

NOTES

INTRODUCTION

- 1 Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1978).
- 2 Adam Seligman, Robert Weller, Michael Puett, and Bennett Simon, *Ritual and Its Consequences: An Essay on the Limits of Sincerity* (Oxford: Oxford University Press, 2008), 19; Vaibhav Saria, “To Be Some Other Name: The Naming Games That Hijras Play,” *South Asia Multidisciplinary Academic Journal*, no. 12 (2015): 1–16.
- 3 Veena Das, “The Dreamed Guru: The Entangled Lives of the Amil and the Anthropologist,” in *The Guru in South Asia*, ed. Jacob Copeman and Aya Ikegame (Abingdon, UK: Routledge, 2012), 144–66.
- 4 Byron J. Good et al., “In the Subjunctive Mode: Epilepsy Narratives in Turkey,” *Social Science and Medicine* 38, no. 6 (1994): 835–42; Jerome S. Bruner, *Actual Minds, Possible Worlds* (Cambridge, MA: Harvard University Press, 1986), 26; Veena Das, *Affliction: Health, Disease, Poverty* (New York: Fordham University Press, 2015), 141.
- 5 Seligman, Weller, Puett, and Simon, *Ritual and Its Consequences*.
- 6 Cecilia Van Hollen, “Handle with Care: Rethinking the Rights versus Culture Dichotomy in Cancer Disclosure in India,” *Medical Anthropology Quarterly* 32, no. 1 (2018): 59–84.
- 7 Mary-Jo DelVecchio Good, Byron J. Good, Cynthia Schaffer, and Stuart E. Lind, “American Oncology and the Discourse on Hope,” *Culture, Medicine and Psychiatry* 14, no. 1 (1990): 59–79; Van Hollen, “Handle with Care.”
- 8 Rayna Rapp, “The Thick Social Matrix for Bioethics: Anthropological Approaches,” in *Bioethics in Cultural Contexts*, ed. Marcus Well, Dietmar Miethe, and Christoph Rehmann-Sutter (Dordrecht: Springer Netherlands, 2006), 341–51.
- 9 Sarah Pinto, *Where There Is No Midwife: Birth and Loss in Rural India* (New York: Berghahn Books, 2008), 189–208.
- 10 Anne-Lise François, *Open Secrets: The Literature of Uncounted Experience* (Stanford, CA: Stanford University Press, 2008).
- 11 In this sense, acts such as concealment are ethical in the sense that they are not a rupture of the habitual, a flight from the many conscious and unselfconscious acts that make up the terrain of everyday life. Rather, acts of concealment “re-

mind us that in the face of the precariousness of life the mundane rituals we evolve, the way we conceal knowledge that might hurt, the way we continue to secure routine, is what allows our lives with others to be regarded as ethical or unethical.” Veena Das, “Ordinary Ethics,” in *A Companion to Moral Anthropology*, ed. Didier Fassin (Malden, MA: Wiley-Blackwell, 2012), 133–49.

12 Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985).

13 She lays bare the violence of the cognitive dissonance such discourses generate: celebrating survival but denigrating those who die; celebrating the self-agency to will oneself to being better but ignoring the constraints on agency that make it impossible to challenge the pervasive toxicity that produces cancer in the first place. Lochlann Jain, *Malignant: How Cancer Becomes Us* (Berkeley: University of California Press, 2013).

14 Juliet McMullin, “Cancer,” *Annual Review of Anthropology* 45, no. 1 (2016): 253.

15 As one instance, Julie Livingston describes how pain runs through the experience of cancer in Botswana. Even as it is often unvocalized and hidden, it is crucial in bringing patients to the cancer ward, where it creates demands for care and responsiveness. Julie Livingston, *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic* (Durham, NC: Duke University Press, 2012), 142–43.

16 Here I draw from Andrew McDowell’s suggestion that a “symptom provides analytical ground to link the body to social, economic, and historical factors.” Andrew McDowell, “Mohit’s Pharmakon: Symptom, Rotational Bodies, and Pharmaceuticals in Rural Rajasthan,” *Medical Anthropology Quarterly* 31, no. 3 (2017): 332–48. For other examples of how symptoms help reveal local worlds of diseases and their sociality, see João Biehl and Amy Moran-Thomas, “Symptom: Subjectivities, Social Ills, Technologies,” *Annual Review of Anthropology* 38, no. 1 (2009): 267–88; Mary-Jo DelVecchio Good, Sandra Theresa Hyde, Sarah Pinto, and Byron J. Good, *Postcolonial Disorders* (Berkeley: University of California Press, 2008); Jocelyn Lim Chua, “The Register of ‘Complaint’: Psychiatric Diagnosis and the Discourse of Grievance in the South Indian Mental Health Encounter,” *Medical Anthropology Quarterly* 26, no. 2 (2012): 221–40; Clara Han, “Symptoms of Another Life: Time, Possibility, and Domestic Relations in Chile’s Credit Economy,” *Cultural Anthropology* 26, no. 1 (2011): 7–32.

17 Amy Moran-Thomas, “Struggles for Maintenance: Patient Activism and Dialysis Dilemmas amidst a Global Diabetes Epidemic,” *Global Public Health* 14, nos. 6–7 (2019): 1044–57.

18 See, for example, Leonidas C. Goudas et al., “The Epidemiology of Cancer Pain,” *Cancer Investigation* 23, no. 2 (2005): 182–90.

19 That is, taking the global south as generative of theory and explanations clarifies questions elsewhere in the world. Jean Comaroff and John L. Comaroff, *Theory from the South: Or, How Euro-America Is Evolving toward Africa* (London: Paradigm, 2012).

20 For excellent discussions of this phenomenon, see Barbara Ehrenreich, “Wel-

come to Cancerland,” *Harper’s*, November 2001; Léa Pool and Ravida Din, *Pink Ribbons, Inc.* (First Run Features, 2012).

- 21 Harmala Gupta, “Easing the Burden,” *Times of India*, October 17, 2011.
- 22 Gupta, “Easing the Burden.”
- 23 Cherian Koshy, “The Palliative Care Movement in India: Another Freedom Struggle or a Silent Revolution?,” *Indian Journal of Palliative Care* 15, no. 1 (2009): 20–23.
- 24 Felicia Marie Knaul et al., “Alleviating the Access Abyss in Palliative Care and Pain Relief—an Imperative of Universal Health Coverage: The Lancet Commission Report,” *Lancet* 391, no. 10128 (2018): 1391–454.
- 25 American Cancer Society, “Access to Essential Pain Medicines Brief (2013 Data)” (Atlanta: American Cancer Society, 2016).
- 26 Um-e-Kulsoom Shariff, “An Epidemic of Pain in India,” *New Yorker*, December 5, 2018; Justin Rowlatt, “Why Are So Many People Denied the Painkillers They Need?,” *BBC*, May 21, 2018.
- 27 Keith Wailoo, *Pain: A Political History* (Baltimore: Johns Hopkins University Press, 2015); Jean E. Jackson, “*Camp Pain*: Talking with Chronic Pain Patients (Philadelphia: University of Pennsylvania Press, 2000).
- 28 For its first century, colonial rule tolerated tradition and even expressed some admiration for ritual demonstrations of bodily fortitude. From the mid-nineteenth century, however, later colonial rulers tended to find these rituals decadent and without scriptural authority, and thus open to colonial projects of reform. Lata Mani, “Production of an Official Discourse on ‘Sati’ in Early Nineteenth Century Bengal,” *Economic and Political Weekly* 21, no. 17 (1986): 32–40.
- 29 In this, my understanding of humanitarianism comes closest to Saiba Varma’s suggestion that “organizations that focus on psychosocial suffering do not hold out the promise of life as much as they provide limited techniques for living with suffering. Far from universally embraced, this latter gift raises questions about the worthiness of humanitarian endeavors in places of long-term suffering.” Saiba Varma, “The Medical Net: Patients, Psychiatrists and Paper Trails in the Kashmir Valley” (PhD diss., Cornell University, 2013).
- 30 David Holmes, “A Disease of Growth,” *Nature* 521, no. 7551 (2015): s2–s3; T. Luzzati, A. Parenti, and T. Rughi, “Economic Growth and Cancer Incidence,” *Eco-logical Economics* 146 (2018): 381–96.
- 31 Judith Fletcher-Brown, “India’s Putting Economic Growth above All Else—and Thousands of Women Are Dying as a Result,” *Quartz India*, October 18, 2017; Charu Bahri, “How Cancer Has India in Its Grip,” *Scroll.in*, June 11, 2015.
- 32 Lindsey A. Torre, Rebecca L. Siegel, Elizabeth M. Ward, and Ahmedin Jemal, “Global Cancer Incidence and Mortality Rates and Trends: An Update,” *Cancer Epidemiology, Biomarkers and Prevention* 25, no. 1 (2016): 16–27; World Health Organization, “Global Cancer Rates Could Increase by 50% to 15 Million by 2020,” 2013, <https://www.who.int/mediacentre/news/releases/2003/pr27/en/>.
- 33 American Cancer Society, “Cancer Facts and Figures” (Atlanta: American Cancer Society, 2011), 45.

34 P. Farmer et al., “Expansion of Cancer Care and Control in Countries of Low and Middle Income: A Call to Action,” *Lancet* 376, no. 9747 (2010): 1186–93.

35 Amy-Moran Thomas investigates this mistake in her work in health care in Belize, asking a powerful question: Why did international public health efforts focus their energies on infectious diseases, when diabetes was the number one cause of death in the country? She goes on to reject the division between “communicable” and “non-communicable” diseases, presenting a category of “para-communicable” diseases, such as diabetes, demonstrating how diabetes is transmittable, not only from mother to child in the womb but also molecularly triggered by trauma, intergenerational histories of hunger, environmental toxins, pharmaceutical side effects, and other comorbidities that remain difficult to gauge. Amy Moran-Thomas, “Metabola: Chronic Disease and Damaged Life in Belize” (PhD diss., Princeton University, 2012).

36 For example, around the fear of antibiotic resistance in the 1940s and 1950s and around multi-drug-resistant tuberculosis in the 1990s. David Jones and Jeremy Greene, “The Decline and Rise of Coronary Heart Disease: Understanding Public Health Catastrophism,” *American Journal of Public Health* 103, no. 7 (2013): 1207–18.

37 Carlo Caduff, *The Pandemic Perhaps: Dramatic Events in a Public Culture of Danger* (Berkeley: University of California Press, 2015), 32.

38 Ian Magrath, “Cancer in Low and Middle Income Countries,” in *Health G20*, ed. Manuel Carballo (Sutton, UK: Pro-Brook, 2010).

39 Torre, Siegel, Ward, and Jemal, “Global Cancer Incidence and Mortality Rates and Trends.”

40 International Agency for Research on Cancer, “Globocan 2018: All Cancers Fact Sheet,” accessed December 7, 2019, <http://gco.iarc.fr/today/data/factsheets/cancers/39-All-cancers-fact-sheet.pdf>.

41 Livingston, *Improvising Medicine*, 33.

42 I refer here to the International Agency for Research on Cancer estimate that 1,157,294 new cancer cases in India accounted for 15 percent of 18,078,957 new cancer cases globally in 2018. J. Ferlay et al., *Global Cancer Observatory: Cancer Today* (Lyon, France: International Agency for Research on Cancer, 2018), accessed December 7, 2019, <https://gco.iarc.fr/today>.

43 Ferlay et al., *Global Cancer Observatory*, and “Trends over Time for All Sites and on Selected Sites of Cancer and Projection of Burden of Cancer,” in *Three-Year Report of Population Based Cancer Registries 2012–2014*, ed. National Centre for Disease Informatics and Research, National Cancer Registry Programme, and Indian Council of Medical Research (Bangalore: ICMR, 2016), 125.

44 Mohandas K. Mallath et al., “The Growing Burden of Cancer in India: Epidemiology and Social Context,” *Lancet Oncology* 15, no. 6 (2014): e205–e212.

45 Preet K. Dhillon et al., “The Burden of Cancers and Their Variations across the States of India: The Global Burden of Disease Study 1990–2016,” *Lancet Oncology* 19, no. 10 (2018): 1289–306; R. A. Badwe, R. Dikshit, M. Laversanne, and F. Bray, “Cancer Incidence Trends in India,” *Japanese Journal of Clinical Oncology* 44, no. 5 (2014): 401–7.

46 See Lucas Mueller's persuasive claim that global health researchers have for long been concerned with the problem of cancer in the developing world and that "global health advocates' recent calls to attend to an emergent cancer epidemic in these regions were only the latest effort in this long history." What has really changed, then, is not that there is a "new" interest in cancer, but rather specific configurations of knowledge that shape the type of interventions that unfold. Lucas M. Mueller, "Cancer in the Tropics: Geographical Pathology and the Formation of Cancer Epidemiology," *BioSocieties* 14, no. 4 (2019): 512–28.

47 Kavita Sivaramakrishnan lays out how the problem of top-down histories of health in the twentieth century (that focuses on how global organizations determined an infectious disease agenda) miss how local actors did not necessarily distinguish between "infectious" and "malignant" disease in such clear-cut terms, thus giving the lie to the narrative of the developmentalist chronology of infectious diseases followed by chronic disease. Kavita Sivaramakrishnan, "Global Histories of Health, Disease, and Medicine from a 'Zig-Zag' Perspective," *Bulletin of the History of Medicine* 89, no. 4 (2015): 700–704.

48 "Recurrence of Malignant Growths after Removal," *British Medical Journal* 1, no. 1423 (1888): 766; "Cancer among Vegetarians," *British Medical Journal* 2, no. 1436 (1888): 29.

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50 "The Cancer Problem," *Times of India*, May 3, 1911.

51 "Malignant Disease in India," *British Medical Journal* 1, no. 3926 (1936): 718–19.

52 Vishwa Nath and Khem Singh Grewal, "Cancer in India," *Indian Journal of Medical Research* 23, no. 1 (1935): 149–90.

53 Frederick I. Hoffman, "Cancer in India, Persia and Ceylon," *Sankhyā: The Indian Journal of Statistics* (1933–1960) 2, no. 3 (1936): 281–306.

54 Kavita Sivaramakrishnan, *As the World Ages: Rethinking a Demographic Crisis* (Cambridge, MA: Harvard University Press, 2018), 79–83.

55 Sivaramakrishnan, *As the World Ages*, 80.

56 "Indian Cancer Society Inaugurated," *Times of India*, May 3, 1951.

57 "Research Center Opened in Bombay," *Times of India*, December 31, 1952.

58 "Havoc Caused by Cancer in India," *Times of India*, April 5, 1955.

59 "Fight against Cancer," *Times of India*, April 14, 1957; "Treating Cancer," *Times of India*, March 8, 1957.

60 "Cancer Claims 425,000 Lives in India," *Times of India*, January 15, 1969.

61 "Danger of Cancer: India Warned," *Times of India*, April 8, 1970.

62 Sivaramakrishnan, *As the World Ages*, 83.

63 Sivaramakrishnan, *As the World Ages*, 75.

64 Sivaramakrishnan, *As the World Ages*, 84. Indeed, as Sunil Amrith has also argued, the postcolonial state failed to fix the systemic weaknesses of the health-care system, singling out diseases like malaria or overpopulation for which top-down technical solutions could be proposed. Sunil S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930–65* (Basingstoke: Palgrave Macmillan, 2006).

65 Madelon Lubin Finkel, *Cancer Screening in the Developing World: Case Studies and Strategies from the Field* (Hanover, NH: Dartmouth College Press, 2018), 6.

66 Charu Bahri, “In an Ominous Sign, India Transits Speedily from Infectious to Lifestyle Diseases,” *Scroll.in*, June 10, 2015.

67 Abdel Omran, “The Epidemiologic Transition: A Theory of the Epidemiology of Population Change,” *Milbank Memorial Fund Quarterly* 49, no. 4 (1971): 509–38. The theory had languished for two decades after having first been presented in 1971; in recent years, it has been resurrected, reprinted, and widely cited as an explanation for the supposed global explosion of noncommunicable diseases. George Weisz and Jesse Olszynko-Gryn, “The Theory of Epidemiologic Transition: The Origins of a Citation Classic,” *Journal of the History of Medicine and Allied Sciences* 65, no. 3 (2010): 287–326.

68 Robin Scheffler points to similar concerns in the United States in the early twentieth century. Robin Wolfe Scheffler, *A Contagious Cause: The American Hunt for Cancer Viruses and the Rise of Molecular Medicine* (Chicago: University of Chicago Press, 2019), 5–7, 251.

69 Lawrence Cohen, *No Aging in India: Alzheimer’s, the Bad Family, and Other Modern Things* (Berkeley: University of California Press, 1998).

70 Cohen, *No Aging in India*, 89.

71 Harris Solomon, *Metabolic Living: Food, Fat, and the Absorption of Illness in India* (Durham, NC: Duke University Press, 2016).

72 A leading study found the distribution of cancer prevalence as 110 in 100,000 in urban areas versus 71 in 100,000 in rural areas. Sunil Rajpal, Abhishek Kumar, and William Joe, “Economic Burden of Cancer in India: Evidence from Cross-Sectional Nationally Representative Household Survey, 2014,” *PLoS One* 13, no. 2 (2018): 1–17.

73 As families are forced to spend about half of the per capita annual household expenditure on cancer hospitalization. Rajpal, Kumar, and Joe, “Economic Burden of Cancer in India.”

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77 Fernandes Allwyn and Mehra Preethi, “Our Hospitals Are Sick,” *Times of India*, August 24, 1986.

78 Jain, *Malignant*, 66–67.

79 National Institute of Cancer Prevention and Research, ed., “Dos and Dont’s” (Delhi: ICMR, 2019).

80 Cherian Varghese, “Cancer Prevention and Control in India,” in *50 Years of Cancer Control in India*, ed. Indian Department of Health (New Delhi: Indian Department of Health, 2003), 48–59.

81 K. Srinath Reddy, Bela Shah, Cherian Varghese, and Anbumani Ramadoss,

“Responding to the Threat of Chronic Diseases in India,” *Lancet* 366, no. 9498 (2005): 1744–49.

82 Rajiv Sarin, “Indian National Cancer Control Programme: Setting Sight on Shifting Targets,” *Journal of Cancer Research and Therapeutics* 1, no. 4 (2005): 240–48. Another set of researchers helpfully present a proposal to aid the NCCP in setting up basic treatment infrastructures outside urban areas, increasing access to relatively easier-to-deliver chemotherapies and targeted drugs at district level public hospitals S. Gulia, M. Sengar, R. Badwe, and S. Gupta, “National Cancer Control Programme in India: Proposal for Organization of Chemotherapy and Systemic Therapy Services,” *Journal of Global Oncology* 3, no. 3 (2017): 271–74. Implicitly, their proposed blueprint shows up the NCCP’s long-standing absence of commitment to expanding access to cancer treatments.

83 In her ethnography of cancer in Botswana, Julie Livingston finds similar claims of cancer as a disease of rapid development and finds such claims to be at odds with her ethnographic realities. She shows how epidemiological models dominated by molecular research in the United States obscured the environmental and viral etiologies of the disease, making “African cancers” a conceptual impossibility. Her book goes on to describe the work of improvisation in a cancer ward that is the result of this historical failure, where technologies are either absent or constantly under repair. Livingston, *Improvising Medicine*, 35.

84 Faye Ginsburg, “Culture/Media: A (Mild) Polemic,” *Anthropology Today* 10, no. 2 (1994): 13.

85 My aim here is to take Clifford Geertz’s simple but difficult insight seriously: “Societies, like lives, contain their own interpretations. One has only to learn how to gain access to them.” Clifford Geertz, “Deep Play: Notes on the Balinese Cockfight,” in *Interpretation of Cultures* (New York: Basic Books, 1973), 86.

86 Sontag, *Illness as Metaphor*, 3.

87 Susan Sontag, *AIDS and Its Metaphors* (New York: Farrar, Straus and Giroux, 1989), 5.

88 For instance, war metaphors had rationalized the unnecessary suffering and mutilation of a generation of cancer patients as inevitable collateral damage. And the pervasive myth that cancer was brought on by the patient’s own depressive personality had stigmatized many others.

89 Ann Jurecic, *Illness as Narrative* (Pittsburgh: University of Pittsburgh Press, 2012), 3–17.

90 So much so that Virginia Woolf bemoaned that “English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache.” Virginia Woolf, *On Being Ill* (Paris: Paris Press, 2001), 6.

91 A. H. Hawkins, “Pathography: Patient Narratives of Illness,” *Western Journal of Medicine* 171, no. 2 (1999): 127.

92 Jain, *Malignant*.

93 Jain recognizes this too, as she draws upon powerful aesthetic accounts that contest generic trends toward restitution and abstraction.

94 Jurecic, *Illness as Narrative*, 3.

95 Juliet McMullin, “Cancer and the Comics: Graphic Narratives and Biolegitimate Lives,” *Medical Anthropology Quarterly* 30, no. 2 (2016): 149–50.

96 Emily Martin, *Bipolar Expeditions: Mania and Depression in American Culture* (Princeton, NJ: Princeton University Press, 2007), 82.

97 The 2015–16 national budget allocated about US\$5 billion to health. “Budget Allocation for AIIMS Cut Marginally,” *Business Standard*, February 28, 2015.

98 All India Institute of Medical Sciences, “61st AIIMS Annual Report, 2016–2017” (Delhi: AIIMS, 2017).

1. CONCEALING CANCER

- 1 Mark Davis and Lenore Manderson, *Disclosure in Health and Illness* (London: Routledge, 2014), 15.
- 2 Davis and Manderson, *Disclosure in Health and Illness*, 155–57.
- 3 See, for example, Mahati Chittem, Paul Norman, and Peter R. Harris, “Relationships between Perceived Diagnostic Disclosure, Patient Characteristics, Psychological Distress and Illness Perceptions in Indian Cancer Patients,” *Psychology and Oncology* 22, no. 6 (2013): 1375–80.
- 4 Mary-Jo DelVecchio Good, Byron J. Good, Cynthia Schaffer, and Stuart E. Lind, “American Oncology and the Discourse on Hope,” *Culture, Medicine and Psychiatry* 14, no. 1 (1990): 59–79; S. E. Lind et al., “Telling the Diagnosis of Cancer,” *Journal of Clinical Oncology* 7, no. 5 (1989): 583–89.
- 5 Cecilia Van Hollen, “Handle with Care: Rethinking the Rights versus Culture Dichotomy in Cancer Disclosure in India,” *Medical Anthropology Quarterly* 32, no. 1 (2018): 59–84.
- 6 Julie Livingston, *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic* (Durham, NC: Duke University Press, 2012), 166.
- 7 Harmala Gupta, “A Journey from Cancer to ‘Cansupport,’” *Indian Journal of Palliative Care* 10, no. 1 (2004): 32–38.
- 8 Alyssa Yeager et al., “Cansupport: A Model for Home-Based Palliative Care Delivery in India,” *Annals of Palliative Medicine* 5, no. 3 (2016): 166–71.
- 9 Cecilia Van Hollen, “Nationalism, Transnationalism, and the Politics of ‘Traditional’ Indian Medicine for HIV/AIDS,” in *Asian Medicine and Globalization*, ed. Joseph S. Alter (Philadelphia: University of Pennsylvania Press, 2005), 88–106.
- 10 Bharat Venkat, “Cures,” *Public Culture* 28, no. 3 (2016): 475–97.
- 11 Byron J. Good et al., “In the Subjunctive Mode: Epilepsy Narratives in Turkey,” *Social Science and Medicine* 38, no. 6 (1994): 835–42.
- 12 Georg Simmel, “The Sociology of Secrecy and of Secret Societies,” *American Journal of Sociology* 11, no. 4 (1906): 441–98.
- 13 Good et al., “In the Subjunctive Mode,” 184.
- 14 For example, L. Nyblade, M. Stockton, S. Travasso, and S. Krishnan, “A Qualitative Exploration of Cervical and Breast Cancer Stigma in Karnataka, India,” *BMC Womens Health* 17, no. 1 (2017): 1–15.

15 Such an understanding is closer to Erving Goffman's canonical definition of stigma as contextual and relational and not a direct or predictable outcome of a particular attribute: that is, an attribute that stigmatizes one person might not similarly affect another. Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York: J. Aronson, 1974), 3. However, I find that the word "stigma" tends to overdetermine the social field in which the practices of nondisclosure appear. Rather than try to recover it, I try here to think outside the concept of stigma to open more careful descriptions of the relation between nondisclosure and everyday life.

16 My thanks to the second press reader for helping me clarify this formulation.

17 Dwaipayan Banerjee, "Markets and Molecules: A Pharmaceutical Primer from the South," *Medical Anthropology* 36, no. 4 (2017): 363–80.

18 Stefan Ecks, "Global Pharmaceutical Markets and Corporate Citizenship: The Case of Novartis' Anti-cancer Drug Glivec," *BioSocieties* 3 (2008): 165–81.

19 Alex Broom and Assa Doron, "The Rise of Cancer in Urban India: Cultural Understandings, Structural Inequalities and the Emergence of the Clinic," *Health* 16, no. 3 (2012): 250–66.

20 Veena Das, *Affliction: Health, Disease, Poverty* (New York: Fordham University Press, 2015).

21 Sarah Pinto, *Where There Is No Midwife: Birth and Loss in Rural India* (New York: Berghahn Books, 2008).

22 As Holly Donahue Singh describes in her analysis of fertility treatment in North India, strategies of disclosure and nondisclosure are never straightforward evidence of either liberation or autonomy but are enmeshed with the structures of everyday life and kinship. Holly Donahue Singh, "Fertility Control: Reproductive Desires, Kin Work, and Women's Status in Contemporary India," *Medical Anthropology Quarterly* 31, no. 1 (2017): 23–39.

23 Tom Boellstorff, "Nuri's Testimony: HIV/AIDS in Indonesia and Bare Knowledge," *American Ethnologist* 36, no. 2 (2009): 356.

24 Kate Wood and Helen Lambert, "Coded Talk, Scripted Omissions," *Medical Anthropology Quarterly* 22, no. 3 (2008): 213–33.

25 Wood and Lambert, "Coded Talk, Scripted Omissions," 215.

26 Wood and Lambert, "Coded Talk, Scripted Omissions," 216.

27 Mathew Sunil George and Helen Lambert, "I Am Doing Fine Only Because I Have Not Told Anyone? The Necessity of Concealment in the Lives of People Living with HIV in India," *Culture, Health and Sexuality* 17, no. 8 (2015): 933–46.

28 Adam Seligman, Robert Weller, Michael Puett, and Bennett Simon, *Ritual and Its Consequences: An Essay on the Limits of Sincerity* (Oxford: Oxford University Press, 2008); Vaibhav Saria, "To Be Some Other Name: The Naming Games That Hijras Play," *South Asia Multidisciplinary Academic Journal*, no. 12 (2015): 1–16.

29 Fiona Graham and David Clark, "Definition and Evaluation: Developing the Debate on Community Participation in Palliative Care," *Indian Journal of Palliative Care* 11, no. 1 (2005): 2–5.

30 Suresh Kumar and Mathews Numpeli, “Neighborhood Network in Palliative Care,” *Indian Journal of Palliative Care* 11, no. 1 (2005): 6–9.

31 Harmala Gupta, “Community Participation in Palliative Care: A Comment,” *Indian Journal of Palliative Care* 11, no. 1 (2005): 19.

32 Gupta, “Community Participation in Palliative Care,” 21.

33 Jan Stjernswärd, “Community Participation in Palliative Care,” *Indian Journal of Palliative Care* 11, no. 1 (2005): 27.

34 For an overview of the history of community participation, see Lynn M. Morgan, “Community Participation in Health: Perpetual Allure, Persistent Challenge,” *Health Policy and Planning* 16, no. 3 (2001): 221–30; Susan B. Rifkin, “Paradigms Lost: Toward a New Understanding of Community Participation in Health Programmes,” *Acta Tropica* 61, no. 2 (1996): 79–92.

35 Madan, like many other public health scholars, expressed disappointment about how the idea of community participation has played out in practice. He pointed out that the idea of participation did not address the power inequality between governments and citizens. Further, he argues, the undifferentiated idea of “community” romanticized the poor, ignoring the complex nature of hierarchies that divide every social collective. T. N. Madan, “Community Involvement in Health Policy: Socio-structural and Dynamic Aspects of Health Beliefs,” *Social Science and Medicine* 25, no. 6 (1987): 615–20.

36 As Smarajit Jana writes in the context of sex-work organization around the HIV/AIDS crisis in Bengal, this discourse of community empowerment raised many challenges. In her experience, “community mobilization” erroneously imagined that there was a stable, cooperative constituency of sex workers waiting to be brought into social action. Smarajit Jana, “Community Mobilisation: Myths and Challenges,” *Journal of Epidemiology and Community Health* 66, no. 2 (2012): ii5–ii6.

37 For an overview written by key drafters of the process, see Thomas Isaac and Richard Franke, *Local Democracy and Development: The Kerala People’s Campaign for Decentralized Planning* (Lanham, MD: Rowman and Littlefield, 2002).

38 Rama V. Baru et al., “Inequities in Access to Health Services in India: Caste, Class and Region,” *Economic and Political Weekly* 45, no. 38 (2010): 49–58; C. U. Thresia, “Rising Private Sector and Falling ‘Good Health at Low Cost’: Health Challenges in China, Sri Lanka, and Indian State of Kerala,” *International Journal of Health Services* 43, no. 1 (2013): 31–48.

39 Elizabeth McDermott, Lucy Selman, Michael Wright, and David Clark, “Hospice and Palliative Care Development in India: A Multimethod Review of Services and Experiences,” *Journal of Pain and Symptom Management* 35, no. 6 (2008): 583–93.

40 For more on a South Asian social reformist template for establishing ties through, as well as beyond, blood, see Jacob Copeman and Dwaipayan Banerjee, *Hematologies: The Political Life of Blood in India* (Ithaca, NY: Cornell University Press, 2019), 88–92.

41 Pinto, *Where There Is No Midwife*.

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15 Sarah Pinto, *The Doctor and Mrs. A.: Ethics and Counter-ethics in an Indian Dream Analysis* (New York: Fordham University Press, 2019).

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3. RESEARCHING PAIN, PRACTICING EMPATHY

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3 “Budget Allocation for AIIMS Cut Marginally,” *Business Standard*, February 28, 2015.

4 Susan W. Hinze, “Gender and the Body of Medicine or at Least Some Body Parts: (Re)Constructing the Prestige Hierarchy of Medical Specialties,” *Sociological Quarterly* 40, no. 2 (1999): 217–39.

5 Sarah Pinto, *Daughters of Parvati: Women and Madness in Contemporary India* (Philadelphia: University of Pennsylvania Press, 2014), 56; Cecilia Van Holten, *Birth on the Threshold: Childbirth and Modernity in South India* (Berkeley: University of California Press, 2003), 127. Further, even those with the most

progressive ambitions for the field do not ask that anesthesiologists play a role in public health beyond aiding surgery and perioperative care. See, for example, Ram Roth, Elizabeth A. M. Frost, Clifford Gevirtz, and Carrie L. H. Atcheson, *The Role of Anesthesiology in Global Health: A Comprehensive Guide* (New York: Springer, 2015).

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4. CANCER MEMOIRS

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6. ENDURANCE

Epigraph: Zoë H. Wool, “In-Durable Sociality: Precarious Life in Common and the Temporal Boundaries of the Social,” *Social Text* 35, no. 1 (130) (2017): 80.

- 1 Joel Robbins, “Beyond the Suffering Subject: Toward an Anthropology of the Good,” *Journal of the Royal Anthropological Institute* 19, no. 3 (2013): 447–62; Harry Walker and Iza Kavedžija, “Values of Happiness,” *HAU: Journal of Ethnographic Theory* 5, no. 3 (2015): 1–23. For discussions of this critique, see Sherry B. Ortner, “Dark Anthropology and Its Others,” *HAU: Journal of Ethnographic Theory* 6, no. 1 (2016): 47–73; Bruce Knauft, “Good Anthropology in Dark Times: Critical Appraisal and Ethnographic Application,” *Australian Journal of Anthropology* 30 (2018): 3–17; Miriam Ticktin, “Transnational Humanitarianism,” *Annual Review of Anthropology* 43, no. 1 (2014): 273–89.
- 2 Robbins, “Beyond the Suffering Subject,” 448.
- 3 Tobias Kelly, “A Life Less Miserable?,” *HAU: Journal of Ethnographic Theory* 3, no. 1 (2013): 213–16. One answer, Don Kulick suggests, is as compelling as it is troubling: that anthropologists derive a masochistic pleasure from identifications with the powerless. Don Kulick, “Theory in Furs: Masochist Anthropology,” *Current Anthropology* 47, no. 6 (2006): 933–52.
- 4 For a discussion of the ethics of journalistic representations of health suffering, see Arthur Kleinman and Joan Kleinman, “The Appeal of Experience; the Dis-may of Images: Cultural Appropriations of Suffering in Our Times,” *Daedalus* 125, no. 1 (1996): 1–23. James Agee puts forward his concern for this ethics of representation in his description of the Great Depression: “It seems to me curious, not to say obscene and thoroughly terrifying, that it could occur to an association of human beings drawn together through need and chance and for profit into a company, an organ of journalism, to pry intimately into the lives of an undefended and appallingly damaged group of human beings . . . in the name of science.” James Agee and Walker Evans, *Let Us Now Praise Famous Men* (Boston: Houghton Mifflin, 1941), 5.
- 5 See Veena Das’s response to Robbins that similarly rejects a distinction between a mode of anthropology attentive to suffering versus a mode of anthropology attuned to the good. Veena Das, *Affliction: Health, Disease, Poverty* (New York: Fordham University Press, 2015), 4.
- 6 On the imbrication of optimism and happiness as aiding rather than ameliorating suffering, see Sara Ahmed, *The Promise of Happiness* (Durham, NC: Duke University Press, 2010); Lauren Berlant, *Cruel Optimism* (Durham, NC: Duke University Press, 2011); Berlant, *Compassion: The Culture and Politics of an Emotion* (New York: Routledge, 2004). On the cognitive dissonance this produces in the context of the culture of cancer in the United States, see Lochlann Jain, *Malignant: How Cancer Becomes Us* (Berkeley: University of California Press, 2013).
- 7 Sandra Laugier, “Politics of Vulnerability and Responsibility for Ordinary Others,” *Critical Horizons* 17, no. 2 (2016): 207–23.
- 8 For resonant conceptualizations of this form of violence, see Povinelli’s “quasi-events,” Nixon’s “slow violence,” and Berlant’s “slow death.” Elizabeth A. Po-

vinelli, *Economies of Abandonment: Social Belonging and Endurance in Late Liberalism* (Durham, NC: Duke University Press, 2011); Rob Nixon, *Slow Violence and the Environmentalism of the Poor* (Cambridge, MA: Harvard University Press, 2011); Lauren Berlant, “Slow Death (Sovereignty, Obesity, Lateral Agency),” *Critical Inquiry* 33, no. 4 (2007): 754–80.

9 In thinking of cancer as endemic, I draw upon Elizabeth Povinelli’s understanding that “diseases of the poor” are not always “catastrophic or spectacular” but often also slow, chronic, and endemic. Povinelli, *Economies of Abandonment*, 134.

10 Ann Laura Stoler, *Duress: Imperial Durabilities in Our Times* (Durham, NC: Duke University Press, 2016).

11 In this sense, my understanding of endurance comes close to Jason Throop’s conceptualization of “happiness” as a possible, precarious mode of being in a fragile world. But rather than presuppose the possibility of happiness, I take a more circumspect approach by taking up the conceptual language of endurance. C. Jason Throop, “Ambivalent Happiness and Virtuous Suffering,” *HAU: Journal of Ethnographic Theory* 5, no. 3 (2015): 45–68.

12 R. Anuradha, “Deh ke Muhavre” [The idioms of the body], in *Adhoora Koi Nahin* (Delhi: Radhakrishna Prakashan, 2014), 18–19.

13 R. Anuradha, “Tum Na Badalna” [Don’t you change], in *Adhoora Koi Nahin*, 20–21.

14 R. Anuradha, “Teri Meri Chup” [Our silence], in *Adhoora Koi Nahin*, 22.

15 Talal Asad, “Agency and Pain: An Exploration,” *Culture and Religion* 1, no. 1 (2000): 29–60.

16 R. Anuradha, “Bhar do Mujhe” [Recognize me], in *Adhoora Koi Nahin*, 11.

17 R. Anuradha, “Rishte” [Relations], in *Adhoora Koi Nahin*, 61.

18 Clara Han, *Life in Debt: Times of Care and Violence in Neoliberal Chile* (Berkeley: University of California Press, 2012).

19 Wool, “In-Durable Sociality.”

20 Adriana Petryna, *Life Exposed: Biological Citizens after Chernobyl* (Princeton, NJ: Princeton University Press, 2002); Nikolas Rose and Carlos Novas, “Biological Citizenship,” in *Global Assemblages: Technology, Politics, Ethics as Anthropological Problems*, ed. Aiwha Ong and Stephen Collier (Malden, MA: Blackwell, 2005), 439–63.

21 Deborah Heath, Rayna Rapp, and Karen-Sue Taussig, “Genetic Citizenship,” in *A Companion to the Anthropology of Politics*, ed. David Nugent and Joan Vincent (Malden, MA: Blackwell, 2008), 152–67.

22 Zoë H. Wool and Julie Livingston, “Collateral Afterworlds,” *Social Text* 35, no. 1 (130) (2017): 1–15.

23 João Biehl and Peter Locke, “Foreword: Unfinished,” in *Unfinished: The Anthropology of Becoming*, ed. João Biehl and Peter Locke (Durham, NC: Duke University Press, 2017), ix–xiii.

24 Biehl and Locke, “Foreword: Unfinished,” x.

25 R. Anuradha, “Mutthi me ret” [A fistful of sand], in *Adhoora Koi Nahin*, 78.