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Humanitarianism and the Anthropology of Hunger

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A Senior Honors Thesis
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Introduction

       This thesis offers a unique, anthropological view of hunger by providing a multi-pronged assessment of the biological meaning of hunger, its cultural constructions, as well as international humanitarian efforts to curb it. Within these pages, hunger is also framed as part of bigger debates concerning world population growth and other pressing global health concerns. My research first draws on landmark scholars like Josué de Castro, Amartya Sen, and Paul Farmer to construct an understanding of hunger from an early 1950s viewpoint, a widely acclaimed economic perspective, and through the rhetoric of structural violence. It then turns to Nancy Scheper-Hughes' ethnography on violence in Northeast Brazil and uncovers the roots of hidden hunger in the remote town of Bom Jesus; her research strategies are instructive for shifting the setting to other areas of the world where beliefs about hunger may not be consistent with ours. In the final chapter, Paul Farmer reenters the discussion, along with new players such as Peter Redfield and Asbjørn Eide, as they critique current efforts of humanitarianism, the state, international aid organizations, and international human rights law to adequately and representatively combat hunger.

       While hunger is a worldwide problem, the focus of the following chapters is on Latin America and the Caribbean. An analysis of this region of the world in particular affords the opportunity to expound upon hunger in relation to postcolonial structures lingering long after national independence. Discussions in the first chapter center around de Castro's early breakdown of hunger in South America, Farmer's experiences with patients in his Haitian clinic, and hunger and instability in the Chiapas region of Mexico. In addition to my overwhelming concentration on Northeast Brazil in the second chapter, I also compare cultural constructions of hunger within Andean regions of Ecuador and Bolivia. Ultimately, examples from Venezuela,

and again Mexico and Brazil, are the basis for exploring humanitarianism, aid, and human rights law in the final chapter.

The first chapter examines the anthropological concept of hunger, a worldwide phenomenon which is not only natural and biological, but also cultural. It analyzes various theories and perspectives of scholars and scientists over time, building upon our understanding of hunger in terms of human population, biotechnology, and agriculture, and also in relation to colonial structures and poverty. Prior to being considered the large global health challenge it is today, hunger was not always worthy of international attention, and it took until the final half of the twentieth century for it to enter the public eye as the problem it is today. The shift from taboo affliction to global health problem, along with the increasing dominance of science in the contemporary era, has made biotechnology a great source of hope for altering agriculture and combating hunger. This chapter credits biotechnology, and at the same time stresses its limitations in effecting change where historical roots of hunger greatly complicate a solution. By providing a comprehensive overview of both mainstream and less-accepted beliefs surrounding hunger, we are in a better position to understand why hunger persists worldwide, and as a result, how we may be able to approach it.

Within western biomedicine, it may seem as though the symptoms and side effects of hunger and malnutrition are indisputable, but Scheper-Hughes shows in chapter two how hunger is perceived, misunderstood, and ignored in Northeast Brazil. She demonstrates repeatedly how in the rural town of Bom Jesus hunger is viewed as an ethnomedical condition, *nervos*, and highlights medicine's powerful role in curing a social condition. Scheper-Hughes' research illustrates that food, the act of eating, and beliefs about nutrition can vary by culture and affect the ways it is best treated in unpredictable ways. Residents of Bom Jesus tend to cast aside

biological conceptions of hunger and instead hold folkloric, superstitious, and spiritual beliefs about their bodies; however, at the same time, they turn blindly to medical cures. Chapter two also presents a discussion of other local beliefs concerning food and hunger in the Andes. These sections set the stage for the final chapter, where the focus shifts to how institutions focused on hunger alleviation can utilize an understanding of cultural conceptions to more appropriately implement hunger relief efforts.

The third chapter analyzes the particularly complex roles of humanitarianism, international aid, and international human rights law in addressing global health concerns such as hunger. It explores the effects of international aid organizations on populations in terms of the alleviation that is intended, as well as the consequences, shortcomings, and obstacles that are not. This chapter carefully constructs the meaning of humanitarianism and tracks how it has changed and grown, while evaluating the role it currently plays in relief efforts. At the same time, it critiques what the human right to food looks like in practice, outlining the limitations of its language in guaranteeing this right on a large scale worldwide. The themes of the third chapter are reflected in the overall goals of this thesis: to champion a global, integrated effort to improve food security. Analysis on a political, economic, and social level demonstrates the need to recognize the plurality and coordination of responsible agents in order to come closer to feeding the world.

Chapter 1: The Anthropological Concept of Hunger

Hunger can and should be understood through a variety of lenses; the concept is natural and biological, as well as cultural. Despite being a worldwide phenomenon, hunger has shockingly been excluded from conversations for long periods in the world's history. Once a

taboo topic that meant it remained unstudied, hunger has emerged as a large-scale global health problem since the second half of the twentieth century. It has been conceptualized differently by physicians, activists, international aid organizations, the media, the public, and by rural populations worldwide separated from the rapid scientific exchanges and knowledge networks that have surfaced in the midst of a globalizing world.

Science is powerful, but its limitations are vast. Can technology alone face the challenge of feeding the world? How is the biological concept of hunger also unnatural, or caused by structural problems? An anthropological investigation into the kinds of hunger worldwide, ways it is understood, mystified, or silenced, strategies by which distinct groups seek to alleviate it, and the historical roots of food insecurity and how hunger has been addressed can provide a deeper understanding of the complexity of hunger and the structures that have kept it alive. Hunger is part of a bigger political and economic debate over sustainability and global population growth, and the threat of an overpopulated world can distract from an understanding of distribution as a main factor in the global hunger crisis. Furthermore, the ways hunger is framed – as a medical issue versus a social one, or as an immediate cause for concern rather than a second-class global health issue –inform the manner in which people come to understand hunger worldwide. Although there are many, all conceptions of hunger, even those that are unconventional or outlying, are equally valuable to consider.

The Global Epidemiology of Hunger: Focus on South America & Brazil

According to the Food and Agriculture Organization of the United Nations (FAO), 868 million people are currently undernourished worldwide. By region, Southern Asia carries the

biggest burden of hungry people at 304 million, followed by sub-Saharan Africa at 234 million, South-Eastern Asia at 65 million, Latin America and the Caribbean at 49 million, Western Asia and Northern Africa at 25 million, and so-called developed regions at 16 million.[i] *The State of Food Insecurity in the World* (2012), published jointly by FAO, the International Fund for Agricultural Development and the World Food Programme, focuses on calling attention to global hunger issues, investigating the root causes of hunger and malnutrition, and evaluating the current hunger reduction objectives established at the 1996 World Food Summit and the Millennium Summit. According to its estimates, of the almost 870 million people chronically undernourished worldwide, about 850 million people, or almost 15 percent of the world's population, are estimated to be lacking in dietary energy supply.[ii]

There are countless ways to report the global epidemiology of hunger and malnutrition, from statistics on food security, to agricultural outputs and costs, to rates of energy, vitamin, and mineral deficiencies in diet. Additionally, studies can cover vast areas, such as continents and large countries in their entireties, or much smaller populations and selective groups, such as regions or towns, or groups lumped by race/ethnicity, gender, or class. In 1952, Josué de Castro, a Brazilian physician and activist against world hunger, published *The Geography of Hunger* (1952), one of the earliest attempts to understand hunger as an issue significantly affecting the world. He studied hunger meticulously, focusing on the nutrition of children, the make up of peoples' diets, and the specific type of malnutrition present in each population.

The focus here will be on his analysis in South America, specifically in Brazil. De Castro stated that for every country in South America, hunger was a serious problem. He divided South America into two parts based on the degree of hunger – regions facing qualitative deficiencies in diet and areas encountering quantitative deficiencies in diet. Falling into the first category were

the countries of Venezuela, Colombia, Peru, Bolivia, Ecuador, Chile, the northeast and extreme

south of Argentina, the western half of Paraguay, and the northern half of Brazil, while in west-

central and southern Brazil, east of the Paraguay river in Paraguay, Uruguay, and the northeast

region of Argentina, people were suffering from deficiencies in diet that were considered

quantitative (De Castro 1952).

Quantitative deficiencies concerned the number of calories consumed per day. As a

Brazilian, his clearest point of interest was his native country. He reported that the average daily

intake in Brazil was around 1,700 calories, a figure too low to be healthy yet one of the highest

of the South American countries he profiled. However, he asserted that this quantitative

deficiency was not what was most detrimental to the health of South Americans; humans can

adapt to a smaller diet by lowering their energy expenditures. The South American continent is,

for the majority, a tropical climate, which lowers the rate of the basic metabolism and

advantageously decreases an individual's expenditure of energy. He also predicted that the

energy supply was probably higher than was reported because of the consumption of various

foods that were not known to the outside world (De Castro 1952: 80-81).

What were more concerning to him were the qualitative deficiencies that inhibit the

production of necessary amino acids that contribute to the proper growth of an individual. As a

result of a diet low in foods that come from animals, protein deficiency was significant

throughout South America. The average consumption of these products was far below the

desirable minimum and one of the lowest in the world. In Brazil, the average per capita meat

consumption was less than 66 pounds per year, compared to 130 pounds in the United States and

132 pounds in Canada, respectively. Access to protein from fish was also low in Brazil, as the

Southern Hemisphere's 2 percent of world production left the fishing industry primarily to the

Northern Hemisphere. In addition, people in the Amazon region of Brazil consumed very little milk per year – less than 8 quarts per person – compared to 11 in Peru, 14 in Chile, and 26 in Ecuador (by contrast, 110 quarts were consumed per person per year in the United States). In Brazil's Northeast, the poorest region of the country and a focus of the second chapter, only 19 percent of the families included in the study used milk, and they reported no consumption of cheese or eggs whatsoever (De Castro 1952: 81-83).

Serious protein deficiency in South America brought about substandard height and retarded growth of individuals. Although there were many other physical consequences of protein deficiencies, it was troubling that in children, they remained hidden at times. Before they ever acquired visible edema (swelling), they appeared to be at healthier weights than they were in actuality because of water retention, and certain sources of sodium chloride in their diets disenabled perspiration, further preventing an emaciated appearance. Nevertheless, malnutrition affecting overall health was widespread; in the Bahia region of Brazil, nearly 40 percent of school children were found to be suffering from anemia (De Castro 1952: 87).

Currently, there are around 13 million undernourished persons living in Brazil, meaning about 7 percent of its population of close to 197 million is affected.[iii] In addition to those chronically suffering, in 2009, 30 percent of Brazilian households, or some 66 million people, faced daily food insecurity of some less acute form.[iv] Brazil is divided in terms of food production; around 90 percent of the country's total food production comes from the south, southeast and the southern part of the central western region, but Northern and Northeastern Brazil is where 60 percent of those with issues of food security reside.[v] In this region, almost 50 percent of all households live on approximately a dollar a day.[vi] Twenty-eight percent of the country's people reside there, but it has only 14 percent of its GDP. Similarly alarming are the

number of illiterate adults in the area – one-fifth of them, or twice the national rate.[vii]

While de Castro provided a more detailed, local, and specific analysis of hunger in South America, organizations like the FAO take different approaches, only getting as precise as talking about hunger in terms of the broad category of undernutrition. The FAO publishes statistics reflecting general trends of hunger and poverty as they relate to the bigger picture and factors such as a region's economic situation, income disparities, or educational systems. While no way of reporting holds more truth than another, statistics require a critical interpretation of what numbers in one region might mean relative to those of another region or population, and of what they suggest about where to start in terms of remedying the situation.

Hunger and Nutrition Defined

Hunger and nutrition are defined distinctly depending on context; sometimes they are described in technical terms based on the biological impact on the body, and at other times they are classified more loosely, according to cultural interpretations and perceptions. The international aid organization, Oxfam International, published a set of guidelines by which they choose to abide in *The Oxfam Handbook of Development and Relief* (1995). The text, in part, seeks to define and differentiate multiple terms associated with the general theme of nutrition. These guidelines, seeming to represent a standard in terms of how the aid community worldwide perceives hunger and nutrition, help provide a baseline to which more cultural conceptions of hunger can be compared.

Malnutrition in general can be understood as the lack of food in either the right quantity or quality. It can affect people from any age demographic but tends to center on young children

and the elderly. The nutritional status of children under five is often a good indication of the nutrition of the entire population group. Oxfam states that growth failure (stunting or wasting) is the most frequently encountered consequence of poor nutrition. Stunting, being too short for one's age, and wasting, weighing less than the standard for height or length, both result from a low calorie intake, and only wasting is reversible if the child begins to increase calories consumed (Eade & Williams 1995: 679).

The specific types of malnutrition laid out by Oxfam are protein-energy malnutrition (PEM), mineral and vitamin deficiencies, and iodine deficiency. Protein-energy malnutrition can manifest itself in one of two ways – marasmus or kwashiorkor. Marasmus is defined as a weight below 60 percent of expected weight for age or below 70 percent for height. An individual with marasmus is severely undernourished, has weak muscles, hanging skin, and his face typically resembles an elderly person. This condition can be caused by failure to breast-feed, diluted or contaminated milk that causes an infection or diarrhea, household inadequacy, or other repeat infections like measles, whooping cough, or HIV/AIDS. Kwashiorkor is defined as a weight of 60 to 80 percent of expected weight for age. Symptoms include swelling of the legs and feet and around the eyes, muscle wasting with retention of fat, stick-like arms, skin discoloration, sores, thinned hair, and most notably, a distended stomach. This condition is most likely caused by a rapid weaning onto the household diet without any milk supplement or by a diet insufficient in calories. Finally, less attention-grabbing types of malnutrition such as vitamin and mineral deficiencies and iodine deficiencies most commonly result in Vitamin A deficiency and Iron Deficiency anemia, and growth of the thyroid (endemic goiter), respectively (Eade & Williams 1995: 682-85).

In order to assess slow-onset emergencies, Oxfam places importance on gathering background information on the population and standardizing the level of malnutrition in order to best plan an intervention. Through nutritional surveys, Oxfam determines the extent of malnutrition by the indices Weight for Height/Length (WFH/L) and Mid-Upper Arm Circumference (MUAC). Then, malnutrition is broken down into the categories of adequately nourished, moderately nourished, and severely malnourished. Although this formula specifically applies to Oxfam, it demonstrates the systematic approach taken by international aid organizations to evaluate those in need of nutritional rehabilitation and therapy (Eade & Williams 1995: 685).

Populations that do not have the opportunity to be evaluated by these more westernized systems can express and define malnutrition in drastically different ways, sometimes failing to recognize it at all even when the physiological manifestations seem obvious. The term hunger lends itself to a much less precise and universal interpretation than its counterpart, malnutrition, which seems by nature to be a more scientifically based. In the 1950s, as one of the first authors to explore the concept of hunger, de Castro defined it as "the lack of any of the forty or so food constituents needed to maintain health" (De Castro 1952: *x*). Sixty years later, this definition has evolved in some parts of the world, stayed largely the same (with minor substitutions) in others, and yet still, not advanced this far in the rest. Case by case and culture by culture, the explanation of hunger differs in terms of technicality and specificity. In the next chapter, the less technical type of hunger will be explored in greater detail, as a way to introduce the idea that the international aid organization model is not all-inclusive.

Famine vs. Endemic Hunger

In 1990, Amartya Sen, an important philosopher and economist, delivered a lecture in London entitled "Public Action to Remedy Hunger," based on his findings published in his 1989 book *Hunger and Public Action* (1992), co-written by Dr. Jean Drèze. In this lecture, he distinguished between what he and Drèze consider two basic types of hunger, a categorization that many scholars who study hunger have supported and had even proposed before their time. Evaluating the nature of the hunger at hand by separating it into its two distinct categories – famine and endemic hunger – has been crucial for understanding what approach to take to address it. Sen explained that famine is transient, yet violent, and devastates populations, causing acute misery and widespread death. It occurs when people lose their entitlements to food. This means they do not have the land or means of producing food themselves, the income to buy food, or access to state programs of wage or food distribution. On the other hand, endemic hunger, which he terms endemic deprivation, is not as blatant but far more resilient; it gradually weakens populations and involves sustained nutritional deprivation on a persistent basis (Sen 1990: 7-9). In the modern world, famine is more confined than endemic undernutrition, with most cases occurring in sub-Saharan Africa. Large sections of the population worldwide are affected by chronic undernutrition, which is related not only to insufficient food intake but also to inadequate school systems, health care, social environment, and other factors (Drèze & Sen 1992).

Though this distinction is not a novel concept today, hunger was not always understood in these terms, and it was in de Castro's path breaking book that he challenged the long-standing taboo of addressing starvation and undernutrition. He broke down the types of hunger in much

the same way as Sen, linking famine with sporadic episodes and endemic hunger with chronic malnutrition. He stressed that malnutrition was particularly dangerous because of its weakening effect on an organism that increased its vulnerability to many types of infection. The hungry, according to de Castro, were more likely to contract diseases like tuberculosis, pneumonia, dysentery, and typhoid fever (De Castro 1952).

In Paul Farmer's book *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (2003), he reflects on some of the issues to treating infectious disease as they relate to nutrition, citing examples from his Haitian clinic. He asserts that malnutrition and infectious disease are perilously intertwined; the former could cause the latter, while the latter could not be successfully treated without the former. Patients in Farmer's Zanmi Lasante clinic being treated for tuberculosis insisted on being given nutritional supplements with their medicines, claiming "that to give medicines without food was tantamount to…washing one's hands and then wiping them dry in the dirt" (Farmer 2003: 149). One can surmise that someone suffering from endemic hunger may likely also have limited access to health care, making full health hard to maintain when many of these social services are absent. Returning to de Castro, when comparing the destruction caused by endemic hunger to damage done by famine, he stated that "the worst a famine could do is kill the 20 per cent who had survived the depurative effects of hidden hunger, which normally does away with 80 per cent of the births in that region (De Castro 1952: 29). He asserted that the numbers of those affected by famine were small when compared to the number whose diet was inadequate to maintain health and therefore suffered from nutritional diseases.

Drèze and Sen cite India as a country that has been successful in preventing famine since its independence in 1947. The Bengal famine of 1943 left around 3 million dead, whereas public interventions have prevented the damage that could have resulted from predicted famines in the

sixties and eighties (Drèze & Sen 1992: 210). In assessing the Indian experience, it is interesting to note that India has not prevented famines because of a steady improvement in food production, because it has suffered fewer devastating droughts or floods, nor because its rural population is becoming more prosperous. According to Drèze and Sen, the prevention of famine is based on the combination of two factors. First, India has made great efforts to protect entitlements that help rural populations through natural-occurring crises. Entitlement protection is due in part to an administrative system whose principal goal is to recreate lost entitlements, and also to a political system that holds the administrative system accountable for operating with this objective in sight. The administrative aspect of the system has roots that go far back in India's history. Strategies used by the Famine Commission of 1880, such as entitlement protection based on guaranteed employment at a subsistence wage and unconditional relief for the unemployable, have been refined to fit the modern needs of the country (Drèze & Sen 1992: 122-23).

Today, India's involvement in its own public distribution system sets it apart from its pre-independence period and other countries struggling to control famines worldwide. India has managed to keep food prices stable; even when natural disasters bring about a decline in food production, the public distribution system is able to keep food prices from soaring. It can afford to sell reasonably priced food on a large scale because of the preventative measures it has taken to hold huge stores of food prior to a crisis capable of causing famine. Another achievement in India has been the ability to generate income through public works, most frequently for cash wages, without relying on subsidized food sales. All in all, India's prevention of famine would not be possible without the political will to protect entitlements to food. What democratic, post-independence India has learned is that "it is impossible for the government to remain passive

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without major political risk" (Drèze & Sen 1992: 126). Both the concern of political embarrassment to the current administration and the fear of losing elections have served as motivation to step in and improve food security in times of disaster (Drèze & Sen 1992: 125-126).

However, despite the strong sense of stability suggested in India's preparation for and response to famine, roughly one quarter of the rural population suffers from persistent undernourishment and chronic ailments related to undernutrition. The reality is there is a whole separate issue of chronic hunger in India, which constitutes just as large of a threat and cries out to be heard over the celebrations of this success. Drèze and Sen point out that differences are reflected in the experiences of distinct countries; whereas some face large-scale mortality from famines, more chronic forms of hunger plague others. In contrast to India, China has considerably improved the nutritional well-being of its citizens on a day-to-day basis, but this has not meant they have been able to avoid intense suffering at the hands of famine (Drèze & Sen 1992).

Complex economic and political factors come into play when explaining why these large countries, and other countries with their own sets of issues, struggle discordantly. At the same time, it is imperative to keep in mind that although hunger is universal, it is not natural – not even famine. Even when a famine appears to be a natural event, the society will recuperate depending on the functionality of the structures within. It is sometimes easiest to blame nature – it holds those in power less accountable – but that response ignores the social disintegration that has occurred to reach the point of disaster. As de Castro explains, "human societies are ordinarily brought to the starvation point by cultural rather than natural forces…hunger results from grave errors and defects in social organization (De Castro 1952: 24). Working to understand why a

"natural" disaster occurred or why persistent hunger is prevalent in a population is the only way to begin addressing it.

Hunger: From Taboo to Large-scale Global Health Problem

According to de Castro, until the last half of the twentieth century, hunger loomed over us as one of the biggest taboos of our civilization. It was excluded from discussions of issues plaguing the world because of its vast social and political implications. De Castro argued that long before hunger was viewed as a serious health problem worldwide, it had been "from time to time the most dangerous force in politics" (De Castro 1952: *ix*). Hunger was, in fact, a factor contributing to the unrest that culminated in the French Revolution, yet no one dared confront it; de Castro recalls that when a throng of hungry women from Paris' poor neighborhoods charged the Parliament House demanding bread, politicians escaped the scene. While hunger has always been overlooked in politics, based on the sheer numbers of people facing crises of food, this should never have been the case. De Castro claims that, "the human waste resulting from hunger is considerably greater than that from wars and epidemics put together" (De Castro 1952: 5). Despite this fact, he noted that up until the 1950s there were one thousand publications of the problem of war for every study of hunger (De Castro 1952: 5).

Before de Castro's time, issues of food security and scarcity, along with hunger, were not issues that were dealt with on any sort of public scale. Hunger was taboo because it evoked an anxiety that was overwhelming to study and face. Even in the field of anthropology, it was perceived as the "frightening human affliction" that no one had the gumption to address (Scheper-Hughes 1992: 132). When cultural anthropologists did entertain ideas about hunger,

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they were often phrased in evolutionary terms; they described hunger as "a symbol of positive contribution to long-term adaption" (Scheper-Hughes 132). Whether or not there was ever a scientific basis to this theory, when studies of hunger did evolve, the belief ultimately became a mechanism of avoidance.

Although de Castro is credited for being one of the first to bring the issue of hunger into the limelight, in *Death Without Weeping*: *The Violence of Everyday Life in Brazil* (1992), the book that drives chapter two's text, Nancy Scheper-Hughes points out that de Castro neglects discussing the global circumstances under which the issue emerged. That attention that was all of a sudden directed toward hunger was curiously linked to white European starvation in concentration camps during World War II. Scheper-Hughes claimed that although "many black and brown peoples" worldwide had been suffering long before this highly visible event, it was Bergen Belson's liberation at the end of the Second World War that was a turning point in finally overcoming the taboo of hunger (Scheper-Hughes 1992: 130). Hunger was unique and distressing to the Allied forces that freed the victims of starvation at the camp, and when doctors did not know the most appropriate or effective way to treat the thousands of people in the last stages of starvation, she claims that scientists began to take interest in the subject. For the first time, reports and essays were published on the subject, based on statistics gathered at the national level. Scheper-Hughes' fairly reductionist analysis, because it deems a very specific and sensitive event responsible for changing the face of hunger and making it into a large-scale global health concern, may not be entirely valid. However, it is still valuable for calling attention to some of the structures related to power, poverty, and race that undoubtedly make certain hungry populations invisible today.

Population Theory and the Reach of Food Science

The challenges of feeding the world are daunting, and the proposed solutions to the dilemma are continually changing. From Malthusian thinking as an early explanation of population's link to poverty to the emergence of food science and the technology as new sources of hope in an ever-growing world population, it has been and is still the case that most approaches are too limited in scope. In *The Malthus Factor: Poverty, Politics, and Population in Capitalist Development* (1998), Eric B. Ross demonstrates how Thomas Malthus and his theories on population and poverty dating back to the early 1800s continue to be influential despite their widely-recognized flaws in current population studies. Additionally, in the Institute of Food Technologists' 2010 scientific review, "Feeding the World Today and Tomorrow: The Importance of Food Science and Technology," it is evident that even the latest technology has limitations when it comes to solving the world's food security crisis.

In the year 1798, Malthus published "An Essay of Population as it Affects Improvement of Society, with Remarks of the Speculations of Mr. Godwin, M. Condorcet, and Other Writers," a publication that laid the foundation for his population theory that would endure for many years to come. According to Malthus, poverty was a product of the over-breeding of the poor. As a result, Malthus campaigned fervently against the English Poor Laws, and later against socialism. He argued that the rising cost of poor relief undermined the position of the independent laborer. These ideas first appeared as concerns about the legitimacy of private property in England during the agricultural revolution, and Malthus believed "there was no public obligation to mitigate the misery [of the poor] because it was fundamentally incompatible with the ultimate rights of property" (Ross 1998: 8). If the poor had access to food, they would continue to breed

irresponsibly without seeking employment, but if they died of hunger and disease, the number of these "unworthy citizens" would decrease (Ross 1998: 12). The Poor Laws or any form of social welfare, according to Malthus, "subsidiz[ed] the fertility of the poor at the expense of the well-to-do" and led to more overall suffering across classes (Ross 1998: 10). For the working classes to be struggling because of the poor was unacceptable to someone who believed in the unchallengeable nature of the established order and in the poor deserving their low status (Ross 1998: 8-12).

Eventually, Neo-Malthusians began to deviate slightly from Malthus' original principles. They favored preventive birth control over the moral constraint that the highly religious Malthus preferred to limit population growth. One early Neo-Malthusian, Francis Place, set the stage for the growth of a birth control movement in the early 1800s, declaring "that working people, in their own interest, should curb their fertility in order to drive up wages and resolve all the problems that affected working people" (Ross 1998: 25). Neo-Malthusian ideas spread far and wide despite what came to be a widely understood concept that the solution to poverty and hunger did not lie in deliberate population control; in 1952, de Castro was still working to disprove the Neo-Malthusian belief that "the only route to survival is birth control rigorously imposed to reduce the population" (De Castro 1952: *x*). Ross argues that Malthusian thinking still lingers today "as a rationale for Western policy on fundamental questions about the use and distribution of global resources, justifying social and economic inequality in the name of the greater good" (Ross 1998: 213). While globalization and capitalism are touted as solutions to the world's inequalities, and transnational companies boast growing sustainable development programs, they invite many contradictions that serve to worsen social and economic problems such as food insecurity.

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Neo-Malthusians can be considered limited in their thinking because they ignore social, political, and economic structures, but so too are those who believe in the single-handed efficacy of technology as a solution to hunger. There is no doubt that food science and the contributions of biotechnology improve many aspects of food production, but these technologies are not easily implemented in developing countries. In its 2010 scientific review, the Institute of Food Technologists praises the progress made in the way of food processing during the past century. Food processing has "help[ed] society overcome hunger and disease" in many parts of the world and has "improv[ed] safety, nutrition, convenience, affordability, and availability of foods" (Floros et al 2010: 23). Biotechnology has introduced the possibility of increasing food production, improving quality and nutrition of foods, reducing the dependency on chemicals for agriculture, and lowering the cost of raw materials. In addition to making strides toward longer growing seasons, enhanced yields, and better disease and pest resistance, biotechnology offers environmentally sustainable ways to produce improved products (Floros et al 2010).

Despite technological advances, there is still a lot of progress to be made, especially in the developing world. At the 2009 World Summit on Food Security, the FAO projected that in 2050 the world population will have grown to 9 billion people and that food production will have to increase by about 70 percent to meet the needs of the population (Floros et al 2010: 3). This is not promising, as the food security gap is growing in certain places around the world where "as much as half of the food grown and harvested never gets consumed, partly because proper handling, processing, packaging, and distribution methods are lacking" (Floros et al 2010: 3). Although the Green Revolution of the 1960s and 1970s introduced science to agriculture, increasing productivity and remarkably improving conditions in countries experiencing acute food shortages, like China and India, small, poor farmers have not benefitted from the improved

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plant-breeding techniques to the extent that large-scale, subsidized farmers have. Large amounts of fertilizer and water are necessary to sustain these processes. Small farmers do not have these resources nor can they benefit from farming technologies used in developed areas – such as "no-till" agriculture, integrated pest management, or drip irrigation – to combat issues of soil erosion or resource depletion (Floros et al 2010: 3-5).

Nevertheless, the Institute of Food Technologists sees a bright future for agriculture and food security; "with science and technology solutions available to address specific issues throughout the food system, our ability to feed a growing population in a sustainable way…looks not only possible, but also promising (Floros et al 2010: 24). Although science may be beginning to find some answers, there is no guarantee they will be properly transferred to the developing world, that infrastructure there is strong enough to implement them, or that resources available there will allow them to be carried out. There is a danger in saying that Western science holds all the answers without paying attention to how the rest of the world will gain access to this knowledge and find the means to reap its benefits. The solution to hunger will lie in more than technology alone; it will depend upon careful steps taken to adapt strategies used in more economically developed areas to local environments comprised of millions of small, poor farmers.

Colonial Links to Poverty and Hunger

Hunger can often be traced back to colonialism. Often in societies in which hunger is rampant, there are hundreds of years in between colonialism and current situations of scarcity, but the exploitation of colonialists has undoubtedly left its imprint on agriculture and broader

societal structures that enable poverty and hunger. For example, colonialists introduced one-crop cultures, or monocultures, that are still limiting the scope of agriculture today. There are several issues related to these colonial monocultures, all of which stem from the fact that they place too much dependence on one crop. In the first chapter of James C. Scott's *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed* (1999), he focuses on state projects that have sought to simplify processes in nature, yet like his title suggests, have failed. One of these so-called failed projects is monoculture. In his discussion of agriculture, he asserts "monocultures are, as a rule, more fragile and hence more vulnerable to the stress of disease and weather than polycultures are" (Scott 1999: 21). In addition, they threaten the availability of other crop products when soil fertility is depleted due to overuse. Whole regions have been dedicated to one crop or product – for example coffee, rubber, oil, and specific to the Brazilian Northeast, cane sugar (De Castro 1952: 97). These monocultures are dangerously unsustainable, as they waste the natural wealth of resources without paying attention to the potentialities of regional food supply.

In South America, where much of this text's analysis is concentrated, the *latifundia* was a main culprit in the destruction of the land that has since been unable to be renewed. These *latifundias* monopolized a certain crop, dedicating a very small portion of land to actual food production, and "upset the economic integrity of the continent" because of their disregard for the future of agriculture (De Castro 1952: 97). Moreover, the colonialists implemented this system of agriculture purely for their own benefit; the setup existed "so that the exploiting country [could] take too cheaply the raw materials its prosperous industrial economy required" (De Castro 1952: 7). According to de Castro, hunger, "chiefly created by the inhuman exploitation of

colonial riches," is therefore the result of the irreversible damage to lands and the depletion of resources in countries that have long since gained independence (De Castro 1952: 7).

Colonialism's link to hunger does not only lie in agricultural practices but rather in the violent hierarchies of power set up to oppress indigenous peoples and small farmers. Farmer's discussion of how poverty and insurgency in the Chiapas region of Mexico relates to colonialism in the chapter "Lessons from Chiapas" within *Pathologies of Power* (2003) is especially enlightening in this context. He explores the historical roots of the 1994 indigenous uprising; important to understanding current feelings of resentment, Farmer stresses, is the recognition of the deep division that has been maintained between the *indígenas* and the European elites in Chiapas. Although he focuses on the poverty of the indigenous *campesino*, not directly mentioning hunger, it is implicated all the same. Poverty often means reduced entitlements to food; little access to land decreases a farmer's means of producing it and unemployment limits the ability to procure it from other sources. When unequal post-colonial power structures and poverty are present, hunger is there too, loyally lingering.

The subjugation of the indigenous poor of Chiapas began five hundred years ago in the form of slavery under Spanish rule. Even by the year 1994 when the uprising occurred, their status had never been elevated. According to anthropologist George Collier, an expert on agrarian change in Chiapas, looking at the history of the indigenous people and their suppression by the Spanish *conquistadores* is relevant because it helps provide context for the continued injustices they face today. In the early twentieth century, land reform laws promising redistribution passed as a result of the Mexican Revolution were supposed to make the poor farmer's situation brighter. However, "the expected benefits did not reach the poor of Chiapas," and as cattle raising grew in importance, less labor was needed, and indigenous *campesinos* were

pushed off the land by powerful ranchers (Farmer 2003: 101). Gradually, with less and less land to support themselves, they became powerless and poorer. They were increasingly forced to become peons and migrant laborers subjected to exploitation by *caciques* (local political bosses) who could pay them as little as they desired. A pivotal moment in Chiapas was when Mexico signed the North American Free Trade Agreement (NAFTA) in 1994 because it was with this decision that indigenous poor farmers recognized that neoliberal trade would mean an even bleaker future for them. That day, the Zapatistas, rebels fighting for land rights for Mexico's poor *campesinos*, launched an offensive (Farmer 2003: 93-104).

The continued injustices indigenous Mexicans have faced over the last five centuries began with colonialism, and even today, citizens of Chiapas interpret current events in light of the region's unsettling history. Collier quotes a dejected citizen, Tomás, who sheds light on the breadth of issues the poor face because of structural violence. "They don't care that we have nothing," he says, "not even a roof over our heads, no land, no work, no health care, no food, and no education" (Farmer 2003: 93). However, so often this colonial link to current problems is denied, and the colonized are blamed for their lack of "ingenuity," which is defined as social production of new technological or institutional ideas (Ross 205). In *The Malthus Factor* (1998), Thomas Homer-Dixon, who holds the Centre for International Governance Innovation Chair of Global Systems at the Balsillie School of International Affairs in Waterloo, Ontario, said that developing countries suffer because of "underdeveloped economic institutions," "social friction," and "lack of capital investment in research" (Ross 1998: 205). Yet in this belief there is no reference to the depletion of resources at the hands of the colonialist nor discussion of neoliberal trade policies that have demanded that developing countries join an international market that will do more harm to them than good. There is great danger in "blaming the victim without

comprehension of how past social and economic history gave rise to present underdevelopment" (Ross 1998: 205). Viewing the colonized as incapable is taking a step back in the fight against hunger and poverty.

Conclusion

Over the past half a century or so, hunger has proven itself as a major global health concern. It is widely recognized as an issue in need of serious attention, and as a result, studies of its nature and roots have been meticulously performed and documented to help others understand and begin to address it. From specifying that it can be broken down into types (famine or endemic hunger), to recognizing that it is a universal yet unnatural phenomenon, to realizing its link to colonialism, the international community has analyzed its complexity from many angles. Early theories related to hunger and population have been dispelled, indicating steps toward understanding it more fully, and new spheres of innovation, such as biotechnology, have been identified as potentially revolutionary technologies capable of reducing hunger. Within this first chapter, the focus was on scientists, economists, philosophers, and physicians, their contributions to the wealth of knowledge gained about hunger, and the great advances they made with respect to comprehensively explaining and defining hunger. The next chapter views hunger from a different perspective; as it transitions to the remote corners of the world, it explores hunger through those who live it – the anonymous farmers, laborers, and children – and seeks to understand it through their eyes and, then again, through the eyes of outside observers, interpreters, scientists, and experts.

Chapter 2: The Medicalization of Hunger and its Irony

This chapter, on the most basic level, seeks to understand how hunger is viewed and shaped culturally, in this case particularly in the remote Northeastern Brazilian town of Bom Jesus. Nancy Scheper-Hughes' *Death Without Weeping* (1992) will be the main focus of the chapter. In this ethnography, Scheper-Hughes studies life in Bom Jesus in terms of morality, human nature, and ethics, while taking into account social, societal, and structural roots of hunger and how they manifest in local and particular settings. Although hunger itself is by no means the book's most salient theme, the discussion of it in combination with the questions of moral and ethical relativism it raises makes it a unique source for analyzing how and why people in Bom Jesus see hunger the way they do. In this atmosphere of chronic shortages and death, she explores the everyday violence affecting the region through one particularly fascinating social interaction– the mother-child relationship. Rates of infant and child mortality are alarmingly high in Bom Jesus, and one of Scheper-Hughes' main assertions is that maternal thinking in the community is formulated based on the idea that the death of her young child is both expected and ordinary.

While she analyzes women's morality by examining the instances of mortal neglect of their own children, she in part attributes these choices to a larger political and economic order that reproduces the rampant sickness and death that plague the region. It is in this sense that her work has attracted critics, such as Arthur Kleinman, who in *Writing at the Margin: Discourse between Anthropology and Medicine* (1997), attacks her ambivalent stance concerning who or what is responsible for widespread death in these communities. As an anthropologist and community worker, Scheper-Hughes occupies a precarious role that can blur the line between

offering a legitimate interpretation based on social theory and relying on a descriptive yet debatably exaggerated writing style more fitting for a novel. Although Scheper-Hughes' research will dominate this chapter, is it important not to blindly accept her assertions without a critical eye.

In her assessment of the many forms of violence in an environment that is "antagonistic…to new life," hunger becomes a main point of discussion (Scheper-Hughes 1992: 20). *Delírio de fome*, or the madness of hunger, is a popular idiom that she strongly links to the disintegrating social relations of not just mothers and children in the region, but to all people living in Northeast Brazil and how they act under the conditions of the chronic hunger they are facing. While within western biomedicine it may seem that conditions like marasmus or kwashiorkor are indisputably indications of hunger and severe malnutrition, Scheper-Hughes reveals shocking views of how hunger is perceived, misunderstood, and ignored in Bom Jesus. She highlights the powerful role of medicine in rural Northeast Brazil; even in the most severe cases of malnutrition, the sufferers are viewed as being afflicted by a nervous condition (which has evolved into the ethnomedical term, *nervos*) that is thought to be best treated with medicine.

Scheper-Hughes' research demonstrates that food, the act of eating, and beliefs about nutrition can vary by culture – folklore, spiritual beliefs, stigmas, and metaphors play a bigger role in defining hunger and nutrition in Bom Jesus than does biology. Here emerges a great irony; though Nordestinos generally ignore, fear, and mistrust western biomedicine – causing them to cast aside biological conceptions of hunger and instead hold folkloric, superstitious, and spiritual beliefs about their bodies – they turn blindly to medical cures. In addition to discussing the Brazilian situation in *Death Without Weeping* (1992)*,* this chapter will also explore other local beliefs in remote towns concerning food and hunger featured in *Medical Pluralism in the*

Andes (2003), a collection of anthropological approaches to health in the Andes for over twenty years. This chapter seeks to understand what is at the root of the simultaneous adherence to cultural beliefs yet reliance on biomedicine and how this might, and should inform westernized aid organizations' efforts to curb hunger worldwide.

Nervos, the Madness of Hunger, Folklore, and Medicalization

Before Scheper-Hughes begins her discussion of how people in Bom Jesus interpret signs of hunger, she attempts to describe the extent of poor health among its residents in technical, westernized terms. According to Scheper-Hughes:

> Adults, it is true, might be described as "chronically undernourished," in a weakened and debilitated state, prone to infections and opportunistic diseases. But it is overt hunger and starvation that one sees in babies and small children, the victims of a "famine" that is endemic, relentless. (Scheper-Hughes 1992: 146)

Furthermore, she reports that two thirds of all rural children in Bom Jesus show signs of undernutrition and stunting, and that 40 percent of these children could be considered nutritionally dwarfed (Scheper-Hughes 1992: 153).

Despite the physical manifestation of a nutrient-deprived population, hunger goes unrecognized. What residents of Bom Jesus believe they are suffering from is called *nervos*. This culturally constructed condition makes one weak, shaky, irritable, and off-balance. It is a nervous state characterized as a psychological problem and a perceived personal flaw that requires

medication. Although *nervos* describes many of the studied physiological effects of hunger, members of the community do not link the two concepts. In an interview with a woman from the village, Scheper-Hughes inquires about how hunger and *nervos* differ. The woman states matter-of-factly, "*Fome* [hunger] starts in your belly. Eating makes you feel better right away. *Nervos* begins in your head and can travel anywhere in the body" (Scheper-Hughes 1992: 178). She could not see how the concepts were related at all. Other residents felt similarly, attributing their misery always first to being nervous and only secondarily to being hungry.

The way this feeling of weakness is interpreted by people in Bom Jesus affects the way it is treated and also indicates the extent to which folklore infiltrates their world. Scheper-Hughes explains that Manoel, a man who lives in Bom Jesus, suffers from nervous crises frequently, most typically at the end of the week when the food supply at home is low. His wife told Scheper-Hughes that she believes he will no longer be weak, tired, or have shaky knees once he goes to the pharmacy to get a glucose injection. Another woman, Sebastiana, has trouble sleeping at night because she always has an empty stomach. She similarly attributes this hunger-related problem to *nervos* and treats the problem by taking sleeping pills (Scheper-Hughes 1992: 167-176).

Further enlightening in terms of understanding how folklore plays a role in the lives of Bom Jesus residents are beliefs surrounding the madness of hunger. *Delírio de fome*, or the madness of hunger, refers to the end point reached in starvation; the body becomes exhausted, the spirit is said to fade away, and all moral scruples are lost. People in Bom Jesus sometimes refer to deaths of this sort as the "dog's disease" because the behavior exhibited by one of its sufferers can be compared to rabies in a dog (Scheper-Hughes 1992: 377). Scheper-Hughes has not been the first to point out hunger's connection to madness and the disappearance of moral

inhibitions. In de Castro's discussion of hunger's imprint on the body and soul, he states that "no other calamity so damages and shatters the human personality" and that "[man's] behavior changes as radically as that of any other animal tortured by hunger" (De Castro 1952: 65). 'Hunger hydrophobia,' he recalls, is the term that navigators dating back to the sixteenth and seventeenth century used to describe the rage and madness linked to the peak of starvation (De Castro 1952: 67).

Scheper-Hughes' argument, however, takes a more pointed approach, focusing specifically on the manifestation of this madness in mothers. She paints a picture that challenges the thought-to-be universal maternal instinct to protect her children by highlighting the egregious lack of care and outwardly violent behaviors mothers have shown toward their children when they have reached this state of hunger. Kleinman opposes Scheper-Hughes' view of the community as completely insensitive and accusatory; he finds the fact that at times she "seems to indict the mothers and the community as broken, predatory, and dangerously failing in the tasks of everyday life" a gross exaggeration and dramatization of a reality (Kleinman 1997: 236). Kleinman would have preferred a different, more ambiguous ethnographic interpretation that demonstrated a range of human experiences rather than one that emphasizes the total lack of a caring relationship. Nonetheless, Scheper-Hughes cites a mother who brutally kills her child because he would not stop crying for milk as just one example of this behavior (Scheper Hughes 1992: 128). She goes on to say that the description of *delírio de fome* is now understood in the medical academy as "protein-calorie" or "protein-energy" malnutrition. Although in these extreme instances, hunger is recognized, it continues to take on a spiritual meaning, and her insinuation of the existence of a possessive force driving behavior strips all accountability from the mother.

This medicalization of hunger, pervasive folklore, and belief in the magical healing power of medicines is problematic because it does nothing to address issues of food security and nutrition with which residents of Bom Jesus are dealing. Scheper-Hughes describes *nervos* as an expansive folk diagnostic category of distress or a way to reflect hunger anxiety. When day after day, the prospect of obtaining enough food is unlikely, it makes sense that people are nervous and insecure. It is easier to individualize the problem, giving each person his own distinct sickness along with a cure, however ineffective it may be, than it is to address the reality of hunger infiltrating an entire population (Scheper-Hughes 1992).

Attitudes about Weakness as Rationale for Irrational Death

Scheper-Hughes does discuss certain body metaphors that exist in Northeast Brazil, but various parts of the collection *Medical Pluralism in the Andes* (2003) go a step further in explaining these metaphors as they relate to medicine in the Andean region of South America. The examples from this section are derived from Margaret A. Graham's chapter called "Food, health, and identity in a rural Andean community" and Lauris A. McKee's "Ethnomedicine and enculturation in the Andes of Ecuador." These two powerful chapters from *Medical Pluralism in the Andes* (2003), plus the insights Scheper-Hughes has to offer in *Death Without Weeping* (1992), illustrate that attitudes about the body, food, and how they are linked to health and well-being are culturally constructed. Often based on folklore, these outlooks can persist because they help make sense of the irrational and explain certain difficult life circumstances.

To begin with an example from Scheper-Hughes' ethnography, as previously discussed, infant and child mortality is very high in Bom Jesus. The tragic event of babies and children

dying before they reach five years of age unsurprisingly weighs heavily on people within a community where this is occurring. To ease the pain of an upsetting trend that seems unlikely to reverse itself, new attitudes are constructed. In Bom Jesus, newborns are generally described as weak, and this categorization has important implications for how they are viewed in society; some infants are described as being born "wasted," or even wanting to die (Scheper-Hughes 1992: 368). The young are commonly diagnosed with a folk pediatric disorder called *gasto*, which translates directly to "spent" or with *nervoso infantil*, the same nervous condition adults face but in infants (Scheper-Hughes 1992: 316). The weak nature of these young children, Scheper-Hughes argues, has produced attitudes in mothers and adults that inspire indifference; because hopes are not high for a long life of any newborn, infants are viewed as easily replaceable. An example of this conception infiltrating adults' opinions of their young is evident in the weaning process. Toddlers often have trouble adjusting to a new diet at this time, having become accustomed to fresh milk, which is expensive, and finding cheaper foods that adults typically eat, like beans, unappealing. Adults interpret their behavior as a refusal to eat, confirming their suspicions that children in Bom Jesus lack a passion for life. This language that highlights infants and young children as weak, dispassionate, and detached allows mothers to transform a devastating occurrence into one that is ordinary, reasonable, and comprehensible.

Moving away from Scheper-Hughes for a moment, in Margaret A. Graham's chapter titled "Food, health, and identity in a rural Andean community," she explores cultural beliefs surrounding fears, fat, and food that are influenced by folklore. She states that food is fundamental in maintaining one's *fuerza*, or strength. It is important to sustain this *fuerza* because *debilidad* (weakness) can open the gates to both natural and supernatural agents that cause illness. Both loss of bodily fluids and fat can "weaken a person's life force" (Graham

2003: 155). To elaborate on the importance of the symbolic meaning of fat in Andean culture, in a different chapter from the same collection, titled "Sucking blood or snatching fat" by Joseph William Bastien, he explains that fat contains bodily, social, and political meanings and its absence is associated with "sickness, disempowerment, and death" (Bastien 2003: 166). These strengths and weaknesses can sometimes be physical, but they also contain a more spiritual component; they are not linked to nutrition in the same way that they are in a western setting. For example, good strength and health can be upheld by adhering to specific and local consumption practices, some overlapping with western ideas of well-being and some not. While engaging in physical labor is seen as a positive way to maintain health – a belief consistent with western ones – so is eating food with the "proper intrinsic qualities" and eating at the "proper time of day" (Graham 2003: 155). Important to consider is that their version of the word 'proper' may not match up with how a westerner might understand it and that it may reflect specific cultural values.

In another chapter of *Medical Pluralism in the Andes* (2003), "Ethnomedicine and enculturation in the Andes of Ecuador," Lauris A. McKee expounds upon some of the aforementioned cultural beliefs in her discussion of the supernatural illness, *mal aire* (bad air), its link to malnutrition in the Andes, and how it is culturally constructed. She focuses on ethnotherapy as a traditional curing process, but more important in this discussion is its role of exposing and engraining in youth cultural representations of illness and well-being. Children are, like in Bom Jesus, similarly viewed culturally as weak in the three Andean communities in Ecuador where McKee has done research, and though this weakness is undoubtedly related to insufficiencies in diet, *mal aire* is not discussed within the rhetoric of nutrition but rather according to cultural and spiritual beliefs of the region. *Mal aire* is sent from the dead to the

living and can be potentially fatal. It can affect anyone, but infants and children are particularly vulnerable because they are weaker than adults. Some of its symptoms are analogous to *nervos*, such as nervousness, sleeplessness, fever, vomiting, and wasting (McKee 2003: 139). In the inter-Andean valleys in which *mal aire* is very prevalent, weakness can be caused by any biological change that interferes with internal equilibrium. Thus, infants and children are weak because they are continually growing and changing. When a fundamental transition occurs in the development of a child, such as learning to walk or talk, mothers, like those in Bom Jesus, expect their children to get sick (McKee 2003: 137-40).

Weakness in this region in Ecuador is also associated with the blood, according to McKee. Blood ranges from weak to strong, and an important external indicator of the blood's state is the degree of fatness of the body. Blood and fat are both incredibly culturally meaningful; strong blood and corporeal fatness are linked to energy and vitality. Therefore, it is not surprising that malnourished children are weak and thus disproportionately affected by *mal aire* – the same goes for the poorest families, who face frequent *mal aire* attacks. However, malnourishment in this region is interpreted in terms of the weakness of the blood and complicated by folklore; Andean vampires are known to steal both blood and fat and then sell it to foreigners. Rather than understanding weakness in terms of protein-calorie malnutrition, those who are most severely malnourished are said to have hit an incurable stage of *mal aire* wherein the illness has penetrated to the blood. The cleansing process commonly performed by healers becomes no longer useful (McKee 2003: 137-38).

It is fascinating what parallels can be drawn between the physiological manifestations of folkloric illnesses and the consequences of malnutrition as defined by western standards. While Scheper-Hughes' descriptions of malnourished children include but are not limited to vacant,

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sunken eyes, thin hair, severe anemia, edema in the abdomen or limbs, skin infections and discoloration, dizziness, weakness, and disorientation, these symptoms are also largely present in sufferers of *nervos*, *mal aire* and those lacking *fuerza* (Scheper Hughes 1992: 146). Although it is not sensible to completely equate hunger and various folk illnesses (Kleinman would warn against being reductionist and critiques Scheper-Hughes for coming too close to defining *nervos* as hunger alone), it is important to acknowledge the similarities and recognize that although these populations need to be met where they are, they could also benefit from knowing that there are certain precautions they can be taking in order to better their health. Understanding the role of cultural beliefs in creating spiritual illnesses provides insight into how these regions interpret, explain, and cope with unpreventable starvation in their secluded communities. Whether or not they would benefit from knowing their health should not be completely out of their hands or up to higher spiritual powers is up for debate if ultimately a lack of resources prevents improved nutrition, but if anyone is to intervene, an understanding of these attitudes and diseases is crucial.

Hidden Hunger and the Role of Self-blame

One reason hunger remains hidden in Bom Jesus is because these folk illnesses shield both those living within the community and those observing it from outside from what is really occurring. In addition to understanding how these factors can contribute to hiding hunger in this population, it is also necessary to call attention to the fact that attributing their generalized state of weakness to their own personal deficiencies does just the same. What is perhaps most indicative of the silencing that occurs in relation to hunger in Bom Jesus is the failure of the victim himself to recognize his dire situation.

According to Scheper-Hughes, residents of Bom Jesus have a tendency to blame their own bodies for their weakness. She demonstrates how this phenomenon is manifested very outwardly:

> Insofar as they describe the body in terms of immediate "use" value, they call it "good and strong" or "worthless." A man slaps at his wasted limbs (as though they were detachable appendages from the self) and says that they are now completely "useless." A woman pulls at her breasts or a man clutches his genitals and declares them "finished," "used up," "sucked dry." They describe organs that are "full of water" or "full of pus" and others than are apodrecendo por dentro, "rotting away from within." (Scheper-Hughes 1992: 187)

These attitudes and actions speak to the fact that people living in Bom Jesus see themselves as innately sick and weak. Scheper-Hughes makes the argument that their deficiencies are perceived to be personal, psychological, and even worthy of punishment. The madness that results from starvation is seldom traced back to its root cause and is transformed into a psychological problem that requires medication. Scheper-Hughes states that in this sense an "individualized discourse on sickness comes to replace a more radical and socialized discourse on hunger" (Scheper-Hughes 1992: 169). She notes that children in Bom Jesus are not mentally inferior to other children, but they have trouble focusing because of how chronic hunger is physiologically affecting their bodies. Why is this connection between hunger and poor health constantly left unmade, and why has self-blame taken over as the rational discourse for this forbidden discussion of hunger?

Scheper-Hughes calls it "collective psychosis" – the minds of residents of Bom Jesus have been restructured to accept their situation the way it is and seek to explain it in personal, rather than structural ways. She states that ideologies can confuse reality, blur relations of control and authority, and fail to give a person the space to understand his or her life situation outside a vacuum. This propensity to blame oneself, see oneself as personally deficient, and to misunderstand one's biologically unmistakable condition is, however, not a justification for viewing poor, isolated communities as ignorant or intrinsically primitive, she clarifies. The notion that the third world is backward, often subconsciously adopted by the western outsider, is in many ways also being perpetuated from within because the truth becomes too futile to face.

Here, Scheper-Hughes partially lifts the blame from the Bom Jesus resident who she previously attacks as neglectful, a contradictory move in Kleinman's opinion. While she first indicts the community as painfully indifferent to excess death, "at other times she sees the denizens of Bom Jesus in a more sympathetic light as engaging in the tactics of survival under almost impossible odds…" (Kleinman 1997: 236). Whether Scheper-Hughes ultimately wants to prove it or not, this part of her book suggests that the society-wide level of cognitive restructuring occurring in Bom Jesus is due to larger forms of societal control and repression, for it does not seem likely that the self-deprecating attitudes of Bom Jesus residents could have formed entirely on their own.

The Sick Body vs. The Hungry Body

Anthropologists often study how people understand their own bodies, how the meanings of the body can shape the understanding of a society at large, and how these beliefs translate to

practices that may be problematic for their health. This section will take a step away from a discussion purely based on Scheper-Hughes' *Death Without Weeping* (1992) and will incorporate medical anthropologist Miriam Ticktin's ideas concerning the sick body from her book *Casualties of Care: Immigration and the Politics of Humanitarianism in France* (2011).

In Bom Jesus, the body itself deserves analysis because that of an undernourished person is conceptualized as a sick one, yet it is sensible to say that the corporeal states of hunger and sickness should not receive the same treatment. The linguistic framing of the nature of the body at stake can determine how hunger is construed, for a sick body has drastically different implications than does a hungry one. Ticktin's breakdown of the sick body enhances this discussion in various ways. In her book, she is critical of France's humanitarian immigration practices, based on care and protection, which are causing immigration to be viewed through a medical lens. She describes France's immigration system to be set up so that preferential treatment is given to the ill and the sexually violated; those suffering from these specific conditions are permitted into the country far more easily than say, the impoverished. Diseases and poor health are essentially becoming requirements to gaining residency papers, meaning that new arrivals in France need immediate medical attention for their cancers, sexually transmitted diseases, and other health conditions. Much like how recognizing a hungry body in Bom Jesus would necessitate addressing structures of inequality, in France, treating the new arrivals for their afflictions is an immediate solution that masks the fact that no one is dealing with larger issues that cannot be solved with quick fixes. Ticktin asserts that a sick body deflects attention away from institutions and accuses no one; "the imagined suffering body is a victim without a perpetrator" (Ticktin 2011: 11). Being sick is a random occurrence that can happen to any person

at any time, and a focus on this sick body instead of the hungry body facilitates the ability to further oneself from the issues that affect the well-being of a much broader group of citizens.

Although Ticktin discusses medicalization through the unique lens of immigration policy, her argument is relevant to Scheper-Hughes' in the sense that a social issue is being addressed medically. A hungry body, in contrast to a sick one, requires someone or something to be held accountable. It is this evasion of responsibility that Scheper-Hughes notes in the Bom Jesus situation – of mothers, of doctors, of the government. A powerful example is of a mother in Bom Jesus who brought her anemic, severely underdeveloped, and practically limp nine-month old daughter to the doctor. Visibly distraught by her child's state of health, she hoped for some sort of remedy. The doctor said he could not prescribe sleeping pills to a child under four years old, so he offered her a prescription for vitamins instead (Scheper-Hughes 1992: 207). Both the mother and the doctor's routine acceptance of medicines as adequate or appropriate responses to the blatant signs of hunger is alarming and emphasizes the dissociation from reality resulting from the repeated shirking of responsibility, from individual to institution. Scheper-Hughes drives this home by claiming that, "a hungry body exists as a potent critique of the society in which it exists. A sick body implicates no one" (Scheper-Hughes 1992: 174). It is simply enough easier to let the discourse of sickness override that of hunger, a condition that has no chance of being tangibly addressed in Bom Jesus' system of health care.

Eating and Drinking Drugs

The mother who asked for sleeping pills for her starving child is no exception in Bom Jesus; she represents the norm. However, it is not just significant that the child's problem is

medicalized but rather that the act of taking medicines itself has become so symbolic. People in

Bom Jesus treat their drugs as daily requirements akin to fuel and food. The act of taking drugs

in routinized in the same way eating and drinking are in other parts of the world. How has the

custom come to consist of chronically hungry people "eating" medicines while going without

food? This section concentrates on the experiences of three characters in Scheper-Hughes'

ethnography – Severino, Sebastiana, and Gil-Anderson – and then looks back to her for an

explanation of their behaviors and treatments.

Severino and Sebastiana are two of Scheper-Hughes' key informants whose accounts

appear at various points throughout the book through informal interviews. By contrast, Gil-

Anderson is a young child who is observed and understood through both his physical appearance

and how his mother has managed his sickness. Severino reveals during his interviews that he

simply does not eat because he no longer has the desire to do so. He is withering away, has no

strength, and claims that "only a part of [him] is alive" (Scheper-Hughes 1992: 181). He used to

be a cane cutter, but he no longer has the energy to work a job consisting of manual labor. His

legs have become "weak and soft" and have "collapsed" under him (Scheper-Hughes 1992: 179).

He now cuts hair for a living, and he essentially lives on coffee and his medications prescribed

by a doctor for his heart, his blood, his liver, and his nerves. By comparison, Sebastiana, a young

woman who believes she suffers from *nervos*, has a tremendously difficult time sleeping at night.

She remembers without fail to take her sleeping pills each night before bed, but she never thinks

to, or is able to, address the empty stomach that is keeping her up. Gil-Anderson is in even worse

condition than both Severino and Sebastiana – he is starving to the point where his appetite is

completely depressed. His mother has responded by feeding her child drug after drug; she has an

extensive collection of "antibiotics, painkillers, tranquilizers, sleeping pills, and, most painful of

all, an appetite stimulant" (Scheper-Hughes 1992: 211). While Gil-Anderson has ample kinds of

drugs to "feed" on, there is no food in the picture, even when his appetite is spiked from the

stimulant. Other "sick" people in Bom Jesus attempt to alleviate symptoms with tonic, vitamin

A, or sugar injections, but never does Scheper-Hughes mention an instance where food is

considered a solution. In a locale where the missed meal is standard, the routine of taking

medicine, although it has no nutritional benefit, often comes to replace what is seen as a

consistent eating norm in other settings.

The situation is perplexing, and one even wonders how it is that these people continue to

survive as long as they do. It is worth mentioning again that Kleinman might be critical of this

section of the book, where Scheper-Hughes' narrative becomes potentially overstated and

slightly more reliant on emotion. How is it that Severino can actually live entirely on coffee, for

example? Whether or not the extent of the pill taking is exaggerated or the depiction of how little

the average Bom Jesus resident eats is an underestimate, Kleinman's assertion that Scheper-

Hughes' work at times gets away from a purely theoretical approach is important to take into

account (Kleinman 1997). Nonetheless, it is puzzling that this poor population not only can

access the drugs they "need" so readily but that they remain adherent to their regimens even

when they prove fruitless. The importance they place on taking their medicines and level of

faithfulness they maintain to their schedules is remarkable and serves to show what sort of

symbolic value taking medicines has in Bom Jesus. Adherence and availability of drugs are

struggles in many regions worldwide in the treatment of diseases like HIV and tuberculosis. How

does a person with such little energy and so little improvement in health continue to glorify these

pills when they require a certain level of accountability that is lacking in other communities

across the globe that have also been introduced to biomedicine in recent years? Is it not

reasonable to assume that these drugs incur a cost that could be spent on acquiring some food, even if it were not enough or the right kind?

Scheper-Hughes addresses some of these questions and explains that the reasoning for purchasing medicine instead of food is largely social and structural as opposed to mental or physical. Tomás, one of the men she interviewed, explains that it is easier to get help with *remédios* (medications) than to acquire food. If one goes to the pharmacy with a prescription and it is available, it is easy to get and maybe even sold at a discount. "But you can't go to the mayor and beg for food…because it's not done," he added (Scheper-Hughes 1992: 184). When no one questions the system, Scheper-Hughes explains that this phenomenon becomes more than just an example of "collective bad faith" in biomedicine – it is also hegemonic (Scheper-Hughes 1992: 210). Not surprisingly, the very poor and the illiterate are those who are most lethally attracted to the drugs. Coming from long traditions in which they depended on home-based solutions that were more magical than medical, the hungry in Bom Jesus expect a certain strength, potency, and curing power of western medicine, even though they do not have a conception of how it is functioning inside the body. Scheper-Hughes explains that rather than the medicines acting coercively on the people of Bom Jesus, the magical efficacy of drugs has drawn them in through "the subtle transformation of everyday knowledge and practice concerning the body" (Scheper-Hughes 1992: 199). The lack of literacy and knowledge about biomedicine perpetuates this population's blind adherence to this futile endeavor and makes them easy targets for their faith to be undermined and used against them.

The Body as Protest

Scheper-Hughes' ethnography is not just about linking the nervous and the weak to the hungry - it is also about connecting these conditions with the disenfranchised. While the body is indeed an indicator of physical health, it can also reflect well-being within a broader sociopolitical context. Like Severino, who used to be a cane cutter, most of Bom Jesus' citizens have always depended on physical labor for subsistence in a region whose livelihood is based on a sugar cane monoculture. Scheper-Hughes suggests that the role of history and its influence on the changing status of the cane cutter in the Brazilian northeast within the current political order is inextricably linked with notions of the body. The body can manifest itself as physically weak, and at the same time be a form of protest, crying out against the current system and the inequalities it produces.

According to Scheper-Hughes, the bodies of cane cutters in Bom Jesus are transformed into political entities, displaying hostile feelings toward their weak positions as rural workers never able to escape lives of back breaking physical labor. For example, by describing how his legs have "collapsed" and disallowed him from continuing to work as a cane cutter, Severino demonstrates that the body is not only linked to sickness or hunger but tied to the ability to participate in the workforce. The body has its own language wherein its state of strength or weakness is indicative of the degree of one's social satisfaction or discontent.

Scheper-Hughes employs the work of psychiatrist Erwin Strauss to explain the existential meanings of basic physical capabilities, such as being able to stand upright on one's own two feet. In his descriptions of some of his patients experiencing existential dilemmas, he reports they

were "no longer [able to] master the seemingly banal arts of standing and walking. They [were] not paralyzed, but under certain conditions, they could not, or felt as if they could not, keep themselves upright" (qtd in Scheper-Hughes 1992: 182). The expression "to be upright" took on two distinct meanings for Strauss – one signaled freedom and independence while the other implied sticking to one's essential principles. In Bom Jesus, many suffering from malnutrition struggle to "stand up" physically, but like the meanings Strauss assigned to a physical act, there is also a social component involved in this basic inability. In Severino, Tomás, and many others facing the same conditions, "the language of the body is the language of defeat" (Scheper-Hughes 1992: 182). Those who begin "lying down," and therefore no longer can do the physical work they have always done are employing a body language of succumbing, giving up, or losing faith in seeing better days (Scheper-Hughes 1992: 179-83).

Two important terms that help clarify how one can derive such meaning and purpose from a physical ailment are embodiment and somatization. According to the *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures* (2003), "Embodiment refers to being, to living through the body, to the state of being embodied," or put differently, to the way people come to inhabit their bodies (Becker 2003: 127). Changing social, cultural, and political relations are manifested by the body in everyday activities, such as eating, taking medicines, or working. Somatization, as defined by Arthur and Joan Kleinman, is a "defense mechanism involving the deployment of the body in the production or exaggeration of symptoms as a way of expressing negative or hostile feelings" (qtd in Scheper-Hughes 1992: 185). While embodiment is a more generalized way of thinking about the body and what it could represent in a sociopolitical context, somatization uses the body to critique. Somatic thinking has been found to occur most commonly in the working class or in those who earn their livelihoods from manual

labor. The middle class, on the other hand, tends to rely less on the physical ailments as the language of the body, and instead expresses social distress psychologically. Through the discontinued use of weak limbs and the inability to continue working in these traditional labor settings, these terms aid in the explanation of how the bodies of cane cutters of Bom Jesus come to stand for so much more than they originally appear to (Scheper-Hughes 1992).

Protest usually takes on an active meaning. Whether it consists of a peaceful demonstration or an uncontrollable riot, it involves the public mobilization of people to bring about awareness and change surrounding a social issue. However, Scheper-Hughes considers the seemingly passive "lying down" of surrendered cane cutters in Bom Jesus a subtle form of protest, as well. Full-blown protest is not possible in an area like Northeast Brazil, where the violence and police brutality of a previously repressive political system makes it very dangerous to demonstrate publically. Citizens of Bom Jesus are still regularly experiencing unexpected visits from authorities late at night and abductions of family members and friends, creating a constant state of agitation, anxiety, and nerves. In this sense *nervos* can be considered a "collective and embodied response to the nervous political system just now emerging after nearly a quarter century of repressive military rule" (Scheper-Hughes 1992: 186). It inspires fear and inaction, and thus more covert forms of protest.

Scheper-Hughes equates the inability of wage laborers to "stand up" and work the jobs they have worked their entire lives to "a version of the work slowdown or sickout" (Scheper-Hughes 1992: 186). These hard workers who are able to sell their labor for just one dollar a day begin to publicize the political and socioeconomic inequalities they face through more "naturally occurring" afflictions and sicknesses. Young men who suffer from *nervos* are going on strike in a sense, "press[ing] their legitimate claims as 'sick men' on their political bosses and patrons to

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find them alternative, 'sitting down' work" (Scheper-Hughes 1992: 186). This alternative work, like the hair cutting job Severino now holds, is shameful for men who do not consider it a masculine profession; however, men suffering from *nervos* see it as the only option to support their families without disability benefits. While these actions boycott the low position they occupy on the social ladder, their defeated bodies also serve to mock the structural failings that have allowed them to live out their lives in squalor, neglect, and without the base level of dignity they desire.

The Politics of Medicine

While there exists a strong culture of glorifying medicines in Bom Jesus, even those who blame politics for the poverty they face do not specifically link the drugs they take with the political structures that enable their wide distribution and maintain their poor health. The phenomenon of medicalization blurs the relationships between hunger, institutions, and politics. While the use of medical terms to describe debatably social conditions has become a western standard to which those populations have had time to adjust, biomedicine is infiltrating rural parts of developing countries, such as Bom Jesus, rapidly and in contradictory ways.

Scheper-Hughes provides a chronological account of the health care system and its changes in Bom Jesus since the 1960s to demonstrate the sudden appearance of biomedicine in a region previously ruled by traditional medicine. As of 1964, there were no medical clinics for the poor, and women gave birth in their homes with midwives. When medical care for the poor started to become available, they resisted it, still relying on herbal medicines and healers. Doctors could not win over the trust of the poor, especially women in childbirth and many

women who felt intense anxiety when they were required to remove their clothing in front of male strangers. Only those who were dying were escorted to the nearest Barbosa hospital up through the 1970s. By 1982, health infrastructure had grown; the hospital was expanded to include an all-day walk-in clinic and a large maternity ward where most women gave birth, and a dozen pharmacies. In addition, the number of private doctors and clinics grew tenfold. By 1989, more clinics and "mini-posts" had started appearing in even greater numbers. The quick appearance of health care infrastructure featuring western biomedicine sheds light on how its citizens had to wrap their heads around new, foreign drugs and ways of viewing health (Scheper-Hughes 1992: 196-99).

According to Scheper-Hughes, the medicalization of "folk idioms of distress" has a lot to do with the relatively abrupt incorporation of Bom Jesus into the biomedical health care system (Scheper-Hughes 1992: 173). *Nervos* became a medium through which people's needs could be tamed and medicalized. The language of medicine consists of technical terms that distract from unreasonable human suffering, removing it from view and therefore from a position to be critiqued. *Nervos* converts an irrational, prohibited condition into one that appears technical, formulaic, and treatable.

This transition has happened in many corners of the world, from developing regions like highland Guatemala to the United States. In highland Guatemala, hunger and Oral Rehydration Therapy (ORT), a technology used to rehydrate and replace fluid loss in those experiencing diarrhea, are often not linked. Diarrhea is a classic symptom of starvation and has major malnutritional consequences. There are many challenges to ORT, including cultural factors influencing local perceptions of diarrhea and ORT.[viii] Even when cultural barriers are accounted for and the treatment is successful, how sustainable can it be when hunger and poor nutrition has

played a role in the weight-altering bouts of diarrhea in the first place? Diarrhea alleviation therefore becomes quantitative, the number of treated persons reflected statistically. These numbers-oriented treatment programs are the gold standard for international organizations, but ORT treats diarrhea, an effect of malnutrition and hunger rather than the cause. Here, medicalization ignores structural barriers to good nutrition, leaving it unaddressed and allowing it to persist.

Nonetheless, it is not just in the so-called third world where political and economic agendas can influence health decisions. In the United States, other conditions become medicalized in an era of obsessive pharmaceuticalization, which can harm global health efforts at the same time that profits soar for pharmaceutical companies. Farmer critiques the pharmaceutical industry for relying heavily on public funding, yet making an extraordinarily large amount of private profit. He also criticizes drug companies' "great enthusiasm…for the development of new drugs to treat baldness or impotence while antituberculosis medicines are…not worthy (based on profitability) of much attention" (Farmer 2003: 162). For example, the health of Africans took a back seat in the patent struggle with eflornithine; the drug company Aventis stopped manufacturing the drug that treated sleeping sickness, a deathly disease caused by the tsetse fly, because it was not making a profit. When testing proved that the drug could also be used to eradicate unwanted hair, it was instead introduced in its new form to a wealthier western market where it could become more profitable.[ix] Eventually, the powerful healthcare NGO Médecins San Frontières (MSF) stepped in and pressured Aventis to restart production of the eflornithine-based drug for sleeping sickness. The medicalization of a socially constructed nuisance, excess hair, fulfilled Aventis' economic agenda at the expense of those in Africa facing a life-threatening disease. Medically defining social conditions and methodically silencing health

ones, unintentionally or for other motives, is becoming a more prominent behavior in an era of technological expansion, even in small communities like Bom Jesus.

Returning to Northeast Brazil, the consequences of the categorization of hunger as sickness are only made worse by the structures that not only allow, but encourage this classification to persist. Scheper-Hughes points out that local physicians are major players in the drug-centered health care system. She says doctors dole out medications after practically non-existent examinations. They do not even seek to make diagnoses even when the patients describe all the symptoms of *nervos*. There is little relationship established between the doctor and patient, and the average consultation lasts under three minutes. One woman in the community explains, "They don't even look inside our mouths...How can they know what is wrong with us?" (Scheper-Hughes 1992: 203). Despite distrust in doctors, residents of Bom Jesus, left with no other options, follow instructions and come back for more drugs (Scheper-Hughes 1992: 203).

With just this explanation, it may seem as though dispassionate doctors are to blame for the hungry population's dangerous dependency on drugs. However, the political structures under which they are operating are often what cause them to make decisions they know are not in the best interest of their patients. One clinic doctor describes himself as "totally demoralized" by his daily actions and the "political interests" he serves in Bom Jesus (Scheper-Hughes 1992: 203). A dentist says of her job, "Mine is a political appointment. I'm here to please; maybe appease is a better word" (Scheper-Hughes 1992: 204). Even if she knows her patient needs a filling, she will pull the tooth against her better judgment because the patient would never be able to afford a private dentist, and refusing to treat the patient in some way or another would be grounds for losing her job.

The way the health care system is set up, the staggering levels of poverty in Bom Jesus, and the massive quantities of drugs readily available to pharmacists make it no surprise that both doctor and patient resort to pills as temporary solutions to larger structural challenges. Referring to the broader problem affecting these small Northeastern towns, Scheper-Hughes asserts "to acknowledge hunger, which is not a disease but a social illness, would be tantamount to political suicide for leaders whose power has come from the same plantation economy that has produced the hunger in the first place" (Scheper-Hughes 1992: 202). Instead of recognizing and dealing with hunger, the country's economy as a whole improves while the inhabitants of Bom Jesus struggle to even carry out the wage labor that already inadequately supports their needs. Doctors, who are supposedly committed to improving the health and well-being of the public, are dedicated instead to pacifying the nervous-hungry population; they are maintaining merely an illusion of order while systematically pushing the poor deeper into poverty and positions of powerlessness.

Illness Perception as Political, Social, and Economic

As the Bom Jesus example has demonstrated, perceptions and expressions of illness are seldom purely scientific and objective; they take on very political, social, and economic meanings. *Nervos*, for example, is a social illness that "speaks to the ruptures, fault lines, and glaring social contradictions in the Nordestino society" (Scheper-Hughes 1992: 194). Yet the discourse surrounding the folk illness conceals the social and historical structures that have made hunger a daily reality. The objective collapse of the body is a result of the broader and simultaneous collapse of social relations. On a similar note, Libbet Crandon explores the

perception of mental illness in "Changing times and changing symptoms: the effects of modernization on *mestizo* medicine in rural Bolivia (the case of two *mestizo* sisters)," another illuminating chapter within *Medical Pluralism in the Andes* (2003). It becomes evident how, with a look beyond biology, the *mestizo* sisters' interpretations of, and their family's reaction to their illnesses were informed by the historical and political context of their town.

Gladys and Marisol Braojos, both members of the rural poor *mestizo* class, were affected by mental or psychosomatic disorders as young adults in the 1970s. For between two and four years, Gladys suffered from incapacitating headaches and reportedly acted strangely, sometimes desperate to be the center of attention and at other times completely isolating herself. Eventually, she refused to get out of bed or eat. First, she was sent to a psychiatric hospital in La Paz for six months, and when her time there proved futile, she looked to the Aymara Indian shamans (*yataris*) as a last resort but died shortly thereafter. Marisol, the other sister, became sick at age 26, two years after her sister passed away. She suffered from weakness, headaches, vomiting, inability to eat, and other unrelenting conditions that led her mother to refer her to a *yatari*, this time without visiting the capital for Western psychiatric care. Marisol, unlike her sister, was fortunately treated and cured within two weeks (Crandon 2003: 29-30).

The different perceptions of illness that prompted the sisters and their families to seek distinct forms of treatment were highly influenced by their changing sociopolitical standing. Bolivian *mestizos* abandoned western medical values for Aymara ones as a result of certain new social and economic pressures that came out of the revolution that took place in 1952, the ensuing land reform, and the transition from economic and political interests centering on the altiplano (the land of the *mestizos*) to the lowlands of the Aymara Indians. Before 1952, the *mestizo* class had been powerful; the national economy was dominated by their altiplano-based

agriculture and the hacienda system in which they managed Aymara Indian labor favored them and made them a sort of "culture broker between the Aymara and the elites" (Crandon 2003: 31). With land reform and the destruction of the hacienda system, agribusiness in the lowlands became the focus of the national economy, and as local peasant markets grew, the Aymara depended less and less on the *mestizo* class. As the economic and political resources for the rural antiplano *mestizo* dwindled, so too was the *mestizo* sense of community largely eliminated, as many dispersed from the villages seeking better economic opportunities in the city. The downward mobility of the *mestizo*, a class whose cultural identity was in many ways founded on their superiority to the Aymara, was extremely influential in the reconstruction of medical beliefs (Crandon 2003: 30-32).

The link between the diminishing status of the *mestizo* and their changing medical beliefs may seem unclear without a careful examination of what role modernization was playing in the lives of the *mestizo* sisters. Gladys and Marisol began experiencing symptoms toward the beginning and middle of the sociopolitical shift, respectively. The shift coincided with reaching adulthood and also with the realization of the limited opportunities in store for themselves and their generation after nearly four hundred years of stability for the *mestizo* class. Gladys, although mentally ill in the years before the shift had fully made its mark, was unable to pursue a desirable urban education license because of her status. Instead, she was sent to a remote and unfamiliar rural location to earn a much less regarded rural education degree. This fact was said to have further aggravated her mental condition. Marisol had a very different and more all-encompassing encounter with modernization; when she was sixteen, a Peace Corps volunteer assigned to her village took her to New York to improve her education and chances of being able to work in the city of La Paz one day. When she returned to the village, she waited ten years for

the American to realize his love for her and come retrieve her, but he never came. When she

reluctantly agreed to marry a young miner from the community, she fell ill (Crandon 2003: 32-

34).

Whether it be these women or the residents of Bom Jesus, and whether they turn to

western biomedicine or traditional healers, the social reasons for the medical views they choose

to hold are what is significant. Perceptions of illness are a way one can make sense of a "dead

social order," of a hierarchy that suddenly reestablishes itself and leaves a whole new social class

without answers (Crandon 2003: 36). In the case of Marisol, Western psychiatric care is

unfathomable because it pertains to a life that will never be a reality for the *mestizo*. Crandon

explains that cosmopolitan medicine "makes no sense to a disenfranchised group who perceive

themselves to have been betrayed by the type of people represented by that care, or who will

never achieve entry into the world which that care represents" (Crandon 2003: 38). In the case of

Bom Jesus, medical beliefs and actions fall on the opposite end of the spectrum, yet the

ubiquitous presence of western medicines demonstrates in just the same way how perceptions of

illness and care are affected by one's position within the sociopolitical order. Marisol's family's

choice to entrust the Aymara shamans with her health provided the recently immobilized *mestizo*

class a unique niche that it could claim in an attempt to reassert its power, while the drug taking

in Bom Jesus is a form of agency for the otherwise powerless cane cutter. Why people act as

they do and believe what they believe are often defined by those who control them, and their

responses are likely to subtly protest the systems keeping them in unfavorable social positions.

Conclusion

The situation in Bom Jesus is undoubtedly complex. In Bom Jesus, hunger is disallowed in discourse, and rage and the madness of hunger have been metaphorized and reduced to psychological conditions in need of medical remedying. While the impoverished and uneducated fall prey to understanding their bodies the way society has told them to, medical professionals reinforce the prevalence of the sick body with inaccurate diagnoses, for they do not have the resources they need to adequately address a hungry body. In essence, the failure of Bom Jesus residents to recognize their own hunger prevents them from being their own advocates, and at the same time their failure to recognize their own hunger occurs *because* they know being their own advocates will likely not bring about lasting change.

International bodies providing food aid or nutritional programs have the potential to alleviate conditions in some locations, but Scheper-Hughes demonstrates how difficult these efforts would be in a place like Bom Jesus, where she describes a situation of abusive state power that affects its residents very negatively. However, Kleinman urges her to "go more originally beyond the conventions of the critique of the abuses of state power, to more fully interpret the failure of the state as a source of security and protector of well-being where the problem is the absence of appropriate state power" (Kleinman 1997: 238-239). This idea is interesting to consider because it has the potential to change the way the Brazilian state is approached. While aid efforts tiptoe around Brazil's Northeastern region for fear of dealing with an oppressive government that allows the perpetuation of deep poverty, perhaps it is a smarter move to engage with it, giving it the support it needs to be a stronger advocate for health in its

remote communities. While it is difficult to side with either scholar on this account, Kleinman's criticism reinforces the importance of framing, avoiding being reductionist, and seeking to understand the impact of history on culture.

As Farmer once said concerning why he shares the stories of the poor Haitians with whom he works, "Life experiences such of those of Acéphie and Chouchou…must be embedded in ethnography if their representativeness is to be understood. These local understandings must be embedded, in turn, in the historical system of which Haiti is a part" (Farmer 2003: 41). In the same way, the stories of Severino and Tomás, of Gladys and Marisol, must be shared in this manner, within the history of Northeastern Brazil, to validate their suffering and to show that their lives represent the norm rather than the exception. While Scheper-Hughes may exaggerate or invoke too much emotion at times, her ethnography is still an incredibly practical tool by which to assess behaviors in Bom Jesus, first by getting acquainted with various individuals and then realizing that they can represent fairly well how a much wider community lives under the same regime. While *nervos* cannot be reduced to hunger alone, the folk illness's inextricable link to it, in addition to its categorization as an anxious state– about labor, medicine, state power, and capitalism – informs our ability to begin to understand unique customs and beliefs surrounding hunger and to conceptualize what might need to be done to alleviate it. Looking ahead to the next chapter, it is important to keep these cultural views in mind when thinking about how international bodies can best contribute to efforts that will improve nutrition and health in these forgotten and silenced territories.

Chapter 3: The Complexities and Contradictions of Humanitarianism, International Aid, and Human Rights

Particularly complex are the roles of humanitarian, international aid organizations, and international human rights law in addressing global health concerns such as hunger. When international aid organizations, rather than the state, attempt to tackle hunger and other global inequalities, each organization's distinct definition of, and response to, issues of food insecurity both chronically and in emergencies, leaves space for overemphasis, neglect, and contradiction. While Oxfam International, for example, has its own set of guidelines for nutritional interventions, Médecins San Frontières (MSF), which operates under its own well-defined principles of humanitarianism, battles health across the globe according to a unique set of beliefs.

This chapter will explore the effects of international aid organizations on populations in terms of the alleviation that is intended, as well as the consequences that are not. It seeks to define humanitarianism, compare its function today with what it meant when it originally emerged, and expound upon the role it plays in relief efforts. It will recognize and take into account the reevaluation of a development-based discourse that has morphed into the more recent rhetoric of post-development. While examining the impacts of international aid organizations is a focus, so too is presenting the structural barriers to equality coming from the state and corporations who may have political and economic agendas and the limitations of the language of international law that may be impeding the realization of the human right to food.

Humanitarianism in Past and Present: Thought and Challenges Over Time

i. Humanitarianism and MSF

MSF, founded in 1971, serves as a valuable lens for analyzing humanitarianism at work, as it exemplifies what an international aid organization based most principally on humanitarianism looks like in practice. The organization makes it clearer than most that its work is based on humanitarian principles that, according to MSF, include humanity, impartiality, neutrality, and independence. Nicholas de Torrente, Executive Director of MSF in the United States, explains that the assistance MSF provides is based on need alone and that it does not have political, economic, or religious agendas.[x] This section relies primarily on analyses of MSF's work from Ticktin's perspective in *Casualties of Care* (2011) and from Peter Redfield's research in "Doctors, Borders, and Life in Crisis" (2005), although it also draws on Didier Fassin's more broad understanding of contemporary humanitarianism in *Humanitarian Reason: A Moral History of the Present* (2012).

At the time of MSF's founding, there could be no fault found in humanitarianism, a doctrine that was neutral, ethical, and dared enter spaces of unrest, offering medical care to those unable to access their healthcare systems. However, Fassin points out that a new moral economy centered on humanitarian reason emerged during the last decades of the twentieth century, and with this shift, humanitarianism has raised complex ethical and political issues. It has proven difficult to carry out humanitarian aid in the way it was originally envisioned by MSF; separating out politics has been nearly impossible, for example, in areas of armed conflict and in the wake of natural disasters.

In *Casualties of Care* (2011)*,* Ticktin carefully describes the progression of theories that have accompanied changing conceptions of humanitarianism over time. She explains that the belief in third-worldism, a movement that backed the working class worldwide during the rise of capitalism, reigned within humanitarian thought up until the emergence of MSF in the 1970s. The tune of humanitarianism changed with MSF's growing prominence, however, and its previously anticolonialist or third-worldist goals were replaced by human rights based ones. MSF's new humanitarianism is based on a moral imperative to end suffering, which can lead to a number of issues. For example, this type of humanitarianism considers victimhood sacred and "an integral part of the compassion that drives [it]…The suffering body guides all action" (Ticktin 2011: 80). Ironically, the typical approach to treating this suffering body tends to silence the social causes of distress, medicalizes them, and concentrates on caring rather than curing.

While caring constitutes a temporary solution, curing indicates a longer-term commitment to recuperating health and well-being. A further critique of MSF's culture of emergency response comes from Peter Redfield's "Doctors, Borders, and Life in Crisis" (2005), in which he purports that even now that MSF is beginning to consistently address policy issues and structural challenges in addition to emergencies following disasters, the organization sticks to its moral imperative to provide a right to health and dignity of life that never translates into a comprehensive or long-term solution. Redfield explains that "members of MSF rarely suggest that their work will directly build a better social order or achieve a state of justice. The goal is to agitate, disrupt, and encourage others to alter the world by practicing humanitarian medicine 'one person at a time'" (Redfield 2005: 334). This can be extremely limiting; for example, nutritional work is one of MSF's major relief efforts, but the specially formulated foods it distributes to the famished after natural disasters "may be better than nothing for the chosen

few…but hardly an ideal basis for a dignified life" (Redfield 2005: 346). Food aid is just one area in which relief can lead to survival but only in a temporary sense.

Another important principle of MSF's new humanitarianism is without doubt its antipolitical stance. Considering again its ideals of humanity, impartiality, neutrality, and independence, Ticktin maintains that while a mission that does not discriminate based on political affiliation is noble, it also tends to be idealist. Acting under the assumption that humanitarianism can "isolate victims in their present crisis, outside of politics and history" actually serves to "retain what is already there, rather than to change it or to plan for a different future" (Ticktin 2011: 63). While political neutrality may be a dignified intervention technique and can alleviate conditions in the short term, a type of care that is immediate, urgent, and temporary responds to the suffering caused by injustice and war without confronting its causes head on and without preventing it from recurring.

Along similar lines, Redfield speaks to the ethical complications that result from trying to erase borders and to the inevitable intersection of humanitarian responses and historical context, even when they only intend to address human suffering in the present. In theory, MSF's approach is based on neutrality, on the intention to intervene solely to address human suffering, but "a borderless world retains the ruins of earlier frontiers" making place and identity, by definition, "not neutral characteristics" (Redfield 2005: 337). Isolating human suffering is easier said than done in places where colonial structures and conflicts remain. Accidental partiality in a conflict setting coupled with the short-term solutions discussed previously can actually contribute to a lack of neutrality and the perpetuation of colonial structures. Focusing only on present issues and seeking to only ease suffering and provide care for members of an afflicted population "can have historical effect[s]" that create "relative 'success' amid a greater cascade of

failure" (Redfield 2005: 338). The example Redfield cites here is of refugee camps; initially established as crises responses, they have remained for decades and depended on international food aid from other entities long after MSF left the crisis area. In its attempt to stay neutral, MSF ends up in the unique bind of bringing temporary humanitarian aid to populations rife with conflict or refusing to intervene for the sake of political neutrality, making it difficult to ever operate with complete ethical soundness.

In essence, Redfield's discussion of MSF is enlightening because it highlights the tensions that become more apparent as the organization changes and grows. As MSF begins to take on advocacy roles that can be seen as longer-term solutions to structural inequalities, like the Campaign for Access to Essential Medicines, "the language of urgency" is very much still present as a driving force (Redfield 2005: 343). Similarly, as MSF becomes more organized and efficient in its responses to crises, it has also been able to "maintain an ongoing presence in troubled parts of the world, addressing specific diseases and more chronic conditions" (Redfield 2005: 333). Finally, "even as MSF seeks to maintain an anti-institutional ethos, it achieves the institutional recognition of the Nobel Prize, a recognition that promises both to increase its influence and impede its reinvention (Redfield 2005: 343). Not necessarily a critique, Redfield's identification of these tensions helps explain how an organization founded to provide humanitarian aid during crises has found itself struggling to maintain this identity and distribute resources accordingly as it grows, expands its influence, increases organization and efficiency, and gains international recognition.

ii. Development and Charity as Humanitarian Responses

MSF itself is not unaware of some of the problems this antipolitical moralism causes. In fact, despite its firm refusal to enter the realm of policy, Ticktin explains that MSF has begun to take on some long-term projects bordering on being advocacy-related, like the Campaign for Access to Essential Medicines mentioned earlier. In general, British humanitarian organizations have found it less problematic to move away from immediate disasters than French ones. Oxfam, for example, seeks to both address hunger (an emergency) and poverty, a much more involved, long-term response. While MSF's mandate includes only relief, British organizations' approaches are more multifaceted, incorporating human rights, development, and humanitarianism.

However, just as moralist antipolitics and the new humanitarianism can manipulate compassion and lead to aid that is fleeting or unintentionally damaging, there are problems with approaches based solely on development and many issues with general concept of charity. According to the liberation theologians George Pixley and Clodovis Boff, the poor's progress is not dependent on the existence of development. Poverty, they say, is today "mainly the result of a contradictory development, in which the rich become steadily richer, and the poor become steadily poorer" (qtd in Farmer 2003: 156). Development has less of a positive impact on societies than one might think, mainly because it is difficult to account for preexisting structures. For example, progress depends not just on the existence of resources, but rather their redistribution, and not just on scientific and technological advancements, but rather the sharing of them. By presuming that there is a clear, linear path to progress that if followed, can be

achieved in all corners of the world, development can seem like a one-size-fits-all strategy, which negates the importance of the historical roots of poverty (Farmer 2003).

Similarly, those who believe in charity as a solution to the world's inequalities "do not see the poor as powerless or impoverished because of historical processes and events" (Farmer 2003: 153). Whether intentional or not, people who think of charity as a viable option for improved lives of the poor are making the assumption that those in need of it are fundamentally lesser and inherently inadequate; as long as people are giving to charity, there are powerful and oppressive entities responsible for carrying on social injustices. Janet Poppendieck, author of *Sweet Charity?: Emergency Food and the End of Entitlement* (1998), links a rise in charity to a fall in justice in a study of food aid in the United States. She states "the resurgence of charity is at once a symptom and a cause of our society's failure to face up to and deal with the erosion of equality" (qtd in Farmer 2003: 154). She laments the fact that solving problems of equality has come to mean "damage control, rather than prevention" (Farmer 2003: 154). Charity in the form of medicine can also hide the story behind the poor's suffering. Farmer explains that South Africa is a country in which scientific advancements have led to a thorough medical understanding of malnutrition. However, this knowledge counts for nothing within a country where the governmental policies in the wake of apartheid are breeding malnourished citizens and forcing previously treated people back into situations of hunger.

Nowadays, some states, local administrations, international bodies, and political institutions are calling themselves "humanitarian governments," a term Fassin finds contradictory to the basic principles of humanitarianism; these institutions are striving to incorporate moral sentiments into contemporary politics (Fassin 2011: 1-2). MSF has been specifically critiqued for language that does not address the historical and political context of

suffering and recognize local forms of violence. On the other hand, different, more development-based approaches can be critiqued for creating dependence on their funding, among other issues. When non-governmental organizations, international agencies, and states respond to disasters, it is easy for definitions of compassion to become manipulated in a response. The intention here is not to single out or debase the well-intentioned work of various organizations, but rather to demonstrate how difficult it is for humanitarians to address, with limited resources, issues that are in essence a responsibility of the state, and to point out the fine line between political neutrality and accountability.

Humanitarianism, the Illusion of Equality, and Selective Aid

While humanitarianism has assuredly been critiqued since its inception, today it may require closer examination than ever due to the media and the ease with which information travels globally. Humanitarianism's intentions are benevolent and the doctrine prides itself on promoting equality, yet just as its consequences are sometimes unintentionally harmful, its notion of equality can also be illusory. Drawing from the response to a natural disaster in Venezuela highlighted in Fassin's *Humanitarian Reason* (2011), the Zapatista uprisings in Mexico as explained by Farmer in *Pathologies of Power* (2003), and AIDS activism in Brazil detailed in João Biehl's article "The Activist State: Global Pharmaceuticals, AIDS, and Citizenship in Brazil" (2004), issues such as the media and who controls it, language and framing, and selective attention leading to invisibility help demonstrate the role representation and inequality have in humanitarianism and international aid.

i. Disaster in Venezuela

Disaster struck in Venezuela in 1999 – torrential rains caused floods, landslides, and destruction. Whole neighborhoods washed away into the sea and new channels formed by flooded rivers ran through the streets, destroying what was left. The disaster sparked a humanitarian response that, although seemingly egalitarian, can be critiqued for its negative, unintended consequences. First, the National Constituent Assembly declared a state of emergency and gave Hugo Chavez all power; his public opinion soared during the emergency because he stressed the care of all people regardless of social status. He also avoided authoritarian action and limited militarization to only the hardest hit areas (Fassin 2011: 182-83).

However, the compassion of this humanitarian exception masked both the deep disparities in support offered to victims and the violence perpetrated by the police. After the brief period of emergency, hierarchal values reasserted themselves. The army was allowed to shoot anyone leaving his home at night; "looting by survivors, misappropriation of donations, abuses by the military, and settling of accounts became the rule of the exception" (Fassin 2011: 199). The reality is that this supposed humanitarian response temporarily hid underlying societal ills that surfaced shortly after and continued to wreak havoc on the area. The corrupt nature of everyday experience in Venezuelan society was only for a short time abated by this generosity that could not come out of nowhere and endure. The disaster at first appeared to be an event outside human control, but like most natural disasters, was "highly predictable given the exposure to risk" (Fassin 2011: 187). "As in many Latin American cities, land and environment policies produced the objective conditions for disasters," Fassin added (Fassin 2011: 187). Just as the preexisting conditions made the disaster more likely to occur, the same structures, surfacing in spite of the massive humanitarian response, made the recovery difficult.

Aside from the fact that Chavez's attempt at equality backfired, his care-for-all approach was inspired by other motives at the outset. The humanitarian exception was not just the casting aside of social status on moral grounds but was part of a bigger goal to create an image that the public would support. The media latched on to Chavez's focus on promoting integrity and ethics as part of his leadership and, as a result, Venezuela was able to bring in significant aid from the United Nations Development Programme, the Inter-American Development Bank, and non-governmental organizations like Caritas. Mass media can in some ways be praised for publically identifying many human rights abuses but can simultaneously be critiqued for "speaking *for* the suffering masses," as Ticktin warns (Ticktin 2011: 81). The link is clear between the amount of official funding and private donations given and the amount and type of international media coverage of an event. Now, there is a constant battle for representation – new, smaller NGOs are bringing mass media into the picture and focusing on less known hot spots, pleading that these areas are more worthy of aid than others. Although there is no doubt all said locations are in need, "inequality in representation inadvertently underlies many humanitarian missions" (Ticktin 2011: 81). Humanitarians themselves, rather than the voiceless poor who are the actual ones affected, are determining which populations deserve funding over others.

In Venezuela, even language was manipulated to change the public opinion and force recognition of Chavez's compassion for the poor. The term *damnificados* had widely been used to describe sufferers who were receiving aid in the past, a word that carries with it the negative connotation of damnation. However, in response to the disaster, Chavez introduced the term *dignificados* to refer to the poor sufferers who, because they were considered equivalent to the rich in terms of measurable amount of aid received, were said to be "redeemed" and "empowered" (Fassin 2011: 210). Despite Chavez's effort to redefine a social order by changing

attitudes that had long been in existence, "once emotions were exhausted and generosity had run dry, this symbolic gesture did not spare them either injustice or violence" (Fassin 2011: 199). Skillful attempts to win over the public by carefully constructing an image and toying with meanings of language may have been successful in bringing in temporary aid, but it did not take long for them to be supplanted by how Venezuelans themselves knew their society functioned.

ii. Zapatista Uprisings in Mexico

It is not surprising that the image of compassion Chavez was projecting in Venezuela drew more international attention and aid than would an area clearly wrought with conflict and strife that was facing a similar disaster. It is also notable that those in power are the ones who control the media and the framing of an issue, often in a manner far different from how those with less power might perceive it. To revisit the Zapatista uprisings in Chiapas, it is evident how the positions of the poor become suppressed when the elites control most means of communication. After the uprisings, Chiapas received tremendous international attention, most of which focused on blaming the poor for the aggression and violence that occurred. Although during one specific incident, the Acteal massacre of 1997, various paramilitary groups attacked and killed innocent civilians, the Mexican government twisted the story and denied any responsibility for the violence (Farmer 2003).

According to Farmer, "some officials even insinuated the Zapatistas were responsible for the killings," and because the government controls the press, this is what the international community was led to believe also (Farmer 2003: 112). Federal officials insinuated the violence was ethnic-based, but in reality, many ethnic groups, all indigenous and poor, had banded together in solidarity to fight for their rights. While the international community is told to believe

the indigenous poor are the instigators of violence, extreme militarization of the area will

continue to exist, violence on the behalf of paramilitary groups will continue to go unpunished,

and the basic needs of the poor – access to education, health care, and food – will continue to go

unaddressed. While certain portrayals can lead to inclusion, even overemphasis on a region, it is

evident they also open up areas of exclusion. Farmer asserts that one reason premature deaths,

including from malnutrition, are not a major concern in these types of areas is because the voices

of the poor are silenced. Skewed representations of situations in the media can construct an

inclusion-exclusion dichotomy that is arbitrary and highly disadvantageous for some

populations.

iii. AIDS Activism in Brazil

A final issue affecting equality centers on selective attention that leads to invisibility.

Brazil is a country that has made tremendous economic strides over the last fifty years.

According to Leonardo and Clodovis Boff, "in 1964, the Brazilian economy ranked 46th in the

world; in 1984 it ranked 8th. The last twenty years have seen undeniable technological and

industrial progress, but at the same time there has been a considerable worsening of social

conditions for the poor, with exploitation, destitution, and hunger on a scale previously unknown

in Brazilian history" (qtd in Farmer 2003: 156). In Brazil's case, the state's attention to overall

economic growth in spite of the Northeast's poverty has been selective. A powerful example

comes from Brazil's success story of state science and activism that brought about universal HIV

treatment for Brazilians. The state has been praised for its ability to integrate biotechnology into

public policy, making affordable, generic ARVs available to all registered AIDS cases by 1996.

Despite the tremendous successes in a country where health infrastructure was not optimal, Biehl

discusses the "public dying" that goes without mention in the Northeast region of Brazil in his article.

Biehl's ethnographic work took place in Northeast Brazil where it is striking how "a large number of poor and marginal AIDS victims are actually made absent from epidemiology, policy, and health care" (Biehl 2004: 117). For example, in Salvador, the capital of the state of Bahia, often when people first had access to a hospital, it was only in time for death. Biehl refers to the state and medical procedures that allow rampant death in the Northeast as "technologies of invisibility;" in this region there is occasional and fleeting NGO support as well as irregular contact with governmental services of testing and medical care, but largely "their experience of dying is ordinary and met by political and moral indifference" (Biehl 2004: 117). In a country that has made serious reforms and developed a National AIDS Policy that is praised worldwide, there exists an extremely flagrant system of neglect that serves to demonstrate how selective attention – in this case on success in all but the ultra-poor – can be painfully and devastatingly exclusionary.

Impacts of Globalization and Development on Human Rights and Social Justice

The definition of development from an economist's point of view is limited in that it refers only to economic development and therefore economic growth. Defined as such, development means increased material wealth, less poverty, hunger, and disease, and greater access to a good education. This interpretation of development also describes a system in which "the new wealth will be relatively equally shared; that is, the poor will benefit from the trickle down of the benefits acquired by the better off" (Conway 2012: 87). However, development is

more than simply economic growth; in Amartya Sen's *Development as Freedom* (1999), he explores why millions of people living in developing countries are still not free despite an exceptional spike in overall wealth around the world. He links development with a social progression past tyranny and oppression just as he associates it with less hunger and disease. Today, many developing countries, in which pockets of people enjoy prosperity, are as a whole still struggling to become developed in a way that deals with rights for the poor and non-oppressive rule. In the arena of international development, it has been the challenge of developed countries to work to find an appropriate mix between aid, foreign investment, and the distribution of the latest technologies to bring developing countries up to speed, all without inadvertently permitting human rights abuses and social injustices.

According to economic development theory, rapid economic growth in two countries dealt with in this text to a great extent - Mexico and Brazil - ought to have led to development across the board. However, in practice, the situation in both of these countries should be more realistically understood in terms of Sen's freedom argument. As Mexico was integrated into the modern world economy, a substantial segment of its population was excluded from the benefits of development. Farmer speaks to the coincidence of the Mexican stock market boom, the official obliteration of land reform in 1992, and the ensuing struggles for Chiapas' poor. At this time, new industries like that of television and tourism brought "conspicuous displays of wealth deeper into Chiapas," extending the gap between the rich who benefitted, and the increasingly landless poor (Farmer 2003: 103). Farmer further points out that Mexico is one of the world's largest producers of new billionaires while much of the population excluded from the benefits of development are forced to adjust to it all the same, through taxes, labor, and a wearing away of their own cultures. In highland Chiapas, the insurgency discussed earlier has been a product of

Chiapas' poor resenting the loss of social solidarity they have faced as they are forced to uproot their lives in search of work in alternate locations. It is important not to equate a booming economy with economic stability for all. In Mexico, Brazil, and all over Latin America and the world, rapidly growing economies produce giant disparities and divides between the rich and the poor (Farmer 2003: 103).

Although international development efforts have not always lead to the growth of market equality, the widespread neglect of social injustices and corrupt governing practices bring into question the precarious issue of human rights in the context of development. To what extent are disparities unavoidable, and at what point must they be rectified to ensure that human beings are living out dignified lives? A major debate now within human rights in a globalizing world is the human right to health care. The commodity-centered free market system that is extending throughout the world has taken its toll on health care as a human right. While the Universal Declaration of Human Rights insists that health and well-being are indeed basic human rights, it is troubling that there are health care systems, like in the United States, operating based on market ideology. Marcia Angell, a physician and former editor of the *New England Journal of Medicine*, stated in an interview with PBS, "Health care is a need; it's not a commodity, and it should be distributed according to need…not as a commodity to be distributed like other marketplace commodities".[xi] She is a fierce opponent of the U.S. health care system, which she said is based on the premise that health care is a consumer good available to only those with the ability to pay.

Farmer attempts to view The Tavistock principles, published in 1999, as a promising development in the way of returning health as a human right to the practice of medicine, but he ultimately finds many people who will still slip through the cracks. The Tavistock Group, a

collection of experienced people in the health care and ethical debate, developed an initial draft of a code of ethics for those who work in health care, which included "shared ethical principles for everybody in health care" (Farmer 2003: 201). The Universal Declaration of Human Rights had before tried to affirm that health is a human right, but the Tavistock document was unique in that it made the same assertion, and in addition, was written by health professionals. Although a step in the right direction, the principles were still criticized on multiple accounts. First, these "ethical principles for everybody in health care" leave out those who never access the system and also tend to endure the biggest burden of disease (Farmer 2003: 201). The document also never speaks to the quality of health care provided. Furthermore, ambiguities concerning human rights discourse keep the debate over what constitutes a "human" alive; the language of human rights differs considerably from the language of citizenship or of civil rights, for example. Although the Tavistock Group worked to restore the language of rights to the arena of health care, these vague principles have not had the authority behind them to change much about the health care system.

Health care is just one area in which the meaning of a basic necessity has been manipulated by globalization and development, and it serves as a useful paradigm for thinking about food as a human right in the same context, a topic explored in the following section. While economic growth is sought after not only by entrepreneurs but also by the health care system and national authorities, it can be doubly damaging to developing countries. International trade, domination of international financial institutions by developed countries, exportation of national resources, and biofuel production are just a few examples of globalizing movements that drive up food prices, marginalize indigenous populations, force the poor into urban environments, and keep the vulnerable uneducated with little opportunity to speak up. "Development is thus a double-edged process: some gain and others lose," according to Asbjorn Eide, Arne Oshaug, and

Wenche Barth Eide, co-authors of "Food Security and the Right to Food in International Law and Development" (2001) (Eide et al 2001: 420). "Those that gain become more politically effective, while those that lose are demobilized" (Eide et al 2001: 420). Although easier said than done, it is the responsibility of development bodies to, when formulating policy, consider populations excluded from the benefits of development. In light of the Tavistock document, Farmer suggests "resocializing" the way we see ethical dilemmas in medicine, and the same should go for international development agencies in their consideration of rights (Farmer 2003: 103).

The Human Right to Food: In theory and Practice

The proclamation of the Universal Declaration of Human Rights (UDHR) by the United Nations General Assembly in 1948 reflected the overall globalizing vision of the United Nations Charter to operate based upon multilateral cooperation rather than unilateral self-assertion. In order to bring about greater collaboration globally, the new vision meant that human rights were to guide the globalization process in political, economic, and social spheres. However, today's global market has paid less attention to these elements required for sustainable global cooperation, and the world's wealth is concentrated in the hands of few; it is indisputable that "the dominant trend in present processes of globalization is to expand the global reach for investments and to broaden market for profit."[xii] This unfortunately flies in the face of the human right to food. Despite a growing recognition of the right to food as a human right and efforts to take a stand – in May 2008, the United Nations Human Rights Council emphasized the right to food in the context of the soaring food prices, in 2004 the FAO Council emphasized right to food in context of food security, and in 2008 the Parliament of the European Union adopted a

resolution calling for the full implementation of the right to food – the struggle to operationalize this right continues (Eide 2008).

It may be opportune to take a step back and understand what the human right to food entails and what it is meant to look like in practice on a global level. According to UDHR Article 25(1), "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing..."[xiii] The right to food is centered on access to adequate food; this involves regular availability of food at the national, local, and household level, the accessibility of culturally appropriate foods that fit with the dietary customs of a specified area, a food supply that is sufficient nutritionally in terms of quantity and quality, and safe foods without contaminants or toxic elements. The UDHR worked toward its vision first by recognizing the human right to food and later by attempting to implement it globally through reforms in legal, administrative, and political settings. They set up global institutions, such as the FAO, to ensure that human rights remained a leading principle, but it proved harder than expected to make human rights, and specifically the human right to food, a priority as opposed to an idealistic goal. Eventually, the need to convert principles into concrete laws became evident, and with the adoption of two Covenants in 1966, obligations for states were created under international law. The enforcement of these laws has not been easy, and a lack of political will has made it a challenge to afford everyone the economic and social rights that characterize a system based on human rights (Eide 1998).

Although the UDHR has solidified the right to food as a fundamental human right, and it has been endorsed by an assortment of human rights institutions, "it has not sufficiently been reflected in practice, either at the national or the international level" (Eide et al 2001: 427). The first reason for this reality is that the human right to food is vague, and because it is not well-

defined, it is not legally enforceable. "A common misunderstanding is that a 'right' means the same in the human rights system as it does in positive international law," but that is not the case according to Eide and his colleagues (Eide et al 2001: 428). Human rights are simple, general standards that are weak without the clarity and specificity of official national laws. Moreover, the human right to food is an economic and social right, and it has been hard to promote the importance of this right, which is costly in comparison to civil and political rights. These qualities of vagueness and cost together help explain their neglect in the face of more appealingly precise civil and political rights. On top of these obstacles, a final challenge is that imprecision in state obligations has led to governments failing to develop policies that will provide citizens with these economic and social rights (Eide et al 2001).

What is needed is for various parties to speak a common language. Food as a legitimate human right can only be attained with the coordination and cooperation of human rights bodies, development agencies, governments, and NGOs. Sen's word "entitlement" takes on significant meanings in both legal thinking and public action, making it is a laudable addition to the language of human rights. In a legal sense, the word "entitlement" denotes "something that all people should be allowed to enjoy" (Eide et al 2001: 427). It can also be linked to public action necessary to prevent hunger and reduce undernutrition. Sen states that the systematic recreation of sources of income and entitlement for those fighting economic challenges can be cost-effective even in very poor countries if it is done systematically and efficiently, and that widespread cynicism surrounding the difficulty of ameliorating world hunger is a barrier to accepting this reality and acting on it (Sen 1990). While the concept of entitlement, objectively speaking, could mean something as limited as providing food to the poor, Sen's expansion of the

term's applications "opens the door for related development concerns and objectives" (Eide et al 2001: 427).

This integrated public action Sen proposes would require action not only from the state, but also from the public, careful investigation of the distinct causes of hunger at specific sites, integration of the government and both economic and social institutions, and active and efficient planning aimed at directly counteracting determined causes. It is also pertinent that NGOs, research institutions, and other organizations that focus on human rights concerns actively advocate for the amplification and implementation of sound national plans that will deliver social and economic rights. Education and distribution of information will be key to achieving widespread understanding of international human rights standards and may be the only way to start a global conversation about the implementation of these rights. To realize the right to food for all, participation from many entities is a requirement for this combined effort.

Conclusion

While states themselves can be reproducing agents of inequality, less dominant, yet indisputably influential structures like aid organizations similarly face, and contribute to, these structural challenges. Even rural regions that largely go unnoticed from an aid point of view – like Northeast Brazil or Chiapas – are not untouched by capitalistic structures and the exploitation that results from globalization and the multinational corporation. The lack of political will to legitimately enforce basic human rights, compounded by the ambiguities and incongruities of humanitarian and international aid efforts that can ironically worsen the lives of those they exist solely to improve, make it clear that we are a long way from significantly

reducing poverty and hunger. However, highlighting these contradictions and challenges, and calling for better collaboration between many of the major players, may shed light on areas where idealistic goals and inaction can be converted into the implementation of concrete programs.

Looking to the Future

One Billion Hungry: Can we feed the world? (2012) is popular new book by Gordon Conway, an agricultural ecologist and Professor of International Development in the Centre for Environmental Policy at Imperial College London. In the final section of this thesis, I seek to engage critically with this book's main proposals and arguments based on my previous analyses of Bom Jesus and the other anthropological work featured in this text. In the book, Conway advocates for a series of changes that must be made at many different levels to work toward making a substantial improvement to world food security, positing that it is indeed possible to overcome the looming challenges ahead given the recognition of and will to act upon precisely twenty-four conditions. Of the twenty-four, six of them are the focus of this conclusion, as they most comprehensively encapsulate the distinctive areas in which he believes we should principally concentrate our efforts. Aside from the fact that the book has been applauded for its holistic approach, because it is the most recent book of its kind, it in some way also speaks best to our current conceptualizations of hunger and our strategies to reduce it as an international community. In this sense, the book serves as an important jumping off point for supporters and critics to start a dialogue about the strengths and weaknesses of its recommendations. This final

section seeks to explore how we might deconstruct, modify, and fortify Conway's considerations based on factors that have influenced our understanding of hunger over the past three chapters.

The first two realizations that Conway proposes we come to and act upon are the vital role of smallholder agriculture and the importance of biotechnology. If recognized, he believes we can significantly improve food security worldwide. Specific and tangible in nature, these goals seem in many ways more attainable than others. Smallholders are valuable assets because they are efficient; they actually produce more than their large farm counterparts. In addition, well over fifty percent of farmers in the developing world are smallholders, and together, the amount of land they occupy is quite significant. Often silenced from participating in a global conversation about food security, smallholders need to be recognized as fundamental agents of change. (Conway 2012: 337). While the smallholder approach is a valid one, we must take into consideration post-colonial urbanization as an unintended effect of capitalistic development that has ramifications for smallholder agriculture. Around the world, small farmers are forced to abandon farms and venture into urban areas to find better economic opportunities for their families. While the large populations of smallholders worldwide are still crucial targets for agricultural development efforts, we often cannot control nor keep consistent records of rural to urban migrations that scatter the poor and somewhat disenable a solution so specifically aimed at a certain demographic. While increased attention to smallholders promises positive change in terms of food security according to Conway, biotechnology similarly holds tremendous potential for agricultural development. Its progress has already greatly influenced plant and animal breeding since the Green Revolution, and there is still much room to expand the field, increasing labor productivity and therefore crop yield (Conway 2012: 340). However, we need to be wary of placing too much emphasis on science because of the gap that exists between the invention of

new technologies and what is happening on the ground, especially in areas where large portions of the population are unable to access these technologies even if they are implemented in some.

To build upon these requirements, Conway finds it not only essential to recognize the importance of the small farmer in bringing about changes to global food security, but also to focus efforts on prompting what he calls a Doubly Green Revolution (Conway 2012: 336). As we have begun to surmise, agriculture plays an invaluable role in development, as it "typically account[s] for 80 percent of the labor force and 50 percent of GDP" in the least developed countries (Conway 2012: 335). While the dominance of agriculture in these settings can be, and often is, a weakness, it can be converted to a strength with only small increases in GDP. According to Conway, a 1 percent increase in GDP originating from agriculture has the capacity to generate a 6 percent increase in overall expenditure of the poorest 10 percent of the population, and the development of agriculture will also bring prosperity to the small farmer and even to the landless, rural populations participating in wage labor (Conway 2012: 335). When Conway calls for a Doubly Green Revolution, he is referring to a revolution that not only increases yields and brings down prices but also avoids natural resource depletion, benefits the poor more directly, and is applicable under highly diverse conditions while avoiding other sustainability issues (Conway 2012: 336).

However, we must question the feasibility of a Doubly Green Revolution when considering local and community needs. While agriculture comprises large portions of national economies in the developing world, are there not areas within these countries in which climate or terrain limit the size of the labor force dedicated to agriculture? Furthermore, what happens when complex sociocultural factors lead to the replacement of farming with other industries as livelihoods? For example, in regions like Bom Jesus, where sick-hungry populations are unable

to carry out physically demanding jobs, agriculture is ruled out for many residents as a valid means of labor. What is to occur in places where natural resource depletion is already occurring at frighteningly quick rates, or has taken place to an irreversible degree? How are these areas factored into a solution when agriculture in the nation overall could still be contributing substantially to GDP? In many parts of the world, agriculture can undoubtedly be part, and often a large part, of the solution, but efforts must also address hunger more locally and specifically to account for populations that cannot realistically reap the benefits of agriculture or where a Doubly Green Revolution is far from occurring.

Conway also seeks to address broader, less enforceable, yet enormously significant goals, speaking with a sense of urgency about tackling with resoluteness today's unparalleled challenges. Specifically, he stresses coordination as a necessity in striving toward better-focused aid, suggesting unanimous support of the UN Committee on World Food Security (CFS) as the "overarching strategic body" (Conway 2012: 331). While his suggestion of undivided support for this specific body might seem arbitrary, his point that we must synchronize aid efforts is an important one. Conway also deems it essential not only to increase collaboration, but also to target the most destitute populations first. With governments whose laws promote fairness in the market and within financial institutions comes the protection of the poor and vulnerable from injustice and exploitation. This final prerequisite to developing agriculture and improving food security – a stable government – ensures the necessary commitment to the needs of its consumers and citizens, a condition on which many of the previously mentioned crucial reforms are dependent. However, at the same time integration is necessary, we have seen the shortcomings of development models. Pushing one's "developed" views onto the "developing" can be dangerous

and unsustainable to a certain extent, and not all progress can come about from aid that may be only alleviating hunger conditions in the present or having unintended consequences.

While Conway provides a relatively far-reaching strategy for making the world more food-secure, his academic background still arguably limits his view. As an agricultural ecologist, he is by nature more inclined to focus his main points on agriculture, and while we trust that it is of utmost importance, we have to realize his inclination to emphasize his own area of expertise may inadvertently detract from other important angles. In the same way, while innovative and legitimate, we cannot accept Sen's economic theories or discussion of entitlement as complete or foolproof. On the other hand, as we have seen, most often the cultural understandings of hunger receive the least attention of all. As Scheper-Hughes' ethnography illustrates, hunger in Bom Jesus is complex yet given little thought outside of the anthropological sphere; however, despite the dire situation that from a social justice standpoint must be addressed, it would be unrealistic, costly, and inefficient for us to observe behavior, analyze it, and implement solutions accordingly for each Bom Jesus around the world to the extent to which Scheper-Hughes did over the course of many years of her life.

Thus, each individual perspective is limiting or impractical in its own way. Conway is on the right track to suggest better cooperation among international bodies, but what is needed in addition is improved communication between those who study culture, history, and the reasoning behind local beliefs (anthropologists) and those who have the means and influence to adjust policy and implement programs (law-making bodies and aid organizations). Scheper-Hughes' research in chapter two is equally valuable to the discussion of the global hunger crisis as is chapter three's focus on the criticisms of humanitarianism, international aid, and international human rights law. The former answers some of the "why" questions, providing specialized and

specific knowledge that can inform intervention efforts, whereas the latter speaks to some of the "how" questions, referring to the means necessary to carry out these interventions in terms of funding, organization, and management. A more concerted effort to combine these approaches might allow for more fruitful implementation of effective, long-term programs and policies that improve food security and nutrition in more corners of the world.

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Endnotes

[i] Electronic document, http://www.fao.org/hunger/en/
[ii] Electronic document, http://www.fao.org/publications/sofi/en/
[iii] Electronic document, http://www.fao.org/hunger/en/
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