide, interrogate the global circulation of health risks, and cast a critical lens onto the political and ethical issues surrounding new medical technologies. Holly Linseman’s research article exemplifies some of the works students carry out in the medical anthropology stream. Integrating an analysis of critical anthropological approaches to drugs and drug use with key ethnographic texts, Linseman argues that the ways in which a society defines, addresses, and experiences the “problem” of drugs depends upon locally specific, and ever-evolving, socioeconomic and political institutions.

The book reviews included in this collection take up similar themes surrounding culturally and historically specific approaches to health issues. These reviews critically evaluate ethnographic accounts of addiction (Christian Kapstad), epilepsy (James Naas), HIV/AIDS (Emily Belanus), as well as post-traumatic stress and other disorders related to military involvement (Samantha Flecchia). In addition to placing these ailments in their material-historical contexts, the reviews situate the ethnographies within the broader field of medical anthropology by outlining their contributions to theoretical and conceptual trends. Together, the reviews paint a portrait of a diverse and growing field of anthropological inquiry.
Archaeology & Historical Anthropology

Archaeological and historical anthropology are keystones of our department. With specializations in Mesoamerica, Europe, and North America, our faculty tackle questions of space and place, landscape, political and symbolic power, and nonhuman agency. In addition to course offerings in World Archaeological Cultures, Human Evolution, and Religion and Ritual, students gain hands-on experience with archaeological topics in courses like The Lost Campus: The Archaeology of UNH, Open Archaeology Day, and the ever popular field school in Belize, where students conduct original research in survey and mapping.

Benjamin Rideout’s article on the sociosymbolic importance of twins in Mesoamerican archaeology and history is a fine example of the ways in which our students explore and interpret the significance of historical artifacts and other forms of material culture. Integrating an analysis of myth, symbols, and monuments across time and space, Rideout suggests that twins serve as enduring indicators, and mediators, of dualistic principles in Mesoamerican natural-cultural life. Such an emphasis on cultural continuity is echoed in Alecia Bassett’s article, which explores the transformation of traditional ecological knowledge as a result of colonial contact in the 16th century Eastern United States. Drawing on oral tradition and life histories, Bassett shows how indigenous groups incorporated colonial alterations of the environment into their traditional knowledge of plants and medicines. Her paper challenges any static notions of tradition by pinpointing how environmental changes are reflected in changes in native ecological knowledge.
Taken together, these papers highlight the diversity of sources that can be utilized in anthropological inquiry. Students in our department mobilize everything from myth to material culture, oral history to ecological indicators, primary to secondary sources, firsthand experiences to media accounts, in order to explore the continuities and changes affecting various social and cultural groups worldwide. This holistic approach to academic research that builds on convergences between socio-cultural anthropology and archeology is at the core of our identity as an undergraduate only Department of Anthropology.
Economic Change and the Redistribution of Power Among Women in Yemen: A Focus on the Treatment of Domestic Workers

Molly Foye

Introduction

Twenty-one year-old Somali migrant Deeqa earns a living as a domestic worker in Yemen. She shares, “at 15 I was married off to a man of the Habar Gidir clan. We had four children, three daughters and a son. When I was pregnant my husband was killed by a stray bullet and I became a widow. After my son was born, a period of mourning ended. When my husband died I was desperate. She cries as she asks, “Who is going to help me bring up my children? I decided to go to Yemen and now I work here in order to support myself and my children.” Migrant workers like, Deeqa, are often hidden in Yemeni society—they occupy domestic spheres without much interaction with other Yemenis. How has recent economic change in Yemen informed influenced the employment of low class, domestic workers?

A shared female identity does not promise solidarity among women in capitalist society. Exploring the prejudices held by Yemeni women over domestic workers exposes class related inequities among women. Recent economic change in Yemen showcases the crystallization of class while local gender identities morph in accordance to overarching capitalist demands. The presence of marginalized domestic workers in
upper-class Yemeni homes demonstrates the mutually informative relationship between class status and gender identity. Paralleling greater Yemeni hierarchical and patriarchal society, Yemeni women assert class privilege over low-income domestic workers. Of extreme relevance to better understanding gender and Islam, I argue that Yemeni women of distinguished class status possess and exercise control over the lives of migrant women, thus challenging perceived Yemeni gender roles that acknowledge men as dominant and women as submissive. Cemented by a preexisting drive to preserve familiar honor and fueled by recent economic change, upper-class Yemeni women problematize the “cultural closeness” of lower-class migrant, domestic workers through the formation of stereotypes.

**Overview of Yemeni History**

A careful consideration of Yemeni political history will contextualize the development of stereotypes. The documentary “Young and Invisible: Ethiopian and Domestic Workers in Yemen” provides a concise and condensed history of Yemen. With a population of 20 million, the Republic of Yemen is the least economically developed country in the Middle East. Located on the southwestern corner of the Arabian Peninsula, Yemen poses few oil resources. Yemeni history teems with civil war and conflict. The modern day country, the Republic of Yemen, was formed in 1990 after the unification of the former states, North and South Yemen. A majority of Yemeni’s reside in rural areas where there is limited access to health care and educational resources. Many women in rural settings remain illiterate. Over the past 40 years, the population of the Republic of Yemen has rapidly increased, despite high infant mortality rates. Under the rule of Imams, religious leaders of Islam, former North Yemen remained isolated.
from the outside world until the 1970s. The past 40 years have been accompanied by rapid changes: many roads and hospitals have been built while women have more access to education and employment. During this time many male Yemeni’s immigrated to Saudi Arabia and other Gulf States in search of jobs. Remittances earned abroad were sent home, stimulating local Yemeni economy leading to waves of urbanization. This led to the development of a new class system in Yemen and the solidification of an upper and middle class. To assert class status, it has become increasingly popular for Yemeni’s to hire domestic workers (Nederveen and de Regt 2007).

Mohammed Baobaid (2006) addresses the influence of foreign nation’s economic and political involvement in Yemen. He highlights the role of Western nations as catalysts of economic change in Yemen. Local civil war and political tension in Yemen were fueled by foreign occupation. Former South Yemen was divided into British protectorates between 1839 and 1967. In 1967, the People’s Democratic Republic was established in South Yemen. Governed by an Imam until 1962, the former North Yemen was isolated from international interventions. Marxist South Yemen was supported by the communist parties of Eastern Europe—women in South Yemen benefited from educational opportunities that were not available in North Yemen (Baobaid 2006, 168). Both former North and South Yemen suffered from political change in the late twentieth century. The unraveling of the Soviet Union and the fall of communism depleted South Yemen of stable allies. Simultaneously, the Gulf War sparked economic troubles for North Yemen as Yemeni migrant workers were forced to return home as war in the region interrupted oil production (Baobaid 2006, 168). This disruption was highly problematic for North Yemen as oversea work opportunities stabilized the local
economy. Since the establishment of the Republic of Yemen, economic and political
instability has plagued the nation. Baobaid summarizes:

Many families live in Yemen live in poverty, the cost of living has more than
doubled:

Healthcare services are scarce and insufficient, maternal and infant death is
among the highest in the world. Much of the population in Yemen lives in rural
areas where access to schooling facilities has declined in the past years and
illiteracy rates remain high. While larger urban areas fare better than rural ones,
institutions and facilities are strained. Yemen ranks among the lowest thirty
countries on the United Nation’s human development index (UNDP 2001) (2006,
169).

Yemeni’s in urban settings do not face the same challenges as those who live in
rural areas. In a material sense, “have’s” of the city and the “have not’s” of the country
represent the segregation of Yemen. A stark division between middle and upper class in
cities and rurally residing Yemenis highlights the presence of preexisting tribal
hierarchies as influenced by capitalist class structures (de Regt 2009).

Tribal and familial loyalties promote the segregation of gendered spaces (Baobaid
2006). According to Baobaid, these traits suggest the presence of a strong “traditional”
structure, which supports modern Yemeni society. Prerevolutionary Yemen exercised a
strict class system that hierarchically ranked members of Yemeni society (de Regt 2009).
This structure sought to maintain lineage and endogamous marriage patterns. Carpacio
(1998) argues that “tribal law” explains the class ranked society in Yemen. There are five
distinct social classes. The highest social status group (the sada) claimed power on the
basis of direct descent from Prophet Mohammed, while the lowest social groups could
not trace their ancestry. The families of judges (quada) followed the sada. The majority
of the population consisted of tribesmen (qaba’il), who lived in rural villages and small
towns who earned a living through agriculture and trading. Families that did not have tribal ancestry but could still trace their ancestors provided services for the higher social classes on an occasional basis. At the bottom of the social ladder one found the “abid and the akhdaam (literally slaves), two distinct ethnic groups with African as well as Arab heritage who are recognizable by their dark skin” (de Regt, 2009). Interdependence between social factors and a community’s mode of subsistence emphasize the interwoven layers of society. Described in Yemen’s prerevolutionary hierarchal system, power is attributed to the religiously and racially pure, while dark skinned, mixed people compose the least desirable status. An individual’s participation in the local economy is dictated by social factors. Contemporary lower-class Yemeni women and migrant workers participate within a system supported by traditional scaffolding.

Preservation of Honor through Stereotyping

Marina de Regt’s ethnographic work highlights the stereotypes used by upper and middle class Yemeni women to racialize domestic workers in Yemen. The author’s argument delineates the stereotypes that rank migrant worker while securing the honor and rigidness of Yemeni class systems. Class status is maintained through a selective hiring process based on stereotypes. Employers seek to establish cultural distance from their migrant workers in order to protect the family’s honor. An “‘ideology of honor and shame,’ which ascribes to …[women] the function of being the symbolic markers of moral and cultural purity” (Rhode, 2006, 186). With intentions to preserve honor, and secure class status, stereotypes not only stigmatize but demobilize domestic workers. I argue that this act of social condemnation parallels the patriarchal values of Yemeni
society, perpetrating acts of violence against women. Class privilege fuels internalized violence committed by women toward women with intentions of preserving honor.

From least desirable to most valuable, lower class Yemeni, Somali, Ethiopian, Filipina and Indonesian women are ranked by upper-class Yemeni women. I created Figure 1 (see below) to visualize this hierarchy, displaying Asian women as the most preferred domestic workers while local lower-class Yemeni women noted as the least desirable. Employers associate a woman’s cleanliness and reliability with her ethnicity. Cleanliness, in the eyes of Yemeni hirer, encodes other aspects of the worker’s identities such as their race, linguistic background and class status.¹ Linguistic closeness poses as a threat to hirers who seek to employ a domestic worker who will not dishonor the family by gossiping.

![Figure 1: Domestic Worker Hierarchy](image-url)

¹ Mary Douglas’ *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* deconstructs the culturally relative concepts of cleanliness and purity. Intended for an academic audience, the anthropological text, through various chapters, highlights the cross-cultural presence of taboo practices, focusing on those that are considered unclean and impure. The author provides examples from various cultures in order to demonstrate a fundamental concept: the shared notion that deems something dirty or taboo is based on a culture’s collective perception and symbolic association with a practice or object. A careful analysis of Douglas’ piece prompts a focus on domestic workers (in)ability to use modern cleaning products and how this influences her relationship with her employer. Incorporation of Douglas’ ideas compliment Marina De Regt’s ethnographic piece and serve as a foundation for understanding upper class Yemeni women’s particular preference toward hiring specific domestic workers.
Another principal factor considered by employers depends on the worker’s citizenship status. Refugees, typically Somali, and local, low-class Yemeni women are seen as less desirable. Not only are these women considered culturally and linguistically similar, they are more mobile than Asian domestic workers. These women typically have families of their own nearby and are considered less reliable as they may need to tend to a sick child or elderly family member. Some Somali women especially pose a threat of unreliability as they may relocate due to their status as refugees. Stereotypes develop around Somali and low class Yemeni women labeling them unreliable, unclean and uneducated. These women typically secure work in middle class Yemeni families who hire help to assert their class status. Middle class families are reluctant to hire low class Yemeni women, as they are fearful the boundaries of the society’s hierarchal class status will blur if rural women are allowed in the home. Migrant workers without familial ties in Yemen are preferred over Somali refugees or local Yemenis, as they are considered more reliable. Ethiopian, Indonesian and Filipina workers often migrate to Yemen and consider themselves as skilled, educated, contributors to local families. Asian migrants are able to use modern cleaning products and technology without instruction and some speak English. Such status hierarchies are deep rooted in local Yemeni history: the presence of a preexisting social tribal hierarchy in Yemen suggests that segregation and preservation of socio-economic class is key factor of Yemeni culture (de Regt 2009).

Questions of Gender Identity and Power

Social status and economic status, like gender identities, are mutually informative. Baobaid claims that in patriarchal societies, such as Yemen, violence against women
signals male power and that “[t]he structure of male privilege and patriarchy …has been manipulated and reinforced by those men in power to influence the social and institutional character of Yemen such that women are treated as lesser individuals than men (2006, 176). Violence among genders too demonstrates the connection between power and violence in the context of patriarchy. I argue that upper-class Yemeni women vis-à-vis domestic workers replicate the same behaviors, whereby the latter treated as lesser beings; as dominators of the domestic sphere, striving to maintain familial honor, these upper-class women are socially violent toward domestic workers. The act of stereotyping domestic workers not only serves as an effective manner to preserve a family’s honor, but these labels further solidify socio-economic class status. Stigma associated with the cleanliness and reliability of a worker, combined with her assumed race, ethnic, religious and linguistic identities prescribe her role in overarching Yemeni society. Since women’s behavior is culturally connected to and signals her family’s honor, it becomes culturally acceptable by the society and expected from the males in her family to exercise control over her behavior and use violence to sanction violations of the family’s honor. Baobaid argues that family honor and male domination within a home is informed but also extends to “workings of society and the justice system” (2006, 176). As a result, the domestic abuse is “embedded in a larger culture of violence that defines the social fabric of Yemen” and creates and reinforces existing power inequalities (Baobaid 2006, 178).

The presence of stereotypes alludes to the installation of violent acts committed by women toward women, challenging perceived gender roles in Yemeni society. Class status awards upper-class Yemeni women the power to socially maim domestic workers.
Shared female identity does not protect domestic workers from racialization and discrimination. An exploration of gender and class calls for a focus on power. How does gender and class status inform the distribution of power in Yemen? What aspects of Yemeni cultural ascribe power?

Power is multifaceted—different realms of identity grant power in a complex way. Culturally relative understandings of age, race, class, gender, and sex, for example, grant certain power and privilege. Though hierarchical, the many elements and contexts of human identity should be considered as a web instead of as a linear tract. Considering gender identity, how do women possess power in Yemen? Can women possess power in a patriarchal society? Do marginalized migrant workers possess power? Baobaid’s ethnographic research exposes the skeleton of patriarchal, Yemeni society:

[D]omestic abuse is not an isolated practice of violence that women suffer, but must be understood as embedded in larger culture of violence that defines the social fabric of Yemen. It is very important that a political link is made between the existence and tolerance of violence in the home and the existence of governing patriarchal culture that subordinates women and dismisses their rights. This produces a reality for women in Yemen where abuse and oppression are deeply entrenched in the daily and overall social and cultural structure of the country (2006, 178).

Considering the underlying patriarchal traits of Yemeni society, what is Baobaid suggesting with this statement? This tender issue is ethically difficult to tackle. However by reducing women’s identity to their gendered status in Yemeni society, Baobaid fails to acknowledge other realms of identity like class, age, religious belief, etc. which may grant women other powers within wider society. I challenge myself as I wonder about the notion of male dominated society, as women possess power across the spectrum of identity. With a focus on urban spaces, I argue that women with ascribed class status and migrant, domestic workers should not be considered powerless. Over the 20th century,
economic change in Yemen has led to the solidification of a capitalist class system. I argue that this redistribution of power has grants both wealthy Yemeni and domestic workers certain privileges. Luce Irigaray’s (1993) beliefs concerning the liberation of women may mend aspects of Baobaid’s one-dimensional argument. She proposes that the idea of gender equality is problematic as it compares women to a societal standard instead of allowing her to exist as her own, respected and valued category.

I argue that despite their marginalized status, domestic worker’s presence in Yemeni society awards these women a certain sense of power. Certainly it cannot be dismissed that women in Yemen are physically beaten, tormented and discriminated against. These women are subjected to forms of violence as they are considered threats to other members of Yemeni society. Domestics who speak Arabic and practice Islam are considered less desirable as they may gossip about the family—their practice of Islam may threaten an upper-class family’s reputation. Acknowledging the similarities and cultural closeness of Somali and Yemeni women, in particular, what does the act of oppressing an individual suggest about the preservation and redistribution of power? In the article “Do Muslim Women Really Need Saving? Anthropological Reflections on Cultural Relativism and Its Others,” Lila Abu-Lughod (2002) addresses how cross-cultural analysis is often clouded by a subconscious, ethnocentric drive to compare one culture to the standards of another. A more detailed collection of ethnographic materials may help to displace the Western savior complex with an accurate, complex understanding of female’s identities in the Middle East and North Africa.
Conclusion: Consider the Context

Aside from reference to ethnographic research, local artists share valuable insight regarding the complexities of human identities. The series of photographs taken by Yemeni photographer Boushra Almutawakel titled Hijab Series: What if... challenges the audience’s expectation of the gender dynamic in Yemen. Veils and symbolic garb, do not define women as oppressed beings—women with ascribed class status exercise their power onto domestics and lower class members of society. Essential for anthropological research, the realms of human identities must be pluralized. Rigid binaries and labels must be replaced in order to comprehend variation expressed by human beings. Pluralizing gender identities, and considering the local context and interpretation of religious beliefs will highlight the underlying structures of patriarchal society. Our own stereotypes of Yemen and life in the Middle East have developed from a heightened sense of ethnocentrism. Images found on Western media sites generalize Yemeni people in accordance to a rigid gender binary. In images of public spaces, men are highlighted as violent while women’s identities are marked solely by their garb: men are portrayed rioting, women are veiled. These images are one-dimensional and lack contextual background. It is necessary to abandon these stereotypes to create a more accurate representation of the complexities of identity in Yemen. Class status, especially, removes
upper-class Yemeni women from this *oppressed* role as their elevated societal status grants them much local power. Marginalized migrant workers also possess a certain power—their interpretation and practice of Islam, linguistic backgrounds, and nationalities can be considered threatening—stereotypes are formed as a preventative measure to withhold power and social advancement of these women.

**References**


Introduction

Religion and politics: they are perhaps the two most complex topics known to human kind. Each is a form of belief about the world and each provides the believer with a template for how life should be lived. Politics is generally understood as being tasked with taking on the role of providing the economic framework as well as a legal system for a given society. Religion on the other hand typically been known to provides the believer with a framework for living a moral life, and often gives that morality a sense of purpose by promising those who live this way will be rewarded in both this life and the next. This is best understood through the common belief in an afterlife where one who follows the said moral code of a religion will be accepted into what is often referred to as heaven and one who breaks the same code then sent to hell. Now if these two matters were kept separate from one another then life would be a whole lot simpler but it is never that easy. Religion and politics have been connected since their very inception. In recent years we have seen this relationship being played out in the lives of Muslim women all over the world. Of course the relationship between women, Islam, and politics has existed for as long as the religion itself, and is perhaps one of the more complicated examples of this relationship. One country in particular where this relationship has taken center stage is Saudi Arabia.

In this essay I focus on women in Saudi Arabia, who live in perhaps one of the most socially conservative countries when it comes to women’s rights. For example,
Nimrod Raphaeli describes the daily lives of Saudi women in the following way, “women can not work without the permission of a responsible man in the family, cannot drive a car, and cannot go to a restaurant alone,” he goes on to described how these rules are enforced by the “Prevention of Vice and Promotion of Virtue Police,” commonly referred to as the “religious police” (Raphaeli 2005, 526). Nevertheless, in the following paragraphs I demonstrate that women have found a way to navigate a religious and political climate that attempts to control most aspects of their daily life; and now with a growing push for social reform women in Saudi Arabia have begun to fight back against the religious, political, and social norms that limit them and reclaim both politics and Islam for themselves. I content that despite the existing assumptions and evidences that in Saudi Arabia women’s rights are circumscribed, Saudi Arabian women actively challenge these existing gender inequities, and are engaged in reclaiming their identity and defining their own lives on their own terms.

History of Saudi Arabia and Islam

The Kingdom of Saudi Arabia is the largest country on the Arabian Peninsula; in 2013 its population was estimated at just over thirty million. The county has a long history spanning all the way back to the foundation of Islam and even before that, but the Kingdom of Saudi Arabia was not officially a country until 1932. Saudi Arabia is home to both Mecca and Medina, the two most important holy cities in Islam. Ruled by a monarchy headed by a king, Saudi Arabia has never truly had a constitution but is governed by sharia, meaning Islamic law. Before 2011 women’s participation in politics was very limited but that year it was announced that in 2015 women would be permitted to not only vote but also run for office. This development is obviously a great
accomplishment for women when it is held up against the history of Saudi Arabia’s national religion of Islam it seems to be a country reverting to the practice of its religions roots (Ochenwald, 2014).

Contrary to what some people may believe women have played a vital role in Islam since its inception. Islam is a monotheist religion founded by the Prophet Muhammad, a man highly revered by Muslims he claimed to be a messenger of god. But when one speaks about Muhammad one must also speak about his wives because without their influence Islam would be an entirely different religion from what it is today; or it would simply not exist at all. For instance, the first of Muhammad’s wives was named Khadija, was a wealthy woman who was able to free Muhammad from a life of work. No longer having to work Muhammad began a life of contemplation and it was this life that lead to his revelation from God that made him the Prophet of Islam. Of course, Khadija’s work was not done. Not only was she the first of Muhammad’s converts, it was she who encouraged him to begin preaching and spreading Islam to the masses; her social standing in the community as a wealthy businesswoman and respect she commanded helped the Prophet to share God’s revelations with others (Ahmed 1992, 42). While she was living Khadija, remained Muhammad’s only wife, but after her passing Muhammad married twelve women leading a polygamous life (Ahmed 1992, 42-43).

The youngest of these wives and Muhammad’s favorite was Aisha. Married to Muhammad when she was very young, some believe as young as nine, Aisha became one of the most influential figures in early Islamic history (Ahmed 1992, 43). Aisha’s father, one of the first converts to Islam and a close friend of the prophet, Abu Bakr, eventually became the first caliph after Muhammad’s death and ruled for 10 years. Unlike most men
at this time, Abu Bakr, trusted his daughter with handling his estate after his death, despite the fact that she had multiple older brothers (Ahmed 1992, 74). Her father was not the only person who trusted Aisha with great power. After Abu Bakr’s death, Aisha was left without a husband or father. Yet she became active in politics, ultimately influencing the succession of the next caliph after her father. Therefore, women were vital to the foundation of Islam. Since the inception of the religion, women fought for what they believed, Aisha for example gave speeches in mosques and even went as far as to lead troops in to battle all in the name of Islam (Ahmed 1992, 75). Given this history, seems natural to see women fighting for the social and political reform and improvement of their own country of Saudi Arabia.

Politics, Islam, and Women’s Lives

The push for social reform in Saudi Arabia began for many different reasons but chief amongst them, Raphaeli (2005) argues, was the sizable number of Saudi citizens who took part in the terrorist attacks on September 11\textsuperscript{th} 2001. According to Raphaeli, other catalysts included rising unemployment, a failing economy, and an increase in terrorist attacks on Saudi soil a result of an increase in terrorist organizations operating within the country. These trends, and the September 11\textsuperscript{th} attacks in particular, have caused sweeping change and a huge push for reform in a multitude of countries. But Saudi Arabia’s reform process has taken on a slow and rather arduous tenor.

In an attempt to illustrate the difficulties of reform in Saudi Arabia, in 2005 a Saudi journalist, Rashed Al-Fawzan, underlined many of the political and economic problems facing this country. These problems included: an over dependence on oil, which makes up eighty per cent of the countries revenue; a national debt of over one hundred
eighty billion US dollars; high unemployment rates; factories producing poor quality goods not viable for export; large sums of money spent on education with little to no reward; and extremely limited job opportunities for women (Raphaeli 2005, 517-518).

Tackling these problems on their own is a complicated enough process, but Saudi Arabia is also home to one of the most conservative interpretations of Islam Wahhabism. It requires its followers to adhere to the teachings of the Qur’an with no room for interpretation. It is often argued Wahhabism is conducive to creating extremism and terrorism on a greater scale. Such religious precepts may also help explain why women’s rights in Saudi Arabia are so curtailed. For instance, in Saudi Arabia women are, as a rule, prevented from driving, and traveling and leaving their homes without a male escort (Raphaeli 2005, 519).

Despite these political and economic instabilities and religious restrictions, the people of Saudi Arabia have still begun the push for what many believe have become vital social reforms. Saudi citizens advocate for these reforms in the form of petitions to the royal families based on what they believe needs to be done in order to divert their country from its path of perceived self-destruction (Raphaeli 2005, 517). Over three hundred Saudi intellectuals, including fifty-one women, signed one of the most significant of these petitions. Called ‘In Defense of the Nation’ this petition stated:

Being late in adopting radical reforms and ignoring popular participation in decision making have been the main reasons that lead our country to this dangerous point. Therefore we maintain that depriving the political, cultural and intellectual elements in society of their natural right to express their opinions, led in fact to the domination of one faction [the clerics] which is unable, due to its nature, to carry out a dialogue with others, and that this faction does not represent the magnanimity of Islam and its moderation nor its enlightened elements, and indeed helped in crystallizing the mentality and ideas of terrorism, which burned our country with fires (Raphaeli 2005, 525).
The language used in this and other petitions signals that the citizens of Saudi Arabia are serious about social reform. But no matter how powerful this movement is or becomes, the women of Saudi Arabia have their own unique needs and desires, which they addressed in their own petition. This petition was written and signed by 300 college educated Saudi women, who made eight demands all relating to women’s issues. The demands included: the reform of laws surrounding divorce and alimony; mandatory education for boys and girls; opening up more opportunities for women to study a wider variety of subjects while in college; opening up more job opportunities for women in the government and other public agencies; giving women the opportunity to take on leadership roles; allowing women in to the business sector; eliminating the need for women to be accompanied by a male chaperone during financial transactions; allowing women to form civil society organizations; and equal treatment of Saudi women married to non-Saudi men and non-Saudi women married to Saudi men (Raphaeli 2005, 526). These demands are just a small sample of what women are fighting for in a country that has at least in more recent history has acted as their oppressor.

Fighting for these demands means women in Saudi Arabia have to navigate existing cultural traditions. One of these traditions is the practice of sex segregation of men and women in public places. This practice started out as a tradition of a religiously conservative country, but it became a way to talk about reform while keeping women confined to a separate category they occupy both legally and spatially. This separation has created a situation where women’s rights, especially those of the financially elite, are expanding but they are doing so behind literal and cultural walls (Renard 2008, 610). The social and physical spaces occupied by women make up a variety of different places. In
addition to domestic spaces, they can be a university, a workplace, government offices, and in some cases even shops (Renard 2008, 612). Today, the practice of sex segregation by the government has given those in power the ability to control their movement both physically and socially (Renard 2008, 611). But in an act of defiance many women in Saudi Arabia have used sex segregation to create and preform their own discourse on their own rights by inverting intended outcomes of sex segregation, such as control of women’s mobility.

On of the ways women are taking control of their own physical and social mobility is by protesting the de facto driving ban by getting behind the wheel (Jamjoom, 2013). This ban prohibits women from driving despite the fact that there is no actual law against it; this is because according to the interpretations of many different religious leaders the Quran says that women are not allowed to drive. For example in October 2013, many Saudi women, most of whom belong to the upper middle class and financially elite, protested this ban by participating in the Woman’s Driving Campaign and getting behind the wheel to run the daily errands they are not able complete because they are restricted from driving. It is estimated that at least thirty-five women participated in the campaign, and though that may seem small these women in Saudi Arabia took a great personal risk to stand up for the right they not only want but also deserve (Jamjoom, 2013).

Conclusion

Saudi Arabian women’s push for political reforms is a complex one defined by a devotion to their religious beliefs and influenced by the political restrictions that have defined their lives. They fight not just for social reform but also for the understanding and
acceptance of the lives they live. Through acts as bold as petitions to the royal family to something as subtle as creating your own ways to define your lives outside of the way society as a whole defines you, women have begun to reclaim their place of importance in Muslim society. Though these acts are important the process is still a long and highly complex one. Women in Saudi Arabia are up against years of conservative interpretations of Islam, promoted by modern day religious leadership, as well as numerous other issues in both politics and the economy. Yet they still push forward knowing that a solution to their ills could very well be the solution to many of the issues plaguing Saudi Arabia today.

References


Exploring the Epistemology of Illicit Drugs

Holly Linseman

**Introduction**

Everyone has heard about the “War on Drugs.” If one simply watches the news for a few days, the media construes an image of an addicted world populace, with our government gallantly fighting a war that never ends. The United States has a long history with this apparent struggle: Prohibition, the counterculture movement of the 1960s, and the more recent policing of club drugs and methamphetamine use.

In this essay I explore the epistemology of drugs in America. That is, how Americans come to know and define drugs and their users; and, in turn, how those definitions manifest in social institutions. I argue that at the present moment, the cultural environment surrounding the ways in which Americans define and experience drug use—whether it is deemed as acceptable usage or a threat—is determined by three main institutions. The first and most predominant is the criminal justice system, which operates according to a regime of “narcopolitics.”

William Garriott defines narcopolitics as a “particular mode of political practice…which works to rationalize the practices of governance in terms of the problems associated with narcotics” (Garriott 2011, 3). It is worth noting that narcopolitics focuses predominantly on prevention, meaning that the most money and energy is dedicated towards law enforcement. The second apparatus that shapes how Americans define drugs and users is the Public Health sector, whose biomedical description of drug use narrowly outlines addiction as an incurable, chronic disease.
Lastly, for at least the last two decades, our neoliberal political economic system has been shifting the responsibility of health care away from the state and placing it onto the shoulders of individuals. More specifically, neoliberalism takes up a more *laissez-faire* approach when it comes to health care, and, beginning in the 2000s, began withdrawing funding for state health care, forcing citizens to turn to the private sector of health care. Unfortunately, treating addicts is not a profitable endeavor. Together these three institutions greatly influence the cultural environment surrounding drugs and drug use in the U.S., and, in turn, how the general public understands and defines drug use and addiction.

In what follows, I discuss how these three institutional factors intersect to shape mainstream understandings of, and approaches to, drug use in the United States today. First, however, I provide some historical context.

**An Overview of the History Drug Use and Addiction**

Although it is not very obvious, it is possible that drug use, illicit and non-illicit, has been entwined with human beings since the development of writing and agriculture. Evidence suggests that Sumerians cultivated poppy and called it something equivalent to “joy-plant.” Therefore, it is not surprising that the “discovery” of America by Columbus was in fact partially influenced by the desire of Europeans for opiates, which were used for a plethora of ailments such as nervousness, TB, cancer, baldness, and the list goes on. Although Columbus failed to find a route to Asia, he did bring back a very powerful drug indeed—known to the world as tobacco. During the age of exploration, explorers sometimes brought teams of scientists to study the flora and fauna. Many European explorers brought back a diverse number of drugs from various areas of the world,
including, but not limited to caffeine, opiates, tobacco, cocaine, and hallucinogens (Singer 2005, 36). This is the first well-documented period of emergent global drug use, which has maintained itself to the present.

These substances, now known to most of the world as illicit, were once accepted as medication for aliments. Within this paper, I distinguish “illicit” drug use from “licit” drug use because of the array of multi-million dollar pharmaceutical companies producing drugs, many of which are addictive themselves. Those substances deemed illicit today have not always been categorized as such. During the colonial period, it was considered normal to treat your toothache with something extracted from the coca leaf, for example. Drawing from Booth, Merrill Singer suggests that, “Addiction, in fact, was common during this period but was not defined as a health problem nor as a social ill; rather, it was ‘accepted as the price one paid for the relief of pain’ (Booth 1996:30)” (Singer 2005, 44).

More recently, medical professionals posit addiction as a chronic illness, or a problem requiring treatment. Yet, despite the highly sophisticated medical improvements over the last century, addiction responds poorly to existing treatment options; that is, if the inflicted individual can gain access to treatment in the first place. This approach, which shapes drug treatment today, typically results in several relapses before users start changing their patterns of drug use. Many addicts are even told in treatment they will never be “normal” again and will always have the desire for illicit drugs. While many factors play into this phenomenon (such as the privatization of health clinics and the lack of agency of addicts in neoliberal political-economies), the conflicting nature of Public Healthcare and the criminal justice system pose a huge obstacle: it is very difficult for
users to be rehabilitated if they are imprisoned in facilities that do not offer any type of
drug rehabilitation treatment.

The U.S. criminal justice system has a long history with drugs. The first anti drug
laws in America were passed at the state level. It was not until 1914 that the federal
government passed The Harrison Narcotic Act, which restricted the sale of psychoactive
substances. This act changed the population of the drug user from a self medicating
middle class female drinking opium tincture to young male heroin snorters and gangs
(Singer 2005, 58). The media covered the increase of arrests of addicts and, in no time,
the addict became a criminal deviant rather than a sick person. The United States made a
transition over the course of a century, from accepting the usage of substances like
opiates and coca leaves as normal medicine, to viewing those who use these now illicit
drugs as threats to society. The connection between drugs and crime became a social fact
(Garriott 2011, 33).

The policing of what have come to be known as illicit drugs has important moral
connotations. What people deem as “normal” is particular to the cultural environment of
the said population, and in this case, through the criminalization of illicit drugs, the
government solidified illicit drug use and those that partake in it as “bad”. The public
now labels those that use illicit drugs as social deviants: individuals that are dangers to
society. Howard Becker, who is mentioned in the text Comprehending Drug Use by
Singer and Page (2010), describes how the definition of addiction transitioned to
something that is both morally wrong and medically labeled as a disease. Becker
developed a labeling theory to study deviance:
Labeling theory stresses that deviance is not an expression of an individual’s internal qualities, but it is the result of someone else—someone with the necessary public authority—who labels specific behavior, such as smoking marihuana, as naturally bad” (Page and Singer 2010, 832).

As I discuss below, many of those addicted to substances deemed illicit have a very difficult time re-establishing themselves into society even if they achieve sobriety because of their position as criminals and social deviants.

Regardless of how the current definition of addiction has developed, and how it determines what behavior is acceptable, it shapes and is shaped by institutions such as the criminal justice system and the public healthcare system. These institutions, fueled by neoliberal incentives attempting to privatize the institutions meant to confront addiction, such as treatment, tend to act upon the individual lives of addicts rather than the social milieu in which they live. For example, wealthy addicts can afford the high performing, in-patient treatment centers. Impoverished street addicts do not have the same opportunity to gain access to high-quality treatment.

Unfortunately, attempts to address the present drug “epidemic” have been met largely with failure. The criminal justice and healthcare system have not been very successful in addressing the issue of addiction. This failure is due to the fact that healthcare and policing are often at odds with one another. Because the criminal justice system is trying to eliminate drug use through incarceration and occasional treatment, it is quite difficult for public health advocates to address this crisis. In what follows, I discuss the criminal justice and public healthcare systems’ approaches to drug use in the United States in order to highlight the ways in which they operate at cross purposes.

The Criminal Justice System
The criminal justice system that is in place is one that has shaped and been shaped by a focus on narcotics. This system operates on an understanding of certain drugs as things to be prohibited, and includes an umbrella of laws and legislation that pertain to both public health institutions and individuals. The dominance of drug laws is partially due to the amount of funding drug enforcement receives in comparison to treatment and education. According to William Garriott in his ethnography, *Policing Methamphetamine: Narcopolitics in Rural America*, “the focus on narcotics has transformed the workings of law, the exercise of police power, and the practice of politics in contemporary United States” (Garriott 2011, 1). Garriott’s ethnography is focused on the transition of an average Appalachian county into a region dotted with meth labs and traffickers. He focuses specifically on the policing of methamphetamine, because it was the most evident organized response to the appearance of widespread methamphetamine addiction. Garriott brings to the forefront how no part of the criminal justice system has been left untouched—everything has shifted orientation to drug enforcement. This shift in orientation is narcopolitics at work. In the United States specifically, the illicit drug apparatus is organized around enforcement, leaving little to no emphasis on treatment and education.

The narcopolitical approach is one that is met with criticism from most anthropologists, whose main foci are drug use and/or public health. All three ethnographies mentioned in this paper contain misgivings about how drug addiction is addressed. The criticism is no doubt related to the fact that the criminal justice system targets substances specifically, not individuals. Therefore, when police are enforcing the law, they are more focused on neutralizing a potential threat rather than helping the
offender, who is clearly struggling with addiction (Garriott 2011, 8). Here then is an understanding of drugs as at least somewhat disconnected from their users. As evidenced by the never ending War on Drugs, addressing this issue in such a way does not solve it. By combining medicine, law and social services into one apparatus—the criminal justice system—drug use and the crimes and health issues associated with it are still flourishing. For example, a quick scan of the Seacoast Online website reveals exponential growth of heroin addiction in the seacoast area (NH, MA, ME). Heroin is cheaper and more mainstream now than it ever has been, despite all the efforts of the DEA and local law enforcement. Even the police officials Garriott spoke with during his research, and recounted in his ethnography, are disillusioned with the lack of effect their enforcement has played upon the network of methamphetamine production, sale, and use in Baker County.

**Biomedical and Public Health Care**

Against the legal and moral connotations of drug use, the public healthcare system struggles to work efficiently in the treatment of addicts. The public health system comes to know about and act upon drugs in their social setting, as things to make safer by changing people’s behavior. For many years, needle exchanges, safe facilities, and providing basic amenities to addicts were announced in the political arena as “advocating” drug use. Yet, such programs threaten to step on the toes of a criminal justice system that seeks to prevent drug use. As such, the harsh laws concerning illicit drug use facilitate risky, unsafe, and unsanitary behaviors. For example, a heroin addict does not carry his own “rig” for fear of being caught and searched by police, so s/he shares one with acquaintances when the opportunity arises. Philippe Bourgois and Jeff
Schonberg’s 2009 ethnography, *Righteous Dopefiend*, brings together twelve years of research among San Francisco’s homeless heroin addicts. One of their research subjects, Sonny, consistently chose not to carry any paraphernalia on his person. He did this to avoid being arrested for parole violation if he gets frisked and searched by police. As a consequence, he was forced to stave his addiction throughout the day by sharing with acquaintances (Bourgois and Schonberg 2009, 79–116).

In addition, it is extremely difficult to provide treatment for individuals who are constantly fluctuating in and out of jail. The criminal justice system extends far enough into public healthcare that it sentences drug offenders to treatment, typically with the promise of imprisonment if the treatment is not completed. Many of the women Angela Garcia interviewed during her ethnographic research for *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande*, were court-appointed to attend treatment at Nueva Dia (New Day facility). Unfortunately, waiting lists for affordable in-patient clinics are so extensive in many areas that drug offenders must wait in jail until they are accepted.

What is more, many of the clinics themselves are overrun and the staff overworked. Garcia worked as an aid in a detoxification center in New Mexico and recounted prevalent disillusionment among both the staff and the patients, at Nuevo Dia. The rampant disillusionment surrounding the subject of rehabilitation is partially due to the current neurological science, which claims that drug addiction is a chronic disease. On top of the taboo of social deviance and legal criminalization surrounding drug use, people do not actually think that an addict can make a complete recovery:
Recent developments point to the neurological basis of addiction, whereby repeated use of addictive substances, such as heroin, alter the neurological circuitry for dopamine…. According to this model, such changes in the dopamine system (described as “adaptive changes or “habituation”), involve states of dopamine deprivation, which produce…feelings of pain, depression, and a persistent, worsening, and chronic need for more of the drug (Garcia 2010, 14).

Epistemologically speaking, the “chronicity” theory, labeling addiction as a disease, is seemingly supported by the weak recovery rates among treatment centers, many of which use variations of the 12-step Narcotics Anonymous program. The high walk out rates and failed treatments of Nuevo Dia, for instance, resulted in a lack of confidence among clinic workers regarding the successful rehabilitation of their patients. Garcia was even warned by many of them to take a “tough love” approach and avoid becoming too involved with patients. A significant reason for this crisis of confidence, however, is not only the scientific information labeling addiction as a chronic disease; it is also encouraged by the fact that many of those attending treatment are not rehabilitated. It is worth noting that 12-step programs, which advocate for the individual patient to step up mentally and “say no to drugs”, do not address the social and structural forces at work in the realm of drug use. According to Bourgois and Schonberg, “Twelve-step Narcotics Anonymous self-help meetings were the only free and accessible form of post-detox treatment in the United States in the 1990s and 2000s, ad they rely on individual willpower and spiritual solidarity.” But, “without substantial institutional resources, it is difficult for long-term chronic users to figure out how to pass the time of day. They have to construct a new personal sense of meaning and dignity” (Bourgois and Schonberg 2009, 281).
These institutional shortfalls may be attributed at least somewhat to the presumption that, because of the “chronic” nature of addiction, rehabilitated addicts are at a constant risk of relapsing, which limits their ability not only to attain access to ongoing treatment, but also to carve out new social identities. Alma, a woman Garcia spoke often with about her heroin addiction, felt like the twelve step program and the focus on mistakes of the past were obstacles towards rehabilitation. She found refuge at a religious fellowship that focused on her future and wellness rather than her past habit (Garcia 2010, 87).

This discussion has shown that, although they diverge in their aims and approaches, the public healthcare and criminal justice systems in the U.S. both fail to address the broader social factors that engender drug use and preclude rehabilitation. In what follows, I suggest that these failures stem from a neoliberal political-economic system that focuses on the individual (rather than their social milieu) as the primary site of governance.

**Neoliberal Economic System and Individual Responsibility**

The final apparatus that influences the cultural environment that defines how drugs and users are categorized in the U.S. is the neoliberal political-economic system that posits model citizens as self-sustaining and largely independent from state support (Rose and Miller 1996). The clinic where Garcia worked was closed not long after she completed her research. The early 2000’s saw transformations within the Medicaid system—the health care system meant to help the poor. These transformations went from federally funded aid for at-risk poor to restructuring the system into a for-profit managed care model. Nueva Dia was one of the clinics struck by these transformations. This
shifted the responsibility of health care from public to family: members of the community
Garcia studied were trained in overdose prevention and needle exchanges were the main
provisions of care in the area. Interestingly enough, Garcia states:

The political economy of addiction comes into stark relief when one considers that in the region most devastated by heroin, overdose prevention training and needle exchange perform the duties of “treatment,” whereas in the affluent neighboring communities of Santa Fe and Taos there are several exclusive residential treatment centers, with exorbitant price tags to ensure a clientele of the wealthy few. These parallel modes of treatment and profiteering reveal much about the entanglements of neoliberal health care and the dynamics of therapeutic processes, of forms of inclusion and exclusion (2010, 193).

This notion of “neoliberal health care” is one that provides huge obstacles for individuals to gain access to properly funded and effective treatment. According to Bourgois and Schonberg, the “historical turn” taken by public health as a result of neoliberalism results in the framing of health as an individual concern: it is the individual’s moral responsibility to select a lifestyle that does not include risks (Bourgois and Schonberg 2009, 109). Even addicts who personally desire to access treatment find it almost impossible to gain access. According to Garcia, “limitation is promoted as a strategy of “responsibilization” of individuals and communities deemed over dependent on the state. It rests on the claim that the sick can be forced to become like the managed care system itself, “rational” economic actors—unless, like Nuevo Dia and its patients, they cannot” (2010, 188). Treatment centers set up ridiculous obstacles in an attempt to weed out the “riskier” addicts in favor of addicts who show better recovery promise. In Righteous Dopefiend, one homeless individual was required to call a treatment center at 9am every day for a determined amount of time before being considered for treatment—the claim being one must show promise of commitment before the center apparently
“wastes time” on an addict who probably will not recover (Bourgois and Schonberg 2009, 279).

While treatment centers that feature a high price tag are more likely to accept all who apply, the free and low cost treatment centers contain obstacles like those listed above. Homeless and poverty stricken drug users, individuals who have markedly less advocacy and personal agency than an individual that can, say, own a phone or a car, are therefore confronted with complications that hugely limit their ability to gain treatment. This type of ostracism is a theme that runs through all the institutions and cultural codes that define illicit drugs and users and occlude the experience of an addict.

The emphasis on personal agency and using individual will power to achieve goals that exists in the United States is at odds with the actual experiences of individual drug addicts. In countries like the United States, neoliberal incentives expect individuals to use their personal agency and will power to achieve their goals (Rose 2006). Typically, when addicts go into treatment, they are expected to “get clean” and join the ranks of “regular people” through these means: taking responsibility, and utilizing their personal agency and will power to make better choices. However, as seen from the discussion above, even among those in possession of the will power to enter treatment, personal agency (thought to reside inside every good American) is inadequate. Neoliberal structures allow impoverished individuals to be marginalized and fall through the cracks—an occurrence that happens often, with or without the involvement of illicit drugs and addiction.

Furthermore, individuals who do gain access to treatment are once again told to employ their will power and personal agency to recover from their sickness. In *Righteous
Dopefiend, Schonberg and Bourgois note, “Polite councilors taught long-term street-based addicts to take personal responsibility for damaging their bodies” (Bourgois and Schonberg 2009, 109). The claim that one is responsible for the degradation of their addicted body, their lack of access to treatment, and their failure to use will power to recover from addiction results in the internalization of blame, which casts addiction as an individual failing. Ostracism of the drug addict further alienates individuals from recovering, and continues the pattern of negative internalization of the addict experience.

**Conclusion**

How we as Americans define and approach drug use is a result of the cultural environment in which we reside. This epistemological analysis has shown that the ways in which Americans come to know and define addiction and illicit drugs are highly influenced by institutions that have been formed in response to drug use. Public knowledge is directly informed by the criminal justice system, which outlaws illicit drugs. Such knowledge is also highly with a sense of morality: the average licit drug user sees the illicit drug user as a social deviant who threatens the American way of life. But what constitutes licit and illicit drugs is not naturally given; rather, what defines a licit and therefore morally sanctioned drug is a matter of social habit. Ruth Benedict, author of Anthropology and the Abnormal, states:

> We recognize that morality differs in every society, and is a convenient term for socially approved habits. Mankind has always preferred to say, “It is morally good,” rather than “It is habitual,” and the fact of this preference is matter enough for a critical science of ethics. But historically the two phases are synonymous (1934, 62).

Benedict’s point is made ever more strong when one takes into account the history of our country, which once saw the ubiquitous medical use of now illicit drugs
derived from poppy flowers and coca leaves. Individuals addicted to these substances transitioned from a sick person to a threat to society following the criminalization of illicit drugs. These individuals deemed threats to society are ever more marginalized and socially doomed by the medical world, which coins addiction (to certain substances) as a chronic disease, promising addicts that they will never fully recover from their addiction. Lastly, the cycle of marginalization and social deviance is supported by the neoliberal incentives of the United States, which require individuals to utilize their own agency to get through life, allowing those who do not have agency—the impoverished and addicted—to fall through the cracks of social support.

While I do not attempt to advocate for the legalization of any drugs, it is clear that our society can survive drug use and has the capability to deem certain substances acceptable. This is made evident by the explosion of prescribed pharmaceuticals over the last decade, the long-term sanctioning of alcohol, and Colorado’s recent legalization of marijuana. Most Americans are far from sober every day. Instead of treating addicts like social pariahs, branding them as victims of a chronic disease known as addiction, and dumping them into our already bursting prisons, it would behoove Americans to approach addiction to illicit substances in a more sustainable, and less judgmental, way. As Bourgois and Schonberg announce in their introduction to Righteous Dopefiend, “The intellectual debates addressing poverty, addiction, and individual responsibility in the United States need to break out of the confines of moral judgment” (Bourgois and Schonberg 2009, 24). Through restructuring the apparatus that approaches illicit drug use, most significantly toning down the enforcement of the law and emphasizing
dynamic, attainable, and available treatment, the “War on Drugs” would cease to exist and actual rehabilitation can begin.

References


Twins in Mesoamerica as a Symbol of Contrasting Duality

Benjamin Rideout

In cultures across the Mesoamerican subcontinent, there are examples in the archaeological and ethnographic record of myths concerned with twins and sibling pairs (Minneci, 1999). Twins in particular are seen as potent mythic pairs; however, both twins and other pairs of siblings are utilized in iconography and mythology to represent connected opposites. The idea of contrasting duality, where the two halves of each pairing are independent and yet connected to one another, is vital to the Mesoamerican way of thinking. Cultures such as the Maya and the Aztec used spouses and siblings, twins in particular, to embody contrasting counterparts of duality and completion, an idea that structures the worldviews of these two cultures. For the Maya, the most prominent example of mythic siblings would be the Hero Twins in the Popol Vuh. Mythology of the Aztec Empire includes the twins of Quetzalcoatl (meaning “Feathered Serpent” in Nahuatl, a language used by the Aztec People of Central Mexico) and Tezcatlipoca (“Smoking Mirror”), in addition to the siblings of Huitzilopochtli (“Hummingbird on the Left”) and Coyolxauhqui (“Face Painted with Bells”). These mythic examples found in the archaeological record shape the pan-Mesoamerican worldview, centered on contrasting duality and paradoxical pairings.

Background

The importance of duality and contrasting pairs has been a vital part of the Mesoamerican way of thinking from the beginning of the Pre-Classic Era, from 2500 BCE to about 200 CE. One early example of this is Stela 2 from the Pre-Colombian site
of Izapa, which can be interpreted as one of the earliest depictions of the Mayan Hero Twins in their defeat of Vucub Caquix, the monster Seven Macaw. Mesoamerican iconography and mythology often also utilize pairs of individuals to represent complementary opposition and duality. These pairs are often associated with creation, cosmic order, and the act of creation through the joining of a man and a woman. For the Quiche Maya, the world was created in the beginning by The Begetter, known as “Heart of Sky, Heart of Earth”, a dual-sexed deity whom is both mother and father to all of the world’s inhabitants (Tedlock 1985, 72, 76). The Aztecs had a similar deity, Ometeotl, the God of Duality, who is both a single entity and a male-female pair, known as Ometeuctli, the Lord of Duality, and his female counterpart, Omecihuatl, the Lady of Duality (Haly 1992, 272); this dual-gendered entity, whose name Ometeotl is translated from Nahuatl to mean “Place of Duality, God of Two”, was the source of all things, the well from which creation springs for all life (Leon-Portilla 1999, 133).

Creation, in the Mesoamerican worldview, depended on a pair of entities coming together in a union; this was often, yet not always, male and female pairs. The obvious pairing is male-female, with the creation act being that of sexual union. However, for deities such as the Aztec Ometeotl and the Mayan Begetter, that union of male and female was not solely sexual in nature, but the binding of male and female into a single, cohesive whole: the joining of opposites. For example, the concept of complementary opposites is exemplified in Venus, which was seen by the Mesoamericans as a dual celestial body, being both the morning star, and the evening star. Mesoamerican groups, the Maya in particular, followed Venus closely, recording the cycle of the star; for 236 days, Venus would appear in the morning, then a 90 day period of its absence, and then it
would appear as an evening star for 250 days before disappearing for another 8
(Thompson 2006, 165). The Feathered Serpent entity represented the dual aspects of
Venus.

Venus in its dual form as the feathered serpent entity is found during the Early
Classic period at Teotihuacan. For instance, in the Palace of Atetelco, the feathered
serpent appears on an altar mural, carved with scales decorated with quincunx symbols,
where each symbol consists of five parts, one in each corner and one in the center
(Sugiyama 2000, 122-123). These symbols bear a striking resemblance to the Mayan
glyph Lamat, or rabbit, which represented the star Venus (Figure 1). In addition to
Atetelco, the lower and upper taluds of the Ambassador’s palace at Teotihuacan have the
symbols for both the morning and evening star, respectively (Thompson 2006, 168).
There is also an anthropomorphic feathered serpent face decorating the side of the Venus
Platform in the Great Plaza at Chichén Itzá (Thompson 2006, 170). Thus, the
archaeological record of monumental artwork and iconography reflects the contrasting yet
complementary dualities characteristic of the Mesoamerican worldview, occurring in a
variety of contexts.

Figure 1. Comparison of Glyphs representing the star Venus; A. Mural on the Altar at
the Palace of Atetelco, depicting quincunx scales on the Feathered Serpent entity (from
Sugiyama 2000, 120); B. Mayan glyph Lamat, the 8th of the 20 day glyphs in the Mayan
Tzolk’in Calendar.
The Hero Twins in the *Popul Vuh* Myth

The Hero Twins of the Mayan *Popul Vuh* descend to Xibalba to defeat the Lords of Xibalba (The Death Lords) in order to avenge their father and uncle, *One Hunahpu* and *Seven Hunahpu*, the divine sons of *Xpiyacoc* and *Xmucane*, the primordial mother-father pair. At the crossroads of Xibalba, the Hero Twins must work together, sending forth a mosquito to bite the Lords of Xibalba so that their names and locations would be revealed, which would in turn diminish the power of the Death Lords. Where the original set of twins was tricked, the Hero Twins worked together to overcome the obstacles created by the Lords of Xibalba. The Lords then send the Hero Twins into the Houses of Xibalba, where they are confronted by a number of challenges. In the last house, the House of Bats, the Twins come against their worst challenge yet. The bats of the House keep them up all night while the Twins hide in their blowguns, and when Hunahpu looks out to see if dawn has arrived, the bats cut off his head. Xbalanque summons the animals to help him replace his brother’s head while the Lords of Xibalba use the severed head as a ball. The Hero Twins trick the Lords of Xibalba into chasing a rabbit instead of the ball, which Xbalanque places upon his brother’s shoulders, restoring his head, and the Hero Twins, now whole, defeat the Lords of Xibalba in the Ballgame. Once defeated, the Lords of Xibalba are sacrificed by the Hero Twins, ending their reign in Xibalba.

The Complementarity of Siblings in Maya Archaeology

It is only through the combined strength and skill of the Hero Twins that they are able to overcome the Lords of Xibalba. One setback occurs when Hunahpu’s head is stolen in the fifth house, the House of Bats, and the Twins are essentially separated. Xbalanque has to rebuild his twin in order to defeat the Lords of Xibalba, for he cannot
defeat the Lords of Xibalba alone. After calling the animals to bring possible replacements for his brother’s head, Xbalanque chooses the squash bought by Coati, a medium-sized mammal similar to a raccoon, using a squash brought to him by the coati as the face (Tedlock 1985, 143-145). The necessity of replacing Hunahpu’s head proposes the idea that twins are two halves of one whole, for Xbalanque cannot avenge his father without his brother. The idea of using a head as a rubber ball for the ballgame is a potent image found carved in the reliefs of the Ball Court of Chichén Itzá (Figure 2), where the ball in the relief has a skull motif at its center. The Lords of Xibalba can interpret that skull as a reference to the head of the decapitated Hunahpu, used as a ball before being reattached. In addition, the Chichén Itzá relief has a decapitated ball player, from whose neck sprouts both snakes and a vine with flowers and a squash; this may be a reference to Hunahpu’s head, simulated by the squash until it could be retrieved by Xbalanque. It is only through their combined intellect that the Twins can defeat the Lords of Xibalba, for neither twin could do it by himself.
There is a second myth in the Popol Vuh about the Hero Twins, where Hunahpu and Xbalanque defeat the monster known as *Vucub Caquix*, or Seven Macaw. On their way to Xibalba to play the ballgame with the Lords, the Hero Twins come across the monstrous bird; Vucub Caquix has a metal nose and jewel-like teeth that shine like the sun, giving him false pride enough to think himself the Sun. With this false sun illuminating the Mayan world, the real sun would not rise (Tedlock 1985, 86). Thus, the world was not ordered as it should be. The divine Hero Twins see this, and must again work in accordance to defeat the monstrous entity of Vucub Caquix. The Twins work in tandem, using their blowguns to injure the creature while it perches in its tree, but it bites off Hunahpu’s arm. Once Vucub Caquix retaliated, they are no longer able to fight the creature (Tedlock 1985, 90-92). Once that arm is lost, the whole, which is made up of both twins, is broken, rendering them ineffective, similar to when Hunahpu’s head is taken in Xibalba. The Twins send their grandparents, the divine Xpiyacoc and Xmucane – themselves another divine contrasting duality of primordial mother and father – to ‘heal’ Vucub Caquix, actually removing his teeth and eyes, the sources of his power. The creature’s power is diminished, and he is vanquished. Upon his death, the world is returned to order, with the real sun rising and falling, as is ordained. The grandparents reattach Hunahpu’s arm, and the twins carry on to Xibalba (Tedlock 1985, 92).

Stela Two from Izapa (Figure 3) depicts the defeat of the monstrous Vucub Caquix by two figures interpreted as the Hero Twins. Another stela at Izapa, Stela
Twenty-Five, also has a possible representation of Vucub Caquix perching in a tree with one of the Hero Twins standing beneath it. These two stelae, both from a Pre-Colombian site, predate most representations of the Hero Twins in Mesoamerica; this shows not only the symbol’s vitality and timelessness, but also the early start to the pan-Mesoamerican idea of contrasting, yet complementary twins.

Paired Siblings in Aztec Myth

For the Aztec people, there is a selection of myths that are relevant to the idea of complimentary opposites. The first is that of the Five Suns, the creation myth concerning the Twins Quetzalcoatl and Tezcatlipoca. As put forth in the Historia de los Mexicanos por sus Pinturas, a post-contact document of Spanish creation, the Five Suns begin with the first world, the Sun of Wind, created by Quetzalcoatl (Minneci 1999, 154). However, this sun was only a half-sun, and therefore not bright enough to illuminate the world; to remedy this, his twin Tezcatlipoca makes himself the sun, completing the creation of his twin brother (Minneci 1999, 155-6, 159). The world goes through three other ages, each destroyed, before it comes time for the fifth and final Sun. The Fourth Sun, the Sun of
Water, ended in flooding, which caused the heavens to crash into the earth and, as a result, everything had to be recreated, including the Earth’s inhabitants. Tezcatlipoca made fires for a festival dedicated to the gods, but his fires did not produce enough light to illuminate the world. Quetzalcoatl has to complete his twin brother’s age by making the Fifth Sun (Minneci 1999, 161).

The second of the two Aztec myths concerning the interactions of siblings who embody complimentary opposites is that of the birth of Huitzilopochtli. Coatlicue, or “One with the skirt of Serpents”, first gave birth to the maiden Coyolxauhqui and her four hundred brothers, who represent the stars in the Southern sky (Moctezuma 1985, 810). Afterwards, Coatlicue gives birth to Huitzilopochtli without a father, having been impregnated by a ball of hummingbird feathers which fell from the heavens. Coyolxauhqui and the four hundred are enraged by their mother’s pregnancy, and set out to kill her for what they see as her indiscretion (Moctezuma 1985, 810). Huitzilopochtli is born just at the right moment to save his mother, killing his half-sister and many of their four hundred brothers. Coyolxauhqui is cut into pieces, and her body is rolled down the side of Coatepec, the “Serpent Mountain” sacred to the Aztecs as the birthplace of Huitzilopochtli (Moctezuma 1985, 811).

Interestingly, Quetzalcoatl is said to have another brother who is possibly a twin: the dog-like creature Xolotl. They are said to be the sons of the goddess Coatlicue, and, in some versions, journey together to Mictlan, the Aztec underworld, to retrieve bones of giants from which to make the human race. In both myths we see that creation takes the opposing twins working in conjunction with one another. Only through the combined
forces of seemingly opposite forces can the suns be created, and for the world to be set in order for its mortal inhabitants.

**The Complementarity of Siblings in Aztec Archaeology**

In Aztec mythology, pairs are often framed in opposition, but are complimentary to one another, where two contrasting entities form a whole. Therein lies the paradox of these dualities, often where the individuals that form the pairs are mutually independent, and yet both are needed for the pair to be completed. Creation is the typical goal for these pairings, which indicates that, in Mesoamerican thought and worldview, contrasting pairs were needed for creation. For the Aztec, these include Quetzalcoatl and Tezcatlipoca, Quetzalcoatl and Xolotl, and Coyolxauhqui and Huitzilopochtli. Each of these pairings is evidenced in the archaeological record, often through carved iconography and architecture, presented below.

*Quetzalcoatl and Tezcatlipoca*

The Aztec twins Quetzalcoatl and Tezcatlipoca, akin in some ways to the Mayan Hero Twins, also had to work together in order to achieve world order. However, the Aztec set of twins embodies polar opposites who must work in conjunction in order to create the world. Among the Mexica prayers, Tezcatlipoca is referred to as a black-hearted sorcerer; he who looks upon the world of men as his toy, “serv[ing] as a laughing stock for your amusement,” and is sometimes referred to in Nahuatl as *Necoc Yaotl*, or ‘sower of discord’ (Minneci 1999, 153). He often is seen as the opposite of his twin brother, the benign Quetzalcoatl, yet it is in this opposition that balance is achieved and creation of the world is successful. The twins are counterbalanced; one cannot exist
without the other, and neither can fulfill his divine duty without the action of the other.

In having to work together, the twins can also be seen as two halves of a whole, similar to Quetzalcoatl and Xolotl (See Below). In the Codex Borgia, a Mesoamerican ritual manuscript, there is a figure repeatedly shown on Plates 35 and 36 who combines the attributes of both Tezcatlipoca and Ehécatl-Quetzalcoatl (Figures 4 and 5). The figure, referred as ‘Wind Mask’ by Díaz and Rodgers (1993), has the facial coloring of Tezcatlipoca, the snout and jaw of Quetzalcoatl’s mask, the missing foot and back mirror of Tezcatlipoca, and the sacred bundle and conch shell pectoral associated with Quetzalcoatl. Thus, the individual known as Wind Mask appears to be a conflation of Tezcatlipoca and Quetzalcoatl, coming together to form a single, all powerful creator deity (Díaz and Rodgers 1993, 42-43).

Figure 4. This shows a section of the upper left-hand corner Plate 35 in the Codex Borgia, depicting the taking of the sacred bundle to a shrine in the next plate by a pair of individuals. The individuals are moving along the blue road, signified by the footprints heading towards their destination. The leading figure is that of ‘Wind Mask’, who combines the attributes of Quetzalcoatl and Tezcatlipoca.
Figure 5. This is a closer image of the individual referred to in the Codex Borgia as ‘Wind Mask’, provided so as to clearly depict the merging of features associated with both Quetzalcoatl and Tezcatlipoca. Attributes of note include the mask associated with Quetzalcoatl, his conch shell pectoral in white, and the bundle, which is typically carried by the feathered serpent deity. In contrast, however, his painted face, back mirror, and severed foot all are reminiscent of depictions of Tezcatlipoca, Quetzalcoatl’s twin.

Quetzalcoatl and Xolotl

In Aztec Myth, Quetzalcoatl is described as having another companion, a twin: Xolotl. These two are seen as the manifestations of the morning and evening Venus star, where Xolotl represents Quetzalcoatl’s twin, or shadow, a dark, nighttime aspect of the deity. Xolotl is interpreted here as being both separate from Quetzalcoatl (as his dark, evening aspect), but inherently interconnected to him as his twin. The name Quetzalcoatl itself can be taken to mean ‘precious twin’ in Nahuatl, as the word coatl can mean both ‘serpent’ and ‘twin’, and the feathers of the quetzal bird were seen as extremely precious in the Aztec culture (Thompson 2006, 178).

Xolotl can be seen as Quetzalcoatl’s nahualli, the Nahuatl word for ‘double’ or spirit co-essence, which reinforces the idea that, although they are depicted as separate entities, the twins of Quetzalcoatl and Xolotl are not two different individuals, but two
halves of a single whole. This idea is reinforced in iconographic depictions of Xolotl in the *Codex Borgia* (Figure 6), where he shares the conch shell pectoral ornament typically associated with Quetzalcoatl. In addition, the figure following ‘Wind Mask’ on Plate 35 of the *Codex Borgia*, (Figure 4) can be interpreted as a ‘Dark Quetzalcoatl’, again sharing the emblem of the conch shell pectoral. Thus, this depiction of Xolotl could be a more anthropomorphic version of Quetzalcoatl’s shadowy Nahualli. In addition, Xolotl is described in the *Codex Borgia* as the ‘God of Twins’ (Diaz and Rodgers 1993, XXIX-XXX), possibly alluding to his status as Quetzalcoatl’s Nahualli.

**Figure 6.** A portion from the upper section of Plate 65 of the *Codex Borgia*, depicting the seated entity Xolotl, as patron of one of *trecentas*, or groupings of 13 days, in the 260-day *tonalpohualli*, or Ritual Calendar. Both here and in his other depictions in the *Codex Borgia*, Xolotl is seen wearing Quetzalcoatl’s conch shell pectoral, a symbolic link, perhaps, between the two deities.

*Coyolxauhqui and Huitzilopochtli*

For the Aztec, other pairs that are not twins, but siblings, also play an important role in the cosmological ordering of the world. Like other cosmic pairs, Coyolxauhqui and Huitzilopochtli embody opposition, but appear to function as two halves of a single
whole, where each half is needed for a cosmic act of creation. However, in this case it is more a relationship of conflict than of cooperation. Coyolxauhqui is the water to the fire that is her brother Huitzilopochtli, who slays her with a weapon known as a ‘fire serpent’ and is the embodiment of the newborn sun. This dichotomy is seen clearly carved out on the “Coyolxauhqui Head” (Figure 7) discovered at Tenochtitlan near the Templo Mayor, which now can be found in the National Anthropology Museum in Mexico City. On the underside of the stone head are clearly inscribed the symbols of water and fire, intertwined with one another almost in a dance. Fire and water are the primordial conflict to the Aztec, the opposites that are connected with creation. The natures of their respective relationships with Coatlicue also reflect their opposition. Coyolxauhqui is the architect behind the attempted murder of her mother Coatlicue, while her son Huitzilopochtli is her savior and redeemer. At Huitzilopochtli’s birth, he slew his sister Coyolxauhqui in order to save his mother Coatlicue. The cosmic warfare between Coyolxauhqui and Huitzilopochtli embodies the cycle of life and death, day and night. The sibling pair functions as two halves of creation, and their conflict, the clashing of fire and water, was seen as an essential relationship in the form of the sun for the Aztec, therefore making Huitzilopochtli and Coyolxauhqui’s complementary opposition a microcosm of the Aztec worldview.
The Coyolxauhqui Head, found at Tenochtitlan; On the left is the Coyolxauhqui Head as seen from the front, clearly showing her characteristic bells painted on her face, and eyes closed in death (From www.mexicolore.co.uk); on the right is a drawing detailing the carved symbols on the bottom of the stone, which shows the symbols for water (left) and fire (right) intertwining (from http://www.eleggu.com/Objects/Stephen_Clarke/RSMM-2.htm)

The Dark Twin Syndrome: Hunting and Sacrifice in Duality

In the dualities of the Mesoamerican worldview that are characterized in the pairs of twins discussed above, there is often a stark difference between the two individual entities. They are complementary, often times even inseparable, and yet are so vastly different in depiction and persona. In many cases, one twin is seen as the benevolent, ‘good’ twin, while the other is associated with darkness, death, hunting, and death. This is seen in the pairing of Xolotl and Quetzalcoatl as the Venus in the evening and morning, respectively. Xolotl as the Evening Venus is depicted as inferior to his twin, the morning Venus Quetzalcoatl. In the Aztec myth of the Five Suns, all the gods must be sacrificed by Quetzalcoatl to set the Fifth Sun into motion; however, Xolotl flees from his twin and Quetzalcoatl must hunt him down and sacrifice him. This presents a paradoxical situation for Quetzalcoatl, for he is hunting and sacrificing his own Nahualli, his double, thus making this both an instance of hunting self-sacrifice. The association with hunting is promoted in Xolotl’s mammalian appearance, as seen in the Xolotl carved head of Tenochtitlan (Figure 8).
The Xolotl Head, excavated from the ruins of Tenochtitlan in Mexico City, showing Xolotl in his animal form, a dog (From en.wikipedia.org/wiki/Xolotl). Another prominent example of the dark and light twins manifests in the deities Tezcatlipoca and Quetzalcoatl, respectively. Tezcatlipoca is the Lord of Darkness, the ‘Sower of Discord’, and he is associated with hunting and death, wandering about the world during the night, much like a jaguar, surprising night travelers (Minneci 1999, 153). It is also Tezcatlipoca that is associated with sacrifice and blood, for his image is painted in murals on the sides of sacrificial altars, such as Altar A. at Tizatlan (Figure 9). While Tezcatlipoca is presented as the more destructive of the two, Quetzalcoatl is inseparable from his Dark Twin Tezcatlipoca; dark and light, order and violence, both are needed for creation to occur.
Figure 9. A Comparison of Tezcatlipoca Imagery from various sources; A. Mural on the side of Altar A at Tizatlan, clearly depicting Tezcatlipoca with his back mirror and headdress visible; B. Plate 17 from the Codex Borgia showing Tezcatlipoca for emphasis of similarity in features to the Altar mural.

**Duality in Architecture: The Templo Mayor**

The Aztec worldview of contrasting, yet complementary, siblings is played out in the architecture, caches, and sculptures associated with the Templo Mayor of Tenochtitlan. This pyramid is a prime example of duality in Aztec thought, split into two structures, twin temples dedicated to another dual pair of deities who are vital to the Aztec world: Tlaloc and Huitzilopochtli. The respective natures of this pair of deities also reflect that overall duality of the Aztec world. The temple dedicated to Tlaloc Tlamacazqui is on one side; he is the deity of rain, fertility, agriculture, and the regenerative liquid of water. Sitting opposite him atop the sacred mount was the temple of Huitzilopochtli, patron god of the Mexica people associated with the sun, war, and human sacrifices (Moctezuma 1985, 799-800). In this pairing, Huitzilopochtli becomes the dark twin associated with hunting and war, while Tlaloc is the light twin associated with agriculture and birth.
This duality and the joining of opposites atop the Templo Mayor is very character of the Aztec religious thought. Agriculture and bloodshed, the foundation of the light and dark twins, respectively, are two very opposing ideals and form the two halves of the fundamental base of Aztec society and economy. Agriculture brought in the food that was needed to maintain the lives of the people, while war brought in the tribute from subjugated groups which kept the upper class in power; war also brought in the human sacrifices needed to keep the Aztec world in balance (Moctezuma 1985, 800). In the beginning of the Aztec world, the gods sacrificed themselves to ensure the human race would flourish, and in return require sacrifice; this is mirrored by the Aztec Empire’s economic structure based in both conquest tributes and agriculture. The agriculture keeps the people alive, while the sacrifices keep the gods and the universe running in order.

The temples atop the Temple Mayor were oriented so that Tlaloc’s sanctuary was on the north side, and Huitzilopochtli’s was to the south, and their adornments reflected the dual thought as well. The Tlaloc side had a statue known as a chacmool, associated with religious ceremonies and water. Chacmools served as an intermediary betwixt the shaman-priest and the gods, and was used to hold the ritually extracted hearts of sacrificial victims. On the side of the temple of Huitzilopochtli, there is a sacrificial altar stone used to sacrifice war captives; both the act of sacrifice and the stone itself were the very symbol of the power of the Aztec Empire, and are situated in the exact same spot respective to the temple (Moctezuma 1985, 804-805). These two ritual elements, the chacmool and the sacrificial altar, create the connected dichotomy of war and religious ritual, where contrasting ideas come together in a cohesive whole.
On the south side at the base of the Templo Mayor’s staircase is the Coyolxauhqui Disk (Figure 10), a stone carved with the likeness of Huitzilopochtli’s dismembered sister. That disk is situated on the site so that, once severed, the heads of sacrificial victims would tumble down the side of the pyramid and land atop this stone in a lifelike reenactment of the death of the goddess Coyolxauhqui at the hands of Huitzilopochtli. Opposite that, on the north side there is an altar dedicated to Tlaloc, which housed offerings of the bones of human children, including 42 skulls, covered masks, and funerary urns depicting the god Tlaloc, which were full of sea shells (Moctezuma 1985, 806). The dichotomy here is not in the type of offering, but in its presentation. Tlaloc’s offerings are much less dramatic, being placed with reverence inside the altar dedicated to the god, while Huitzilopochtli’s are much more showily presented to the public – head rolling down the south staircase to splash blood across the Coyolxauhqui Disk in a recreation of the myth of the god’s birth. The Temple itself is a reflection of Aztec worldview: It is a sacred mountain Coatepec, birthplace of the Aztec patron deity Huitzilopochtli, bridging the gap between the earth and the heavens, the most central duality to the world of the Aztecs.

Figure 10. The Coyolxauhqui Disk found at the foot of the Templo Mayor in Tenochtitlan, depicting the goddess Coyolxauhqui in her dismembered state. (from www.mexicolore.co.uk)
Conclusion

From the case studies presented above, it is clear that duality structures the Mesoamerican worldviews of both the Aztec and Maya. It is evidenced not only in their myths, but also in their iconography and architecture. Both the Maya Hero Twins and Quetzalcoatl embody the two halves of a whole that are needed to create and to bring order to the world. Quetzalcoatl and Tezcatlipoca symbolize complementary oppositions working in conjunction with one another to achieve creation and the cyclical movement of the cosmos. As the fire and water of creation, Huitzilopochtli and his sister Coyolxauhqui symbolize that conflicting opposites bring about the cosmic cycles of life and death, which are the seeds of creation and order in ancient Mesoamerica.

References


The World Intellectual Property Organization defines traditional knowledge as:

“know-how, skills and practices that are developed, sustained and passed on from generation to generation within a community, often forming part of its cultural or spiritual identity” (http://www.wipo.int/tk/en/tk/. Accessed May 13, 2014). In this thesis, I use the terms “traditional knowledge” and “traditional ecological knowledge” interchangeably to refer to the body of knowledge that specifically deals with the “know-
how, skills and practices,” or cultural adaptations, that pertain to interactions between culture and the environment. The notes that Judy writes down in the journal for her granddaughters falls into this category; the information about how to identify the changes in seasons, what plants are edible, and when bears come out of hibernation are pieces of knowledge that have been continually passed down in Judy’s family because such adaptations were important to surviving in the environment where their culture was present. Now, knowledge of such adaptations is essential in reshaping and reaffirming their Abenaki identity.

In this essay, I examine the transformation of traditional ecological knowledge, particularly that concerning plant knowledge pertaining to medicine. I argue that this transformation is a result of an environmental history influenced by the presence of a colonial population. When the Europeans began to arrive in the Eastern United States in the sixteenth century, they created a domino effect of environmental change. This change occurred because the Europeans had different cultural adaptations when interacting with the environment than the natives did; in other words, they drew from a differently developed form of ecological knowledge. When the colonists utilized this knowledge to interact with their new environment in the Eastern United States, they altered the environment in ways that contradicted how the natives interacted with the same environment. The ecological changes occurring as a result of such alterations fostered changes in native traditional knowledge, because there were now new plants, animals, and people to interact with, as well as transformations of the landscape to contend with.

By comparing those changes with contemporary native knowledge, such as that provided by Judy, I propose that it is possible to pinpoint how environmental changes are
reflected in changes in native traditional ecological knowledge. To exemplify this proposition, I take the environmental history I compiled from a variety of secondary sources, and look for similarities between an ecological change that occurred, such as the introduction of the apple tree, and a cultural adaptation, like the making of cough syrup from apple tree bark. Because Judy has knowledge of these practices and skills that she gained from her elders, her know-how is evidence of the cultural transmission of traditional ecological knowledge that has spanned many years. While the apple tree is essentially European, due to the fact it was cultivated in Europe before it was cultivated in North America, her utilization of it is native, showing variation in traditional ecological knowledge.

Therefore, I argue that because of the influence that environmental and cultural changes have on each other, cultural adaptations that promote variations in traditional ecological knowledge become a traditional process by itself. Consequently, changes in traditional knowledge should not be seen as a disruption of that knowledge, but rather as its expansion and continuity. Part of preserving traditional knowledge lies in understanding how it came to be traditional and how it has changed throughout generations. Judy considers the knowledge she is passing down to her granddaughters to be traditional, and one day they will consider that same knowledge traditional. Yet, Judy also knows there are differences between what she is teaching the younger generation and what was taught to her forebears.

Cultural transmission is essentially the process through which culture is passed on from one generation to the next. The basis of this process is enculturation, which, Kottak (2004) defines as “the process where the culture that is currently established teaches an
individual the accepted norms and values of the culture or society where the individual lives. The individual can...fulfill the needed functions and roles of the group” (Kottak 2004, 201). As is the case with many indigenous peoples, the Abenaki exchange traditional knowledge by means of oral transmission, utilizing stories and experiences in exchange for written processes. Judy Dow told me that much of her own cultural knowledge came from learning orally. She learned what she knew from her family members, by listening to their stories and watching them. She also explained that this method was how she taught her own children; in order to have more land for their children to explore, she and her husband decided to move away from their family group (Judy Dow, personal interview, 2014). As she cannot visit with her granddaughters everyday, and teach them in the same manner she and her children were taught, she uses the journal she keeps as a reflection of oral knowledge. It has become a more convenient way for Judy to keep track of what she has to share with them; for Judy has a lot to share, and she is truly a fountain of knowledge.

**Wellbeing and the Apple Tree**

One of the most shocking pieces of information that Judy shared with me was the fact that the apple tree is not indigenous to New England. Personally, due to their commonality in the region, I had assumed that apple trees had always been part of the ecological landscape of North America. However, this was not the case. Apple trees are actually native to Asia, and upon their arrival in Europe, were not cultivated until the seventeenth century. At that time, European colonists brought the seeds to New England, and the first tree was planted in Boston in 1625 (Smith 1997, 39). Less than two hundred years later, by the early nineteenth century, there were already around three hundred and
fifty varieties of apple trees present in North America (Lawrence 1980, 122). Despite the timeline for the spread of the apple tree, natives took advantage of this environmental change in a much shorter time frame.

According to Judy, within two years of the introduction of the apple tree to New England, the Abenaki were already utilizing it for medicine. The bark of the apple tree can be dried and then boiled in water to make a tea that works as a fever reducer and a cough syrup. Interestingly, the Europeans did not utilize apple tree bark in the same way; instead, they mostly focused on harvesting the fruit itself. This shows two different cultural adaptations to the same ecological circumstance, and despite the shorter exposure to that circumstance, the Abenaki still found a new way to exploit it. Judy said it best when she said, “as quickly as something is introduced, adaptation occurs” (Judy Dow, personal interview, 2014).

I argue that the way in which the Abenaki reacted to the introduction of the apple tree showcases the fact that adaptation to environmental change is a traditional process. Instead of negatively reacting to the presence of the apple tree, whose growth, especially in orchards, resulted in the destruction of native plants, the Abenaki manipulated it in a positive manner. This highlights a cultural mechanism that promotes variation in traditional ecological knowledge when environmental change necessitates it. When change occurs, adaptation occurs, and that results in new forms of knowledge. Therefore, the introduction of the apple tree did not disrupt Abenaki traditional ecological knowledge, but instead led to its expansion (see Robbins 2004 for discussion about ‘destruction’ versus ‘production’ of nature). Despite the fact that the Europeans introduced the apple tree for an entirely different ecological need, the Abenaki did not
adapt to it in entirely the same way. Their unique adaptation suited their cultural needs in the best way, and the apple tree came to be just as an elemental part of native knowledge, as if it had always been present in New England. While the introduction of the apple tree to New England had the potential to destroy Native American knowledge because its mass cultivation changed the environmental landscape so swiftly, it ended up having the opposite effect. In this case, traditional ecological knowledge was not destroyed or reduced in anyway because of rapid change in the landscape, but rather was enlarged as it became known apple tree bark could be used as a cough syrup. This form of knowledge continues to expand as Judy spreads her wisdom through many generations.

“To Adapt is Traditional”: A Conclusion

Towards the end of our meeting, Judy told me to remember one thing, and that was: “The thing is, to adapt is traditional.” (Judy Dow, personal interview, 2014). This simple statement was the one that stuck out to me most, and the one that ultimately became the basis of this paper. I believe that this is the case because most of the stories that Judy told me centered on the theme of adapting as traditional, and she reiterated that throughout most of our interview. With the example I gave above, I argue that adapting is traditional because it helps to maintain the basis of culture. Without the cultural adaptations that occurred in their traditional ecological knowledge, it is likely that the Abenaki would not have been able to maintain preservation of this knowledge throughout the nineteenth century. With the arrival of the colonists, the Abenaki reacted to cultural and economic change the same way they did to environmental change, by adapting. This shows that cultural adaptation is a mechanism that helps to preserve the culture that
utilizes it, and is present in all facets of culture. Therefore, having adaptation as a cultural mechanism for the preservation of traditional knowledge makes it a traditional process.

While researching the effects of environmental change and colonial power on traditional ecological knowledge, I came to a conclusion that Judy Dow was correct in her statement that “to adapt is traditional” (Judy Dow, personal interview, 2014). Culture is always influencing the environment, and in turn the environment is influencing culture, creating a perpetual process of change. In order to ensure cultural survival, it is necessary for culture to adapt, making it a traditional process. In most discourse, when the word traditional is used to describe knowledge or culture structures, it gives the impression that those processes are static. However, in this paper, I argue that the opposite is true. In fact, culture and environment are mutually informative and foster change and continuity within themselves. Judy, by writing the journal for her granddaughters, and by being an active advocate for her culture and the environment, embodies this process.

She herself is adapting to the growing need for Abenaki culture to be disseminated in different forms. In a society that relies more heavily of technology and places a heavier emphasis on the nuclear family, Judy has found a way to continue to pass on her knowledge without doing so orally. By opening up the discourse of traditional ecological knowledge to a broader audience, she is ensuring the preservation of her culture. The Abenaki are only one indigenous group of many that have been affected by ecological change brought on by the presence of colonial structures. I believe that if cultural adaptation to environmental change is a traditional process within these two cultures, then it is traditional within all cultures because every culture must adapt to the environment in which it exists. Therefore, it becomes necessary to understand how
cultures react to ecological change in order to identify the processes by which cultures ensure their own preservation. By understanding this process, my research illuminates the fact that a culture that has changed can still be essentially traditional.

References


Philippe Bourgois and Jeff Schonberg’s *Righteous Dopefiend* explores the culture of drug usage among the homeless in Northern California. They primarily focus on the survival mechanisms that addicts use to obtain drugs and seek shelter. In the context of the global neoliberal economy sustaining interpersonal and structural violence the biggest problem addicts face is the inadequate health care services coupled with a widespread socio-cultural prejudice against them. There are parallels between the themes in *Righteous Dopefiend* and other concepts in medical anthropology, such as “symbolic violence” and “local biologies.” The researchers use photographs as ethnographic materials to understand addicts’ daily lives and depict their experiences. The book is accessible to a variety of audiences, each of which can take away information to help find a solution to the homeless drug use problem presented.

The ethnographic study took place in Northern California during late 1990’s and early 2000’s. The twelve-year study is centered in San Francisco, in a homeless camp under a freeway known as Edgewater Boulevard and the surrounding urban area. Bourgois and Schonberg followed a group of outcasts who came together to form a community of drug users. They studied the addicts’ usage of such drags as dope, or heroine, crack cocaine, and alcohol, looking at the ways the addicts obtained their fix, through daily work that pays next to nothing, and the “moral economy” the community
has developed. Moral economy refers to the specific set of economic and other exchanges set in place by the addicts. For instance, sharing dope with a fellow user who is dope-sick is acceptable, even if s/he cannot compensate the sharer at that time. It is understood that a favor will be returned at an appropriate time. The ethnographic team observed the struggles the homeless faced with the health care system’s inadequate treatment towards the addicts. Such inadequacies stem from sociocultural prejudices against drug users and a neoliberal economy that results in social austerity. Interviews revealed the addicts’ horrid personal histories that led to their addiction and homelessness. As Bourgois's fieldnotes summarize, there is a vicious cycle of relapse after rehab because there is no adequate support system in place to help them stay clean after they are back on the streets.

The authors take an activist-oriented approach to the problems they address in the book. The primary argument is that drug abuse on the streets is not being addressed the correct way. The problem can be fixed, but America focuses too much on capitalism rather than social structure. There are clinics helping the addicts get clean, but they often don’t keep the addicts long enough and cost too much for addicts to afford. The few existing social policies intended to help the addicts are actually causing more problems. The country is practicing harm reduction instead of prevention. For example, the addicts are supplied with clean needles. This reduces the harm of disease, but does nothing to solve the problem of addiction. Bourgois and Schonberg support reforming policies as a means to find a solution that will clean the streets of addicts.

Although the Edgewater Boulevard inhabitants are unique, they face many of the same types of violence that other groups deal with. Symbolic violence is violence that
operates on social categories like gender, race, or socio-economic status. In Righteous Dopefiend, Sonny, one of the homeless dopefiends, was suffering from abscesses, which are infected areas of tissue. “After carving out the abscess, the surgeon released Sonny from the emergency room without bandaging the large gash. The surgeon refused to prescribe any painkiller” (Bourgois and Schonberg 2009, 100). The health care system deliberately did not treat Sonny like a normal Californian because of the stigma associated with his lifestyle and the perceived culture of addiction. This is symbolic violence at its worst, treating a category of people, in this case a homeless drug addict, in an unjust way because of their position at the margins of society. Analogously, the Triqui workers from Seth Holmes’ account, Fresh Fruits, Broken Bodies, experience symbolic violence in the health care system similar to the homeless addicts. Abelino, a migrant worker, experiences terrible knee and back pain from picking berries all day. “His pain was diagnosed by a rehabilitation medicine physician as patellar tendonitis, or inflammation of the tendons behind the kneecap” (Holmes 2013, 163). The doctor then goes on to tell Abelino to take time off from work, which for a migrant worker is impossible. The doctor does not attempt to help Abelino in any other way. This is an example of symbolic violence since the doctor is dismissing Abelino because of his non-legal immigrant status instead of recommending alternative, more practical options to alleviate his pain. Symbolic violence is only one theme that Righteous Dopefiend shares with other ethnographic works.

The theme of local biologies resonates throughout medical anthropology works. Local biology, “refers to the way in which biological and social processes are inseparably entangled over time, resulting in human biological difference” (Lock and Nguyen 2010,
This means that human biology is not universal. The variations as described by Locke and Nguyen are caused by different social, economic, genetic, geographic, dietary, and behavioral habits of the local area. The theme is observed through the homeless addicts seeking shelter at Edgewater Boulevard. As Bourgois describes, the homeless are: unhealthy, skinny, old, wrinkled, dirty, and tired, more so than would be expected for their age (Bourgois and Schonberg 2009). The physical appearance of the dopefiends is strikingly different from other citizens in the surrounding state of California. They have their own very local biology, induced by their dope usage and poor living conditions. Such differences can be compared to the distinctive cadavers studied by Malawian medical students. “Bodies are variable, and medical students who use cadavers to learn anatomy quickly come to understand how different bodies are from one another” (Wendland 2010, 91). The African bodies the students are studying are considerably different from those depicted in anatomy books, largely due to organ harvesting and malnourishment caused from economic hardships. The local biology of the Malawian cadavers is unique to their area, just as the bodies of the Edgewater Boulevard drag addicts is different from people sounding them.

This ethnography also contains opposing themes that differ from other medical anthropology studies of different cultures. The Edgewater Boulevard addicts do not claim biological citizenship as the Chernobyl citizens do (Petryna 2004). The dopefiends take fault for their biology. They do not blame the state or geographic location, but themselves and their own choices for the their addiction. In addition, the campaign against drugs and addiction is drastically different from the pink ribbon campaign associated with breast cancer. As Jain described in “Cancer Butch,” cancer victims and the fight against cancer
itself have been glorified through advertisements that market corporate products by correlating them with cancer (Jain 2007). On the other hand, the war against drugs depicts users not as beautiful survivors but as monsters, and puts emphasis on the prevention of drug use rather than its cure. This approach has minimized support for drug addicts.

*Righteous Dopefiend* is a strong ethnography. The authors spent twelve years in the field, observing and participating in the daily lives of the Edgewater camps’ residents. Immersing themselves in the addicts’ culture strengthens their argument because they have first-hand accounts of the drug users. Bourgois and Schonberg treat the homeless addicts fairly. They did not offer them money or try to interfere with their lives unless there was a life-threatening situation. They became friends with the subjects. These relationships allowed the researchers to understand the addicts on a personal level. What is more, the ethnographic team used graphic photographs to portray the drug use and real effects of addiction on the participants of the research, giving the reader visual images of the horrors the addicts go through. This imagery supports the authors’ arguments because the pictures illustrate the social and medical issues the users endure. In addition, the ethnographers use their field notes throughout the text to back their claims.

Bourgois and Schonberg argue that the homeless drug usage problem is ultimately fixable. Yet, this is a complicated assertion given that after twelve years of research they only had two examples of drug users coming clean and turning their lives around, with several cases of relapse and even death. They explain that, “although many heroin and crack users eventually manage to cease using drugs permanently, most of them fail treatment most of the time” (Bourgois and Schonberg 2009, 272). The question then
becomes, is the problem all that fixable if the addicts cannot stay clean even after proper treatment? However, it is clear that there are imperfect social policies in place, and if the treatment of drug users changed the success rate of rehab could increase. The study only takes place in San Francisco, but drug abuse among the homeless is a global issue. Ethnographic research in other areas of the country or world could add supporting evidence to their promotion of drug policies in some European countries, and could strengthen their argument to reform policies surrounding drug users in the United States.

The ethnographers also miss two major ideas in their argument. Firstly, some existing research in medical anthropology shows that there are many possible successful healing systems (give a reference as an example). The Edgewater Boulevard addicts only seek biomedicical treatment. Bourgois and Schonberg never argue for the use of alternative healing, other forms of medicine could be powerful in aiding the addicts. Secondly, the authors only discuss drug usage among the homeless, however drug use is widespread. They could strengthen their argument by comparing and contrasting the types of drugs, how they are used, the types of people that use them, and the types of treatment available for different substances. They acknowledge that some aspects of an ideal treatment program would not work for all, and suggest that approaches to drug abuse should be adjusted in light of individual unique needs and personalities. But such adjustments will inevitably take place in conditions of inequality and sociocultural prejudice. For instance, in the same state many celebrities have drug abuse complications and the public nullifies it, while the media glamorizes it through the spotlight that surrounds them.
In conclusion Bourgois and Schonberg’s *Righteous Dopefiend* is important for every person to read. Doctors can learn about the lifestyle of addicts, and particularly how to treat them fairly and contribute to the solution of lessening addiction. Policy makers and political figures could learn about the different social struggles that homeless addicts endure and rework polices to work as intended. Geographers can study how certain environments could draw in more or less homeless users. Finally, everyday citizens should read the ethnography. Every person should learn about the problem, knowing the truth behind the lives of homeless addicts could prevent harsh judgment and create an overall movement to fix the problem as Bourgois and Schonberg advocate for.

References


Anne Fadiman’s ethnography *The Spirit Catches You and You Fall Down* explores and documents how cultural barriers between the Hmong parents of Lia Lee and western medical practitioners led to the vegetative state of Lia Lee, because a successful treatment plan never came to fruition.

The Lee family belongs to the Hmong ethnic group, which consists of hill tribes that practice swidden agriculture in the highlands of Laos, Vietnam, and China. The Lees migrated to the United States from Laos at the end of the American war in Vietnam. The geographic context of this book is thus very complex as a result of historical differences and events that played a role in how the Lee family and the doctors struggled to cure Lia’s epilepsy. In Anne Fadiman’s perspective, “the Hmong are so preoccupied with medical issues because they are so concerned with their wellbeing in life and in the afterlife” (Fadiman 2012, 61). The Hmong are mainly concerned about keeping their soul from wandering and not getting sick, but once they pass away their souls must return home by retracing their steps from the very beginning, and this is where one of the Lees most dire problems arises. “The Lees believe that the souls of most of their family members have a long way to travel, since they will have to retrace their steps from Merced, California…to Portland Oregon; to Honolulu, Hawaii; to two Thai refugee camps; and finally back to their home village in Laos” (Fadiman 2012, 6).
The geographic and social context of the account are intertwined in that the geographic background of the Hmong is much bigger than the events that take place in Merced; but of course this geography adds to how the situation unravels at the Merced Community Medical Center (MCMC). Traditionally the Hmong do not practice western medicine nor had they encountered it until they arrived at the Thai refugee camps, and became more exposed to its practice in the United States. The Hmong practice spiritual healing and shamanistic rituals, also known as *neeb*. These rituals enlist various tools such as sacred animals to please *dabs* (bad spirits), and musical tools like gongs and finger bells, blessed water, chants and herbs, as well as other traditional healing methods to find a person’s lost soul. Biomedicine in the U.S. obviously does not practice these activities, and this is where the healing systems of the western doctors and Hmong came into conflict.

The Hmong who live in Merced do not completely embrace western medicine because to them it is very invasive and can cause them to lose their souls. Anne Fadiman notes that such biomedical practices as anesthesia, surgery, autopsies, and repeated blood samples can cause the soul to wander, as well as various illnesses, death, and the possibility that the person will be physically incomplete, once they are reincarnated, because the body is essentially being tampered with (Fadiman 2012, 33). This is why the Lees and other Hmong clans find it so troublesome to go to the hospital and refuse to comply with the doctors’ methods. In return, doctors at the MCMC became frustrated and exhausted when dealing with the Hmong while trying to save their lives. The whole situation is worsened; neither side was able to break through cultural barriers and understand the opposite side even though they both came in with good intentions.
As a result, Anne Fadiman argued that Lia’s fate was brought upon not by septic shock or noncompliant parents or medicine, but by cultural misunderstanding (Fadiman 2012, 63). While working with Foua and Nao Kao (Lia’s parents) and the medical practitioners at the MCMC, the author comes up with a number of recommendations that may help to avoid and bridge a cultural gap between existing biomedical practices in the U.S. and Hmong patients’ beliefs and practices and to help other patients of different ethnicities and beliefs.

Fadiman’s first recommendation is medical pluralism. She states that the Hmong do not think the doctors are completely ignorant or misguided in any sense; it’s just that western medicine does not hold all the answers to illness and healing. For example, Nao Kao gave his perception of things, “The doctors can fix some sicknesses that involve the body and blood, but for us Hmong, some people get sick because of their soul, so they need spiritual things. With Lia, it was good to do a little medicine and a little neeb, but not too much medicine, because it cuts the neeb’s effect” (Fadiman 2012, 100).

Recommending medical pluralism with multiple treatment options, especially culturally specific ones, would have been a better start. This way, Lia’s parents would have complied with the medicine the doctors were giving her while giving Lia traditional Hmong remedies.

Restructuring the clinical gaze – where the doctor only treats the disease and not the person and their concerns (Foucault 1973) – is another solution Anne Fadiman poses. “Instead of looking at what diseases the patient has, look at what person the disease has.”

Bringing back the “whole doctor-whole patient model… the doctor comes with his or her full humanity… and the patient is viewed as a complete person” (Fadiman 2012, 275).
This relationship can help doctors “see through” the idea of curing the disease to understand the context of how the disease started and the proper way to treat the person, so that the disease or problem can be solved (Wendland 2010). This means that cultural relativism – which views each culture as unique, equal, and valuable – can lead to a breakthrough in understanding differences in cultural medicine. This is especially true in Lia’s case: her parents and doctors viewed her seizures differently, which led to inconsistencies in how each side tried to resolve or control her epilepsy.

An overarching solution came when Fadiman was working with Arthur Kleinman, a psychiatrist and medical anthropologist. He came up with a list of suggestions for doctors when dealing with patients who do not see eye to eye. Fadiman summarizes these suggestions as mediation and realizing the power that culture plays when it comes to both the US biomedicine and that of the patient (Fadiman 2012, 261). Kleinman suggests in the case of the Hmong, finding a respected community member or cultural broker to mediate and negotiate means of treatment in order to reach a compromise. Then, it is important for a doctor to see that biomedicine has its own intentions of saving a patient through standard procedures and beliefs. Understanding those terms will shed light on the culture of the patient, which has its own intentions, beliefs and rules as well. Breaking down ethnocentrism – the belief that your culture or point of view is superior to others, to find agreements is another main goal in order to have a successful prognosis and healing.

In identifying how this ethnography is similar to other texts I would like to look at the social roles and perceptions people take on throughout the book. First, I will compare
how actors are stereotypically viewed and perceived in a society that they are foreign to. Second, I will explore how they handle and embrace new forms of liminality in society.

*The Spirit Catches You and You Fall Down* bears many similarities to Seth Holmes’ ethnography, *Fresh Fruit, Broken Bodies*. One is the topic of stereotypes and acculturation that Fadiman and Holmes add to medical anthropology discourse (as well as broader discussions in anthropology and globalization). Holmes interviews J.R., a retired mechanic who has lived in the American west and tries to get his view of Oaxacans and other “foreigners.” J.R.’s deprecating assumption is that “Mexicans” get free welfare and are lazy. At the same time they are a threat because “they take farm worker’s jobs” (Holmes 2013, 159). When it comes to the topic of acculturation and why foreign workers and citizens face great difficulties, J.R. and others view it as a one-sided relationship and assigns the blame solely to immigrants. “That’s why the Mexicans are having problems and now your Hmong’s are having problems is that they don’t want to change. They want to keep their culture” (Holmes 2013, 160). This statement indicates that they simply don’t belong here and are a burden on the system; they resist acculturation. Thankfully, Holmes dispels that notion with examples of hardworking Oaxacans who do what they can despite facing great odds.

Fadiman also relates this stereotype when interviewing Foua, Lia’s mother. Fadiman notes that Foua, loves America, “You are comfortable. You have something to eat. But you don’t speak the language. You depend on other people for welfare” (Fadiman 2012, 105). The loss of self-identity hurts the most. Yet, Foua dispels J.R’s assumption about the Hmong: they love the United States they do wish to work hard, yet the American government took it upon themselves to provide for the Hmong due to the
war. Joua, another informant for Fadiman, also dispels the stereotypes about refugees that existed in the 1980’s and 90’s. “I will work if I can… but probably I cannot… I don’t think I will learn one word of English. If my children put a heart to it, they will be able to learn English and get really smart. But as for myself, I have no hope” (Fadiman 2012, 209). Here, Joua, who is not lazy by any means, escaping from Laos and experiencing a life as a refugee, now faces another new challenge by living in America. He admits that it is difficult and has partially given up, but he has given everything he can to his children in order for them to succeed in America, just like Foua and Nao Koa’s other children have succeeded.

The second part of social roles and perceptions that Fadiman discusses is the view of vegetative patients as liminal beings. Fadiman contributes to the ongoing discussion in medical anthropology about vegetative patients by documenting the views of Lia’s caretakers. Now, one way to view comatose and vegetative states is in the sense of liminality; of being “neither alive, dead, nor self-regulating” (Kaufman 2000, 79). Sharon Kaufman’s ethnographic research with vegetative patients revealed that it was up to family members to ultimately decide whether or not these patients were alive. Such decisions were based on love, memory, and respecting personal requests. Interestingly enough, even though Lia remained alive for quite some time after the removal of life assisting devices, her doctors referred to Lia in the past tense in the aftermath of her grand mal seizure. Fadiman argues that this was, “mainly because medicine had once made extravagant claims on her behalf that now had been renounced” (Fadiman 2012, 257).
Lia’s parents, on the other hand, fed her, bathed her, and performed sacrificial healings for her. She was indeed alive to them; it was just that her soul had left her body. This view shows a clear distinction yet an intertwined relationship between soul and body. In their eyes, the decision to keep Lia alive was because her future was uncertain. To them there was hope to find her soul again and love certainly played a role in that hope. Kaufman later notes that the decision by families to keep people alive though technology (or in Lia’s case through constant care by her parents) rests on the idea that improvements will be made to better a person’s quality of life in the hopes that one day liminality can enter a new stage.

In addition to describing the social roles and perceptions that influence health and healing, Anne Fadiman also contributes to many other topics in medical anthropology. These include the neo-liberal policy of American hospitals, cultural competency, medical pluralism, social contexts of illnesses, and the clinical gaze.

In his ethnographic work about migrant farmworkers from Mexico working in the U.S., Seth Holmes criticizes the structure of the American health care system in that it not only hurts migrant farmworkers, but also Americans. Holmes notes that spending time to fully treat the patient can put practices in jeopardy by not generating enough profits from each visit. As a result, doctors try to diagnose or attempt to treat the patient as quickly as possible, focusing on the disease, not the person (Holmes 2013, 125). Anne Fadiman uncovers the (same?) problem through one of her informants, who says, “The doctor is very busy…if he does not produce, his economic will be deficit. But the Hmong, he will want a doctor to calmly explain to him and comfort him. That does not happen. I do not blame the doctor. It is the American system” (Fadiman 2012, 62).
pressed for time and try to treat Hmong patients as best they can, but understanding the Hmong’s complicated needs takes time that doctors may not have when dealing with many patients.

In some regards I do think Anne Fadiman is actually creating or at least contributing significantly to cultural competence and medical pluralism, as others have cited and praised her studies. Fadiman describes the cultural healing beliefs and traditions of cupping, coining, animal sacrifice and using musical instruments to help shamans and their helpers guide souls back to their bodies (Fadiman 2012, 61). Patricia Leigh Brown, while reporting for the *New York Times*, references Fadiman in her article, explaining that as a result of misunderstandings and miscommunications, doctors made decisions with the Hmong that led to so many terrible outcomes, such as in the case of Lia Lee. Leigh writes that the fallout of the case led to soul-searching and new policies to build trust between doctors and Hmong patients. Now, shamans are able to practice a little *neeb*, minus the animal sacrifices, in hospitals (Brown 2009). In this regard, I think Fadiman illustrates a great case for medical pluralism so that patients have multiple healing options available to them other than biomedicine, in the hopes that treatment will be successful.

Another area that Fadiman contributes to the field of medical anthropology is her discussion of the social contexts of the body and the social histories of the body and illness. One example that Fadiman mentions is the concept of “total body pain.” “Since the aftermath of WWII, that because of all the enormous psychological traumas they have suffered, refugees of all nationalities have higher rates of somatization, in which emotional problems express themselves as physical problems” (Fadiman 2012, 69). In
these instances doctors began to realize that the pain was real, but had no idea of what was happening because they could not locate the source of pain.

Understanding the embodiment of trauma as result of migrating for your life against various challenges is just one step in comprehending why a person feels the way they do. While studying organ transplants in Egypt, Sherine Hamdy understood that, “Different parts of the body carry with them different social histories, symbolic meanings, outcomes in transplantations, which influence the ethics of those surgeries” (Hamdy 2012, 17). She discusses the different kinds of ownership that pertain to different body parts like the cornea. Hamdy’s main argument is that each body part holds its own, historically determined value. In turn, the unique values surrounding body parts shape understandings of the origin of the illness, and structure the dogmatic beliefs that determine how people respond to illness and ask for assistance. Similarly, the historical and social context of illness is what caused the difficulty that doctors experienced with the Hmong. Nearly every treatment that the doctors suggested for Hmong refugees, such as blood transfusions, medications, incisions and other biomedical procedures, basically intruded upon the sanctity of her souls (in that it could cause the souls to wander). Based on their beliefs and life experiences, the Hmong thus refused medical practices.

Anne Fadiman also contributes greatly to scholarship on the clinical gaze: the viewpoint that seeing the patient not as themselves but mainly as the disease they have, misses the point of treating the person. During the operation to save Lia from septic shock, Dr. Kopacz reduced Lia “from a girl to an analyzable collection of symptoms…thereby able to husband his energies, succeeded in keeping her alive” (Fadiman 2012, 147). He focused on the bodily functions of Lia such as metabolic
acidosis and peripheral perfusion, but failed to recognize Lia as a girl and certainly had no knowledge that that her parents would view the surgery to save her life as life threatening. Seth Holmes (2013) was also a critic of the clinical gaze, as it had reduced his informants, Abelino, Crescencio, and Bernardo from being migrants ailing from structural forces, everyday violence, and political violence, to a worker with a bad knee, an alcoholic wife-beater struggling to cope with authority figures, and an old boxer suffering from an ulcer. Both authors argue that reversing this view that health care practitioners have when dealing with patients is crucial in understanding what the true source of the problem is and finding better solutions to alleviate the problem.

When Fadiman discusses all of these issues in medical anthropology it is not only for anthropology students and ethnographers studying the Hmong, it is also for doctors, nurses, and health care administrators. The book is also written for the Hmong themselves who might find themselves as patients, and for the public who live with them, in the hopes that medical pluralism and other solutions can be achieved.

The evidence Anne Fadiman details and puts forth makes a strong argument for medical pluralism and cultural understanding. Fadiman not only uses Lia’s case, but also cases such as cancer, pregnancies and other programs involving vaccinations and testing for tuberculosis, hepatitis, and AIDS. In each example she notes how the doctors and Hmong families were not on the same level of understanding due to language, socio-cultural and caregiving barriers. This made doctor visits into ordeals for the Hmong families, who became afraid of and angry at the health care system. In mentioning health screenings for refugees, “once an applicant is medically excluded by one country of asylum, he is unlikely to be accepted anywhere else” (Fadiman 2012, 67). This was a big
reason why people were afraid of the doctors and encountered the medical system with apprehension. The main problem associated with Lia’s case is that perceptions of her condition were not viewed the same way in the eyes of the doctors and Lia’s parents. Foua and Nao Koa believed that her seizures were a sign that she could become a txiv neeb or a spiritual healer. Jeanine Hilt, a social worker helping Lia’s parents, said that they thought “she talked to Gods during her seizures and that they had this euphoric idea that she was a princess” (Fadiman 2012, 114). This view was very different to that of the doctors, who viewed her seizures as increasingly life-threatening.

Fadiman also mentions how by taking Hmong religious beliefs into account, some doctors helped their patients. Fadiman discusses how grants in California were used for, “Integrating mental health delivery services utilizing Hmong healers and western mental health providers” (Fadiman 2012, 269). The grants were deemed a huge success as shamans were enrolled in hospitals to help Hmong patients. As a result, patients were more inclusive of western medical practices if the circumstances were out of the shamans’ realm or if the shaman recommended treatment to help assist the problem.

Even though Fadiman brings compelling arguments to bridge the gap between biomedicine and other healing systems, one of her weaknesses seems to be her bias. This bias is evident in her conversation with an epidemiologist who had worked with the Hmong, “I started to lament the insensitivity of Western medicine. She looked at me sharply. “Western medicine saves lives,” she said” (Fadiman 2012, 276). Fadiman retraced her steps about how western medicine saved her father from colon cancer, saved her and her husband from infertility, and thought that if Lia had taken her anticonvulsants she could have been saved. But her bias at times lies with the Lees because during her
work she got to know the Hmong community more than she did the doctors; so she had a bigger heart for the Hmong because she got to see them in a different light, not one of noncompliance and not caring, but one of good caretaking people with the best intentions for their loved ones.

Anne Fadiman may not be an anthropologist, but she conducted her research using ethnographic methods such as participant-observation and interviews. Through this work, Fadiman came to understand the power structure and hierarchy of the Hmong with clan leaders at the top. Her ethnographic relationships were arranged by Blia Yao Moua, a clan leader belonging to the same clan as the Lees. She treated her informants as ‘cultural brokers,’ as Sukey Waller, a psychologist working for the MCMC, instructed her to do. “They teach me. When I don’t know what to do I ask them” (Fadiman 2012, 95). Fadiman admits that she came in with some assumptions about the Hmong. One was that they did not want to be belittled, which she found to be true. So she looked at her status as a woman as beneficial, and found another younger woman to act as her cultural broker so that they would not look like authority figures. Fadiman also knew that she could not be affiliated with the hospital because then she would be mistrusted, so she distanced herself from doctors. Fadiman also treated everyone with respect and built great rapport with the Lees and other Hmong participants. She also participated and observed Hmong traditions such as the marriage ceremony, by dressing up like a Hmong bride to facilitate and secure trust by partaking in Hmong culture.

Even though she was not taught to be an ethnographer, Fadiman does use many skills and methods in the ethnographers’ tool kit. She uses such qualitative methods as participant-observations at sacrificial ceremonies, interviews, written and recorded, all of
them ranging from structured to semi-structured and unstructured. From these interviews she also compiles the life histories of the Lees and many others, showing how their life experiences shaped how they have come to view their world. Fadiman also draws on other works of ethnographers such as Dwight Conquergood, and in newspaper sources regarding stories of the Hmong. Fadiman also samples information from many agencies such as the Senate Judiciary Subcommittee on Refugees and Escapes, the United Nations High Commission on Refugees and other organizations and entities. What makes a great ethnographer is the ability to document meticulously the events of their informants and their stories. Fadiman documents and logs Lia Lee’s hospital visits and her prescriptions, she keeps letters from child services, as well as notes from social workers and care providers, all while keeping in mind the emotions and views of Foua and Nao Kao and how they react to these documents. These methods and techniques help to improve the reliability of her findings and validity of her arguments.

Ethnographers see themselves as one of two types. Those that alleviate the suffering and despair of those they work with by getting their stories heard and suggesting solutions derived by their informants. Others see themselves as outsiders documenting human lives while not changing anything at all. Fadiman is an ethnographer trying to change a failed relationship between health care and patients by bringing to light the troubles encountered by Hmong refugees, and by examining what works and why for the Hmong. Philippe Bourgois and Jeffrey Schonberg are similar types of ethnographers who document the lives of drug addicts. Their ethnography includes descriptions of addicts’ ability to access health care, health care’s view of addicts, what occurred in addicts’ lives to contribute to their heroin use, and how addicts fit in the society where
they lived in San Francisco. The main questions driving their research was finding out why people become users, and why America, which is such an economically and technologically advanced country, struggles to treat addicts. Similarly, Fadiman wanted to answer the question of why doctors and Hmong patients had difficulty coming to successful resolutions in seeing treatment regimens through. Though Bourgois and Schonberg had different informants, were trained in medicine, and were conducting research measuring outreach effectiveness for the clinic and health program they were part of, they used the same methods and had the same objectives as Fadiman. In addition they also relied on music, particularly rap to try and explain and draw conclusions about drug consumption practices, and they used photography to analyze the daily lives of their ethnographic informants. Each respective author using his or her own means created well-constructed and moving ethnographies.

The audiences that are most relevant and could gain the most from reading this book are health practitioners, anthropologists, social workers and policy makers. Health practitioners could gain knowledge on how patients of different backgrounds see illness and treatments. The book would help practitioners look at patients differently and understand how patients might view them. Doctors could find the best ways to handle differences in healing systems and find resolutions. Anthropologists and students could use this work in their own studies and use her evidence and methodologies in their fieldwork in medical settings. Social workers are another audience. Learning from the experience of those like Jeanine Hilt could be of use in relaying information back and forth between parties like hospitals, Child Protective Services, and the courts, - and in getting resources that are needed for families that may not know how to get them. Policy
makers could gain from hearing human stories and understanding the reasons for policy failure or achievement. This knowledge could be key for legislation to adopt new programs or classes promoting medical pluralism or cultural competency in the medical field. By understanding where everybody stands in these programs, policy makers have a better chance of assessing and addressing the problems, and of receiving more positive evaluations from the implementation of new programs.

Understanding the history of people would help these professionals as well. For example, the United States promised to take care of the Hmong refugees for their allegiance. They were brought to the States and put on welfare. This policy led to xenophobia and racism from some citizens. If policy makers got the word out to explain why such policies are created, they could alleviate resentment towards people in need. Making laws that can help people practice their spiritual and religious beliefs, like sacrificial ceremonies, is also a good idea, and is based on America’s principle of freedom of religion. I think the key point for all of these readers is that if they want to find a solution to a problem then they must listen and understand the concerns of those struggling, particularly in the field of medicine, since peoples’ health is a main priority of life.

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Since the advent of HIV/AIDS in the early 1980s, there has been a multitude of attempts to explain its mysterious origins from both the scientific community and the general public. In *AIDS and Accusation: Haiti and the Geography of Blame*, Paul Farmer explores the key accusation narratives surrounding AIDS. Beginning with the scientific community, Farmer states:

In December 1982, for example, a physician with the U.S. National Cancer Institute was widely quoted as announcing that ‘we suspect that this may be an epidemic Haitian virus that was brought back to the homosexual population in the United States.’ This theory, although unbolstered by research, was echoed by other physicians and scientists investigating (or merely commenting on) AIDS (Farmer 2006, 3).

Shortly thereafter, on March 4, 1983, the Centers for Disease Control officially identified four “high-risk groups” for the contraction and spread of AIDS, including homosexuals, Haitians, hemophiliacs, and heroin users (Farmer 2006, 211). Members of the groups were termed the “Four-H Club” by the popular media, and the stigma and discrimination towards those categorized as “high-risk” was significantly exacerbated. AIDS-related accusations prevailed throughout the West and had devastating effects on Haitians in both the United States and Haiti. Some effects included bullying and violence against Haitian children in U.S. schools, the eviction of thousands of Haitian-Americans from their homes, the deterioration of Haiti’s tourist industry, and unexplained job losses among Haitians living in the U.S., which compromised the well-being of rural Haitians whose remittances from migrant family members was shut off.
In addition to accusations circulating in the scientific community, Farmer identifies two accusation narratives mounted by the accused. The second form of AIDS-related accusation was found within the rural Haitian community in relation to *maji*, or magic. In this counter-blame theory, *sida* or AIDS was described as the “jealousy sickness,” “a sickness emblematic of a nation of poor people distracted from the ‘real struggle’ by the hurts they inflict on one another” (Farmer 2006, 109). Dieudonne, one of Farmer’s key informants and the third villager to fall victim to AIDS in Do Kay, was the first to explain AIDS in this manner to Farmer. According to Dieudonne, *sida* is sent out of jealousy or spite through means of sorcery, often by one poor person to another when someone becomes socially or economically successful at the expense of others or without redistributing their accumulated wealth to the desperately poor (Farmer 2006, 106). The third counter-blame theory discussed was labeled as a “conspiracy theory,” as much of the Haitian population, and many Africans, argued that HIV/AIDS was created and released by the U.S. or “white folks” as a weapon of warfare to stem the growing Haitian and black populations (Farmer 2006, 234).

At a time when the epidemic was plagued with mystery and bigoted assumptions, Farmer brilliantly examines and explains the development of these three AIDS-related accusations from a multi-disciplinary approach, including ethnographic, historic, epidemiologic, and political-economic analyses. Through his extensive analysis developed from vast research and years of ethnographic fieldwork in the remote village of Do Kay from 1983, Farmer invalidates the primary accusation theory which described AIDS as a Haitian virus brought to the U.S. homosexual population, arguing against the notion that positioned “isolated Haiti” as the source of the pandemic. He offers a more
valid and evidence-based explanation that shows how economic-political relations in favor of the U.S. have led to widespread poverty and unemployment in Haiti, thereby facilitating an industry of sexual tourism. The sexual tourism industry and gay subculture was driven and shaped by the perception of Haiti as a homosexual’s fantasy in which tourists could engage in exotic transactional sex with local Haitian men, eventually leading to the first cases of AIDS in Haiti and the reliance on institutionalized prostitution (Farmer 2006, 146–7). Farmer also describes HIV/AIDS in the historical, political, and economic Haitian context, explaining how historical events, international relations and preexisting misconceptions, such as the Trans-Atlantic Slave Trade, European and American imperialism, independence movements, the “West Atlantic system,” North American folk models, and much more, have deeply shaped the varying illness narratives and experiences of those affected.

Throughout the ethnography, Farmer generates, extends and expands ongoing conversations in medical anthropology. As previously stated, Farmer consistently cites the importance of examining the social, historical, and political context when attempting to understand and treat infectious disease in impoverished nations; in fact, it is a central tenet in *AIDS and Accusation*. In 2010, Margaret Lock and Vinh-Kim Nguyen continued this conversation in their textbook, *An Anthropology of Biomedicine*. In chapter four, “Local Biologies and Human Difference,” Lock and Nguyen describe the inadequacy and blaming nature of using cultural beliefs and practices to explain persistent poor health and the spread of infectious diseases. According to the authors:

Efforts to portray the way in which people seek to survive and reproduce human and social existence historically and in the present are often glossed as products of ‘culture.’ From there, it has been a short step to see culture as a monolithic force that determines peoples’ identity and
behavior… [and] doctors and public health professionals have often used the culture concept as the key in linking social factors and disease (Lock and Nguyen 2010, 103).

This statement can be seen in direct connection to the material first presented by Farmer in 1992, and the authors even use his experiences to validate their theory. In the ethnography, *AIDS and Accusation: Haiti and the Geography of Blame*, Farmer brings to light the North American folk model, presented by medical and social scientists and the popular media, which describes Haitians as mysterious, isolated, disease-ridden, blood-maddened and engaging in exotic, violent voodoo rituals (Farmer 2006, 3). Farmer asserts that this folk model of Haitians was developed long before the advent of AIDS due to an extensive history of racism and ethnocentrism, but was used to justify the “scientific” blaming and risk-grouping of Haitians both in the U.S. and in Haiti.

One can also draw comparisons to Seth Holmes’ ethnography, *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States*, but for different reasons. In the introduction of *AIDS and Accusation*, Farmer states that it is the anthropologist’s job to bring to light the unseen connections between large-scale forces in small-scale settings, such as in the village of Do Kay (Farmer 2006, 9). In several chapters of the ethnography, Farmer describes how the abrupt building of a hydroelectric dam in Haiti’s central region in 1956, facilitated by officials in Haiti and Washington, D.C., led to the destruction of a once-fertile valley and the displacement of hundreds of villagers who were forced to migrate into the barren hills on either side of the reservoir; this is how the village of Do Kay was formed. According to Farmer, both villages on either side of the dam became exceedingly poor and unable to provide for themselves and their families, and most blamed their economic standing on the dam which brought them neither
electricity nor water as promised (Farmer 2006, 7). Farmer attributes the three cases of AIDS that were present in Do Kay during his fieldwork to this large-scale force, as many resulted in migrating to the city, Port-au-Prince at one point in their lives for economic opportunities, most likely contracting the disease there.

One can identify similarities when analyzing Seth Holmes’ (2013) description of the reasons for immigrating to the United States among the Triqui people of southern Mexico. Holmes discusses the large-scale political force, NAFTA (North Atlantic Free Trade Agreement) in relation to the Triqui community, essentially arguing that banning trade tariffs and opening competition in the market with America’s cheap, highly subsidized resources led to vicious cycles of poverty, the displacement of communities, and the need to emigrate for survival. The pain and suffering experienced by the majority of Triqui workers can be attributed to NAFTA, a highly economic and political agreement made by those in power. Although the Mexican citizens had no say in the decision, they were the ones who felt the momentous and destructive effects most (Holmes 2013, 25–41).

Through analyzing Farmer’s ethnography, one can also understand how his studies in medical anthropology and its concepts have affected the way he approaches the field. For example, Farmer places significant emphasis on the existence and effects of multiple forms of violence among the people most marginalized. In *AIDS and Accusation*, Farmer discusses the political violence that occurred in Haiti during his stay, including the state-sponsored massacre of thousands of unarmed protestors on Election Day, the dumping of dead bodies and the shootings of innocent bystanders in attempts to continue the fear that gave power to the militaristic dictatorship. One can also view the
risk-grouping of Haitians as a means of everyday violence, as the stigma that developed out of it caused a significant amount physical, emotional, and economic suffering for both Haitians living in the United States and in Haiti.

In addition, Farmer has also shown himself to be very sensitive to the alternative ways in which the villagers of Do Kay experienced and perceived illness and healing, as they often engaged in some form of medical pluralism when biomedicine was available. For example, one of his informants, Dieudonne consulted both a biomedical doctor and a Houngan voodoo priest when his AIDS-related sickness remained persistent. Farmer recognized that Dieudonne understood the epidemic to be a “jealousy sickness,” and the result of sorcery, therefore, in order to regain his health, he would have to combat these external forces with the help of an expert in *maji*. Farmer describes several reasons for Voodoo practices to continue in full force in Haiti, but it essentially boils down to the fact that the nation is plagued with extreme widespread poverty, and due to the desperation to break out of it, the attempt to understand it, and the need to find a sense of comfort among turmoil, the majority of rural Haitians turn to sorcery to combat the unequal distribution of wealth (Farmer 2006, 204).

When attempting to critique *AIDS and Accusation: Haiti and the Geography of Blame*, I feel the need to first applaud Paul Farmer for tackling such an enormous, yet increasingly important topic, and one that had previously garnered little attention in the medical and social science communities. I believe Farmer did a brilliant job in analyzing the situation from a multi-disciplinary approach, incorporating a significant amount of historic, political, economic, and epidemiological research into his first-hand findings in the field. However, I found his historic analysis to be a bit too extensive, as he spends a
large section of the book laying out the heavily detailed history of Haitians dating all the way back to 1492 with Christopher Columbus (Farmer 2006, 153). Farmer acknowledges that this in-depth history may stir up some opposition among his readers, but nevertheless argues for its necessity in order to address present-day phenomena, such as how the people of Do Kay understand AIDS and how social and medical responses registered by both North Americans and Haitians are determined (Farmer 2006, 9).

Although I understood the importance of a historic analysis in this scenario, I found Farmer’s to be far too extensive, including pages of detailed accounts that could have been summed up in a few sentences. I did, however, find the section describing the “West Atlantic System” to be a very important part of his ethnography, and I may have not understood its entirety without prior historic knowledge. For example, Farmer describes how this economic network that encompasses Caribbean nations was centered in the U.S. for their own benefit, and he gives shocking and strong evidence to demonstrate how this political-economy related to the epidemic. Farmer states that the five countries with the greatest economic ties to the U.S. were the same five countries with the highest rates of AIDS. Out of those five, Haiti was the most dependent on U.S. exports and in turn had the highest rates of AIDS (Farmer 2006, 260). Had I not been given a previous lesson on the historical relations between the United States and Haiti, I may not have fully comprehended how this system was formed, how it is continued, and how it has had devastating effects on the epidemic in Haiti.

I also found his sample size, which consisted of three key informants in Do Kay that had contracted AIDS during his fieldwork, rather small. Although one might argue that his sample size was in fact larger because he lived with a spoke with a multitude of
locals during his many years, I argue that Farmer based much of his analysis of AIDS in Do Kay on the accounts of Manno, Anita, and Dieudonne. One might also combat this statement with the fact that those were the only three in the village to have contracted HIV at the time, but between the years of first and second publication (1992-2006), Farmer has spent the majority of his life living in Do Kay and treating HIV-infected patients. In addition, I also thought that Farmer could have updated the information he presents with the advent of antiretroviral drugs in 1987, and how it has since affected the community under investigation. However, Farmer has published several other works regarding these more recent developments, and I suppose it may take away from the central theme of the book. The last suggestion that I would provide Farmer with is to mention how his presence affected his subjects and findings. Reflexivity is a concept that the majority of esteemed anthropologists have attempted to present in their writings, and I think Farmer’s analysis could benefit from the inclusion of a discussion on his own position in the study.

Lastly, I would like to briefly touch on the intended audience of, *AIDS and Accusation*. As many of us are aware, Paul Farmer is arguably one of the most widely read and well known anthropologists of his time. From winning awards such as the MacArthur Fellowship, to founding and directing one of the most influential health organizations, Partners in Health, to developing intervention models that have been reproduced and implemented by international organizations such as the World Health Organization, Paul Farmer has truly created a legacy for himself that very few can compete with. That being said, I believe that Farmer publishes this sort of literature to first address existing fallacies and misconceptions to the medical and social scientific
community and perhaps also the educated public. From this ethnography, I think that anthropologists may be able to learn how taking a multi-disciplinary approach with their research can produce efficacious results, perhaps more successful than through anthropological fieldwork alone. Secondly, I argue that Farmer also writes to an educated public audience in attempt to humanize the situation that millions of impoverished people face daily, creating a sense of solidarity and awareness, a first step in facilitating sustainable change among those in the greatest need.

Throughout the ethnography, Paul Farmer uses an assertive and slightly aggressive tone to present his well-developed position in regards to the HIV/AIDS epidemic in Haiti. Farmer draws on a multi-disciplinary approach, including ethnographic, historic, epidemiologic, and political-economic analyses in order to fully comprehend how Haiti’s oppressed political and economic standing has positioned them to be the victims of historic exploitation, marginalization, and vast poverty. When combined with research regarding North American beliefs and actions in relation to Haiti as bigoted, racist, and ethnocentric, the reader can come to an understanding of how the citizens of Haiti have suffered endlessly and without a voice. Farmer offers the reader valid, largely unheard explanations of the development of three major AIDS-related accusation theories, their effects, and the experiences of those infected.

References


Holmes, Seth M. *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States.*
Making War At Fort Hood by Ken MacLeish is an ethnography that chronicles the lives on soldiers on the Fort Hood military base in Killeen, Texas. Fort Hood is a large military base with upwards of 220,000 soldiers located in a rural and isolated area about halfway between Austin and Waco in East-Central Texas. The ethnography focuses on both individuals who have not made it off base and those who have served in Iraq, some for multiple tours of duty. Although these men and women come from different socioeconomic backgrounds and choose to enlist for different reasons, they eventually all end up in the same boat due to their involvement within the army. Even those who just participated in combat training without actually being deployed seemed to be physically, mentally, and emotionally affected by their time spent with the armed forces. Their involvement with the army has left them with battered bodies, chronic pain, and other problems far beyond the physical body. Additionally, the soldiers profiled in Making War at Fort Hood all experienced the same tensions that come with army life, including fear of future deployments and strains on relationships with spouses and children. Many soldiers also expressed feelings of being “trapped” by the armed forces, or that the army dragged them into a cycle of pain and poverty that is hard to escape.

There are three primary arguments that MacLeish makes in Making War at Fort Hood. The first of these is that the army is an institution that does not care about its soldiers; it only cares about making war. The army destroys soldiers physically, emotionally, and socioeconomically, thrusting them into a cycle of exhaustion and
hardships, yet does little to alleviate these problems. The second argument MacLeish makes is that there is so much more to life in the army that meets the eye. Enlisting in the army affects not only the soldier, but also his entire family, and changes the lives of everyone involved. Soldiers often feel disconnected from their significant others, often because they do not want to burden them with the hardships they have faced. Deployment thus not only puts strains on marriages, but also affects relationships parents have with their children, and sometimes even leaves children without parents. This leads into his third and final argument, which is that once you join the army you are forever changed. Many people believe that the only problems soldiers face when they return home are post-traumatic stress disorder and other traumatic brain injuries. This is most certainly a huge issue for servicemen and women – one soldier recalls flying to the ground when she heard a car backfire – but problems returning soldiers face also involve physical injury, difficulty assimilating back into society, and more.

*Making War at Fort Hood* encompasses many different themes that medical anthropologists have recently been studying. Specifically, MacLeish’s work is very similar to that of Seth Holmes’ *Fresh Fruit, Broken Bodies*, in that Holmes and MacLeish both explore the ideas of violence and hierarchies. In his work, Holmes outlines a social structure on the Tanaka Farm in Washington State where the migrant workers are paid incredibly low wages to pick berries, the hardest form of physical labor on the farm (Holmes 2013). Migrant workers are also ridiculed by their supervisors while they work and called derogatory names. In *Making War at Fort Hood*, MacLeish describes a hierarchical structure of the army that has many parallels to the one described in *Fresh Fruit, Broken Bodies*. The privates, or lowest-ranking soldiers, are also treated brutally by
their commanding officers. This treatment carries over into other aspects of their existence, especially when they return home and have to adjust to a civilian life. The soldiers take the military mindset everywhere they go and with everything they do, treating life like the army. The higher up the ladder you go in the army, through corporals and sergeants, the more respected officers are and the easier their job gets. There is not as much physical or emotional wear-and-tear involved, and often these men and women are not the ones fighting on the front lines. This is extremely similar to the higher-ranking persons on the Tanaka Farm in that most of them have desk jobs that require little to no physical activity and make considerably more money than the pickers.

Additionally, in *Fresh Fruit, Broken Bodies*, Holmes describes the different types of violence that the migrant Mexican workers experience while picking berries on the farm. These workers undergo structural violence, or violence associated with a person’s race, gender, religion, or other defining factor, as well as symbolic violence, or violence associated with stereotyping based on that structural violence (Holmes 2013, 89). The workers are automatically prejudiced due to their race and migrant status, and are often seen as incompetent and lazy. These types of violence resemble the same types of forces that soldiers face in their daily lives. Similar to the workers on the Tanaka Farm, soldiers are also frequently seen as unintelligent, and injured soldiers are deemed lazy by their other comrades, supervisors, and doctors that treat them. For instance, Peters, a soldier with shoulder and back injuries, is subject to “skepticism and suspicion” from doctors about whether his injuries are legitimate, and he has been refused treatment for his ailments on multiple occasions and by multiple practitioners (MacLeish 2013, 110).
Along those same lines, MacLeish touches on another theme in medical anthropology when he discusses all of the ways that soldiers’ bodies are treated as tools or machines. Soldiers’ bodies are similar to athletes’ bodies inasmuch as they are supposed to be strong and able to perform at their highest levels. Additionally, soldiers and athletes are treated similarly as far as injuries are concerned. In both lines of work, injuries make the person seem weak, incapable of doing their job, and lazy (MacLeish 2013; Overman 2010). Like an athlete who receives a concussion or other “invisible” injury and is pressured to get back into the game, a soldier who does not have a life-threatening injury is expected to take a minimal amount of time off before getting back in the line of duty. Finally, injured soldiers are often believed to be faking their injuries when indeed they truly are hurt. Stevens, a soldier whom MacLeish profiles deeply and who has chronic knee pain due to his participation in combat training, sums up the Army’s view on injury when he states, “They told is in basic, ‘Anything that’s not life, limb, or eyesight, suck it up. If you tell us you’re hurt, we’re going to assume you’re faking” (MacLeish 2013, 112). This is yet another parallel between soldiers and athletes, in that it is believed that athletes often milk their injuries for attention (Overman 2009, 129).

MacLeish compiles a strong account of army life that is informative, incredibly detailed, and well written. One of the biggest strengths of Making War at Fort Hood is that it covers virtually all of the bases of army life. Nothing is left out in the effects that war has on all aspects on soldiers’ lives, and the reader can clearly see how war affects both the soldier and those around them. Oftentimes people do not realize how hard it is having a family member in the military, and a large part of MacLeish’s argument is that
war can have just a strong of an affect on a soldier’s family as on the soldier himself. Additionally, another strength of MacLeish’s work is that he isn’t afraid to get gory to make a point. There are many graphic accounts of soldiers watching their friends get blown up right in front of their eyes and watching their bodies get turned into “spaghetti” (MacLeish 2013, 86). Another soldier recalls how he just wanted something to bring home to his comrade’s family in a casket, yet his body was just completely torn to shreds so that it was not even possible (MacLeish 2013, 88). These brutal accounts of the horrors of war emphasize the trauma deployed soldiers face on an everyday basis, and give the audience a clear insight into what it is like to be a soldier for a living. Finally, one of the strongest points of MacLeish’s argument is the clever analysis of how the equipment used to protect soldiers also often does harm to their bodies. Even soldiers who had never been deployed were injured in basic training due to the pure weight of all the typical army supplies each soldier has to lug around and wear each day, from the bulletproof vests to weapons and other gear.

There are very few weaknesses in MacLeish’s work, although there are certainly a few things that hinder his arguments. One aspect that is missing is that there is very little mention of any soldier that has not had a negative experience in war. Soldiers he befriends are able to talk and laugh with him, yet they all get serious when they talk about the hardships the army has caused them. The other major weakness of his work is that it tends to feel repetitive, and MacLeish often makes the same points more than once. Maybe using fewer examples with more details instead of tons of examples with less detail could have more effectively gotten his arguments across. Additionally, one of the major aspects that his work is lacking is the first-hand experience needed to drive home
his main points even further. One of these perspectives is the ethnographic experience of actually going into combat. Traveling to Iraq and going on tour may have been logistically impossible, however author participation in combat drills or other forms of army training could have provided a much-needed first-person perspective on the physical, mental and emotional effects of war. What MacLeish needed to employ was the same type of “deep hanging out,” (Geertz 1998) or embodied anthropology, that Holmes used in *Fresh Fruit, Broken Bodies*, where he actually lived and worked on the Tanaka farm with the migrant workers instead of just studying them. In addition, another added detail he could have employed is actually living in Fort Hood instead of just working there. By living on the military base, MacLeish could have gained further insight into the daily life of someone who spends all of their time at Fort Hood and developed closer bonds with the people he studied.

There are multiple groups of readers who may find *Making War at Fort Hood* to be both an interesting and useful read. Young Americans who are thinking about enlisting in our nation’s armed forces should certainly give this ethnography a read, as it brings up many important points people often fail to recognize about army life. Reading this book would allow them to decide if the benefits of enlisting outweigh the end results, and if they still wish to fight for their country knowing that they won’t return as the same person afterward. Additionally, any American who has lived through the “War on Terror” in Iraq would learn much more about war from reading this book than watching the news. Americans usually only hear about wars when soldiers die, and do not realize that the ones who make it home are so badly damaged. Reading this book could also convince more Americans to support our nation’s troops, a movement that has died off
considerably since 9/11 and the start of the Iraq War. Finally, other anthropologists may find this book informative, especially those studying war, military life, and/or traumatic brain injuries. They could also learn from the way MacLeish formed relationships with the soldiers on base and the extensive ethnographic methods he used in his research.

References


