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**“Witnessing” Social Suffering:
Migratory Tales of Women from Afghanistan**

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**“Witnessing” Social Suffering
Migratory Tales of Women from Afghanistan**

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Abstract: Much has been written on the traumatic effects of war, structural violence and suffering. Medical Anthropologists have endeavoured to interrogate a series of questions: How do we understand the social suffering endemic to our world? Do we witness what we see and hear in the field or do we merely observe? If we choose to act as witnesses, how do we go about doing this? In response to these questions, two polarized perspectives have been put forward: resistance and the political economy of suffering. Using testimonial narratives of “aging” Afghan women in metropolis Vancouver, this paper shows that the women witness their own stories. They do so by using the language of everyday life and the language of the body.¹ These modes of communication allow the women to implicate the system in their own terms and in the process blur the resistance-political economy divide. This paper makes a case for recognizing research participants as producers of context-specific knowledge, arguing that we need to *witness with* rather than *witness for* the socially disenfranchised.

Key words: Social suffering, witnessing, “aging” Afghan women, testimonial narrative

¹ The usage of body language is significant as it brings to light the intricate ways in which the body of the national land is linked to the bodies of women. We may note that national narratives are gendered (Yuval-Davis 1997, Nazmabadi 1998).

Introduction

It is only in the last decade that issues of violence and social suffering have received substantive attention from anthropologists. The fact that both traumatic and everyday forms of suffering have become endemic to our world may be one motivating factor. But there is also the issue of disciplinary rejuvenation. In anthropology, moot questions have surfaced in the wake of critical questioning and reflexivity on how we research and write on the people whom we study at a close range. Given the discipline's conventional interest in the peoples of the Third World/Global South (read colonized), anthropologists witnessed acts of violence and cultural genocide inflicted on local populations. Yet, we remained mute and chose to focus on "cultures" of disappearing worlds. Such a depoliticized stance gave us a comfort zone that we still enjoy as we continue to write for institutions that support and reward us for our work. We barely research or write for the people whom we study even if they have become mobile and live in our midst.

Taking a guarded approach, some anthropologists have argued that disciplinary constraints could not accommodate rapid colonial interventions "so that by the time the anthropologists had something to say it was usually long after the fact" (Scheper-Hughes and Bourgois 2004: 4). Other anthropologists have taken a critical stance suggesting that we must acknowledge the contradictions that have been our long-time companions, salient among which is our complicity with colonialism (Behar 1996, Harrison 1991). This critique has given rise to two questions: Why were anthropologists slow in addressing various dimensions of inequality (social, economic, cultural and political) given the fact that our research participants have been and continue to be among the oppressed? And why do we lack political commitment?² Further interrogation is warranted in a situation of social suffering, understood as institutional indifference to violence brought about by socio-political factors. Do we witness what we see and hear in the field or do we merely observe? If we choose to act as witnesses, that is, live in the story rather than moving on (Frank 1995), how do we go about doing this?

In this paper, I engage with these questions through "a view from anthropology." I then present a historically grounded testimonial account chosen from the narratives of Afghan women from a low-income housing area in metropolis Vancouver. The narratives form part of a larger study that examined the impact of displacement and migration on the health and well-being of aging Afghan women. In conclusion, I explore policy implications in the way of a footnote. I argue that we need to engage in a process of deconstruction before any meaningful intervention can take place.

² This is not an across-the-board statement as there are exceptions (see for example Farmer 2003, Scheper-Hughes 1992).

The terms, health, “aging” and women suggest social marginality. Health status of older (also referred to as aging as the emphasis is on process) women has been extensively researched on the grounds that these women are doubly disadvantaged. Being old and being a woman are considered a social burden (Lock 1993). But there is negligible research on aging racialized women who are subject to intersecting inequalities. Their lives may be read in the context of social suffering, a term that suggests three scenarios: existential suffering, institutional responses, and remaking of worlds by those who have been victims of social violence and war (Das and Kleinman 2001). It is helpful to see what anthropologists have to say on the question: how do we witness social suffering? The term witnessing, as opposed to mere observation, suggests intervention that can be discursive and/or practice-based as noted below.

Witnessing Stories of Social Suffering: A View from Anthropology

Scheper-Hughes’s classical study on *Death Without Weeping* addresses the issue of suffering in a Brazilian shantytown. She notes that an undue attention to the multiple ways in which the peasants “survive in the cracks and crevices of daily life” subdues the horrifying scene of the savagery of scarcity and the brutality of police terror (1992: 508). She observes that an exclusive focus on resistance leads to romanticization where the oppressed must be held responsible “for their collusion, collaborations, rationalizations, ‘false consciousness,’ and more than occasional paralyses of will” (p. 533). On the other hand, she does not advocate an approach where the peasants are profiled as “helpless” victims. She suggests a middle-ground position as a way out of this dilemma where resistance is not romanticized and where suffering does not translate into lack of agency.

Adopting the position of an advocate for the oppressed and the poor in Russia, Haiti and The United States, Paul Farmer (2003) focuses on the issue of structural violence. This form of violence is brought about by the lack of opportunities for employment, decent housing, education and health care. These exclusions constitute a violation of human and health rights brought upon by increasing disparity between the rich and the poor, within and between societies. Our responsibility then, according to Farmer, is to document social suffering brought about by such forces as globalization and the near-universal adoption of the market economy. Farmer argues that we need to work towards removing the politicized gap between human rights discourse with its rhetorical emphasis on civil and political liberties, and health rights discourse grounded in basic rights of individuals for food, health care, education and employment.

Using the genre of storytelling, Farmer offers a model of engaged scholarship that goes beyond mere research. Farmer is not unaware of how we are implicated in the global production of

inequality on account of the fact that we can study and write about social suffering, rather than work towards alleviating it. Providing documentary evidence of violations of the rights of the world's poor helps to expose the relationship between social injustice and suffering and illness. He contends that without a broader political analysis, we will end up managing social inequality rather than addressing issues of violence and suffering.

Kleinman, Lock and Das (1997) and Das and Kleinman (2001) contend that suffering must be understood in a multi-layered context. At one level, we are called upon to identify the social, economic and political factors that cause suffering; yet at another level, we need to map the way in which these factors, in the form of ideology and practice, become embedded within local and global institutions. Rather than alleviate suffering, the institutional responses, in fact, accentuate it. Furthermore, they do not take into account everyday forms of suffering; they normalize it. How do we explain a situation where some forms of suffering are recognized only to be compounded while other forms of suffering remain invisible? It is in this vein that Cavell notes that "withholding acknowledgement of pain is a societal failure" (cf. Kleinman, Lock and Das 1997: xvi). The study of social suffering then must contain a study of society's silence toward it. The authors recognize the importance of acknowledging human agency and subjectivity that operate within the larger social and political contexts, and not separate from them.

In short, the authors urge the reader to take into account local idioms of dismay and grief in the wake of powerful bureaucratic forces that normalize suffering for political purposes. The issue here is to unmask the different ways in which suffering is appropriated by institutions that cast a veil of misrecognition to what is essentially whole. "The vicious spiral of political violence, causing forced uprooting, migration, deep trauma to families and communities...spins out of control across a bureaucratic landscape of health, social welfare and legal agencies" (Kleinman, Lock and Das 1997: x).

The above works bring to light the tension between on-the-ground realities (the local) and the broader political context – the source of suffering and oppression. Schepher-Hughes's middle group approach is viable as it provides a balanced perspective. Nevertheless, it suggests a division of labour where the experts take care of the political perspective while the research participants provide the raw data. The participants are not considered as "experts" on the political economy. Collins (2000), Dossa (2004) and Moore (1996: 2000) address this aspect, respectively. The authors suggest that we must recognize our research participants as producers of knowledge in their own right. This knowledge may not be exclusively expressed in the language of the dominant society where the experience of pain and suffering is diluted and silenced. Of interest are the alternative mediums of expression. It is

within this space that research participants undertake multiple tasks. They critique the larger system in their own terms and establish the link between the individual body and the body politic. In addition, they remake their worlds in relation to the larger society, and not within discrete spaces of what has come to be referred to as the us-them divide.

The study

The testimonial account presented in this paper comes from narrative interviews with 15 Afghan women from a low income housing area in Burnaby that we refer to as Valley View to maintain confidentiality. In the same vein, names and identifiable markers of the women have been changed. The study was conducted in the period, 2002-2005. Participation rate: 7 women were interviewed twice and 3 women were interviewed once. Five women granted us 3 interviews each. Five more women participated in a focus group session with a service provider along with the researcher and a research assistant. The interview schedules were determined by the women, depending on their willingness to continue with their stories or whether they felt that other women would fill in for them. This mode of collective storytelling is not uncommon among disenfranchised groups (Dossa 2004). Originally we had planned to interview aging Afghan women but younger women came forward and stated that they considered themselves to be old. War and displacement had deprived them of their adulthood. Refer to McLaren and Black (2005) for an overview on sponsored elderly women and the ways in which they are rendered socially invisible.

Out of 20 women (interviews and focus groups), 12 were over 55 years old while the rest (8) were between 25 to 54 years in age. The women were Convention refugees. Some had elementary school education while others had mid-range to higher education. Their length of time in Canada ranged from 2 to 12 years, giving insight into their settlement experiences from an early to a relatively later period in their lives. In the interview sessions we invited women to tell the stories of their lives using an aide memoir that included topics like being a newcomer in Canada, work and everyday life, encounters with social and health providers, and managing health and illness. Focus group interviews were designed to encourage dialogue and discussion among women themselves as well as between the women and other parties (an indigenous service provider, researcher and research

assistant).³ All the interviews were conducted in the women's first language of Dari and were subsequently translated and transcribed by two research assistants: one Afghan and one Iranian.⁴

None of the women had full time jobs. Some had part time jobs in the lower levels of the service industry while others were on social assistance with varying rates depending on social service's assessment of who should get what services and at what cost. The women, especially the elderly, were not able to access social services (for example ESL classes, training programs) except at a minimal level. The reasons were lack of knowledge on available services, language issues and lack of resources. The larger factor at work was that the Afghan residents of Valley View were rendered socially invisible, an aspect that the women talked about in their own terms.

In this paper, I have focussed on Meena's story for a closer reading of her testimonial narrative (a collective account as opposed to being atypical). A person's narrative can serve to identify a particular social location; it is therefore at once political (Dossa 2004). Focus on one story made it possible for me to identify two interrelated scripts: (a) Research participants tell their stories in their own terms using a different mode of communication, in this case the language of the everyday life and the language of the body. In the process, they witness their own stories. (b) They implicate the system and suggest avenues for change by telling a story that has not been heard. Dossa (2004) and Ong (1995), among others, have noted the epistemological significance of testimonial narratives with their focus on individual accounts.

History Matters

There was a time when no pen moved to write a poem or article that reflected the realities of Afghanistan. No filmmaker made a film that showed the true oppression of our people. No country's or government's conscience was awakened enough to do anything to change the situation in Afghanistan (RAWA, cf. Brodsky 2002: ix).

This observation by the Revolutionary Association of the Women of Afghanistan captures the plight of Afghanistan, a battleground for the Cold War and the War on Terror. Both the wars have taken their toll on the people and their country. Afghanistan remains a wounded country. Rubin puts it this way: Afghanistan was torn apart through "escalating tensions between Cold War antagonists" so much so that the country suffers from "humanitarian emergency" (2002: x).

³ My work (2004) on Iranian women revealed that women use research settings to advance their goals as well. Note that there is only one Afghan service provider who is hired on a part-time basis.

⁴ It is not a coincidence that I worked with an Afghan and an Iranian research assistant. To begin Dari and Farsi are kin languages. Anyone who speaks Dari understands Farsi and vice versa. Second, it is not uncommon to have Farsi-speaking health and service providers working with Afghan community. This is because the Afghan community in metropolitan Vancouver is relatively young.

During the time of the Soviet occupation, 1.5 million Afghans lost their lives; 2.5 million were injured and 1.1 million were internally displaced. Out of the 5 million refugees, 2.6 million lived in camps in Pakistan and Iran where the living conditions were only marginally better than what was found in war-torn Afghanistan (Brodsky 2003).

In the words of a research participant:

Afghanistan has lived with killings, and war and suffering. We, all of us, are homeless and kids who should be educated are homeless and in mountains and deserts. All of them have been involved in criminal roles. Today Afghanistan has been involved in so many crimes and drugs. What is the reason? All these countries [foreign powers] made this happen. I mean we in Afghanistan, we did not make the weapons. Who would put the guns in their hands? Someone needs to do that in order for people to fight and kill each other.

This devastating situation was compounded by the U.S. foreign policy that aimed to create a military force within the country so that it could engage in low-intensity warfare to protect its own soldiers and keep the cost low. Low-intensity warfare claims the lives of civilians but this has not concerned the foreign powers. The fact that over a million Afghans have died as a direct result of over two decades of war is hardly recognized (Cooley 1999). Consider the example of landmines:

In the year 2000, an average of about eighty-eight casualties per month were attributed to landmines and unexploded ordnance (UXO) in Afghanistan. This represents a sharp decline from recorded casualties in 1999 when an estimated five to ten people became mine victims every day. In 1993 the daily casualty estimates totaled twenty to twenty-four each day. Almost fifty-percent of mine victims in Afghanistan are still believed to die before reaching a medical facility (Landmine Monitor Report, 2001).

During the time of the Soviet occupation (1979-1989), the United States armed and trained several hundred anti-communist Jihadis. The fighters received no training in governance. The Mujahideen and the Taliban, the two regimes that brutalized the people of Afghanistan, formed part of the U.S.-trained military force of the Jihadis (anti-Soviet resistance fighters). The Taliban members were trained in Pakistan *madrassas* (religious schools) with full support from the United States (Cooley 1999).

The United States war on terrorism now involves rooting out the Jihadis that it helped to create. The arms and ammunition that it placed at their disposal makes this task difficult, coupled with the fact that the resistance fighters have their own agenda of establishing an Islamic fundamentalist government. As the United States and its allies are not able to identify particular “terrorists” (they were unable to capture bin Laden), they continue to wage their war on Afghanistan as if everyone is a terrorist (Mamdani 2004). As one woman expressed it: “It is the fate of

Afghanistan that it is forgotten so quickly. The country has been destroyed from the outside and no one cares. Is this fair?"

Muslims living in the United States (and Canada) are also targeted. Muslims are guilty (terrorists) unless proved innocent instead of the reverse dictum applicable to other citizens. A telling example comes from Shryock's work with the Arab communities of great Detroit (2002). He scripts two narratives: (a) The Arabs as the model minority pre-9/11 – a success story based on their contribution to the American economy; (b) The Arabs as the Other, post 9/11. Such is the power of surveillance that constitutes part of the U.S. war on terror.

The larger story that would implicate the world powers for reducing Afghanistan into an armed camp remains untold. Instead, the hegemonic narrative in circulation is that the United States invaded Afghanistan to liberate its people, and specially women from the cruelty of Taliban. That this regime was brutal to women is without question. Several scenarios speak to this fact. Women were not allowed to leave their homes without being accompanied by a close male relative. Furthermore, they were not permitted to attend school or work outside home. Interactions with males, neighbours, shopkeepers and doctors were forbidden. The sounds of women's shoes and their laughter were not to be heard in the public space. These restrictions "along with the harsh and unpredictable physical punishment for breaking these rules, did the most physical and psychological damage" (Brodsky 2003: 101). As Meintjes, Pillay and Turshen (2001) have argued, struggle for power is gendered and the first targets are invariably women. Women are subject to bodily and structural violence in times of war and civil strife, the aftermath of which is worse. Hence the title of the book: *The Aftermath: Women in Post-Conflict Transformation* (Meintjes, Pillay and Turshen 2001). The Taliban regime did not spring from the native soil and its overthrow has not resulted in the institution of an infrastructure that would benefit women in relation to three key areas: education, health and careers, let alone their rights as citizens of a country that has barely been reconstructed.

It is this untold story of the destruction of Afghanistan and its aftermath, as it unfolds on the Canadian soil that the women endeavoured to narrate. Our research participants were aware of the need to use alternative modes of communication to ensure that their stories are heard and not denigrated. This entailed using the language of the body and that of the language of everyday life, noted above. Telling an untold story also means engaging into an act of self-witnessing. To leave this task to others would mean risking appropriation of their stories. Witnessing, as opposed to mere observation or participation, includes an element of activism, requiring the readers to live in the story rather than move on (Frank 1995). It is important to note that though each woman focussed on her

own experiences, the collective story remained in the forefront. This is a natural outcome of the experiences of war and violence that lead to a shared understanding of the structural factors at work.

Meena's Story: Laying out the Context

Meena⁵ came to Canada in 1998 with her second eldest daughter. The family (4 daughters and a son) sold the house at a low price and left Afghanistan overnight. The incident that triggered this flight was the attempted abduction of her second daughter. Like other women in our study, Meena migrated from another country (India) where she lived for 7 years with her husband and 3 children. The eldest daughter stayed behind to pursue her career as an air hostess. When Meena came to Canada as a Convention Refugee, she was given an apartment in the Valley View. Other than the welfare payment of \$400 per month and a bus pass, she does not receive any other services. Her daughter pays the rent from her part-time job. Meena had lived through war and civil strife for over two decades. This is what she has to say about her country.

All our houses were bombed. Several bombs came to our neighbourhood. I am not saying that the situation was bad only for us. No, for everybody in that area. When they bombed a neighbourhood close to us, 18 families were killed... Who can not be happy in their own country? Who likes to be homeless and confused? Who? Don't you like your home country? Everybody likes to live in their home country so far as there is peace, food and happiness.

Note how Meena engages the reader through the usage of the words “who,” “you” and “everybody.” She also links her situation with other Afghan families (testimonial speaking). As I show below, it is in this broader social context that Meena challenges the reader to engage with her story; this is the way in which she acts as a witness to her own untold story.

While they were in India, the eldest daughter supported the family until the Taliban forbade women to undertake waged work. Meena's husband left the family in search of work during which time she lost regular contact with him. Meena and her second eldest daughter were accepted into Canada on the grounds that she was a “single mother.” Her other daughters and her son got married. When Meena came to Canada, she sponsored her husband. Five years have gone by and the couple is still separated despite the fact that the judge has accepted his application for immigration to Canada. The separation has caused Meena a lot of agony and this remains the most important issue in her mind. In response to our question on health, Meena observed:

⁵ I chose to use the fictive name of Meena for the participant; this name carries special significance. Meena, the founder of RAWA (Revolutionary Association of Afghan Women), was assassinated in 1986. Her work continues this day to the extent that RAWA is known on the international front (Brodsky 2003).

This [my health] depends on my need for my husband. He needs me and I need him. He is my husband. He is depressed. So all my depression is about this. My illness is about this. I have cried and cried, shouted and screamed but no one has listened to me until now [meaning the time of the research interview, 11/2003].

This incident serves as a forum for larger issues of concern to Meena and her cohort. The basic concerns relate to the inaccessibility of services, isolation and loneliness, social invisibility and lack of financial resources.

Speaking through the Language of Everyday Life

Feminists have documented the everyday lives of women giving two reasons. First, women's everyday activities have been rendered invisible for the benefit of the capitalist system. Without women's unpaid work within the private sphere and their low-paid/ghettoized work in the public sphere,⁶ the male-oriented market-based system would have been less strong (Fraser 1989, Smith 1984, 1987). Everyday lives of women are then of interest as they reveal the workings of the larger system within a localized space. Second, women's engagement with the materiality of everyday spaces has brought into relief numerous ways in which they subvert the system – an aspect that is critically important as it contains seeds of social change (Dossa 1988).

Everyday life then featured high in our conversations with the women. What was foremost in our minds was the image of a busy woman carrying a double load. But this aspect was not of interest to Meena although she looked after her two-year-old grand daughter and cooked for 3 people (her daughter, her son-in-law and herself), and did all the cleaning. Meena's everyday life was filled with one worry: separation from her husband, Mohammed.

I have become ill. I have got blood sugar. I am sick because of my stress for my husband. He is my husband. We lived together. He is in India. He is sick as well. He is worried, lots of pressure. I went to my doctor. She wrote a letter that I am sick. I am worried. I long for my husband and I am sad. I gave them the letter. I have got depression. Doctor said so twice. We have sent them letters but I do not know why nothing happens.

Meena stated that they have taken all the necessary steps that would facilitate Mohammed's immigration to Canada. Meena has paid up the government loan she received for her air ticket to Canada, she has obtained a letter of employment for Mohammed from an Iranian shopkeeper (friend), and she has submitted all the necessary documents. The latter includes a medical certificate attesting

⁶ Although one can state that not all women work in the gendered ghettos, women who do occupy this niche are used to sustain the capitalist economy. The majority of the women in this sector are from the non-Western world (Mohanty 2003).

to the fact that spousal separation has made Meena sick. The only response she has got from the immigration office over the past 5 years is: “today, tomorrow, today, tomorrow, so we do not know when he will come.”

Attending to her wounds has become part of Meena’s everyday routine. The term “wounds” is of value as it blurs the boundary between Meena’s diagnosed illness (blood pressure and diabetes) and her pain and suffering, caused by over two decades of war and violence. The violence has taken the form of wounds on the bodies of women. Meena speaks from her wounds when she says: “I have become ill. I have got blood sugar. I am sick because of my stress for my husband.” Her illness then cannot be reduced to clinical diagnoses where the socio-political context is not spelled out. Meena is on medication, placing the onus on her to get well. Societal institutions are absolved from responsibility.

Meena is not the only one who tends to her wounds on a day-to-day basis. Consider the following two scenarios relayed by Leila and Salima respectively.

I was at home once. We had made some food. I told my son to go to the bazaar and buy something. He left and I went to wash my hair. I had washed all the clothes and cleaned the house. A boy from the neighbour came and said. ‘Lady. Your son was taken from the road. They put him in a car and left.’ I put on my burqa and ran to the streets. I did not know where to go. The car had stopped somewhere close to get other boys, 10 to 11 years old. So I found the car and told that man: ‘dear father, please. I will go on my knees but do not take my son.’ He said: ‘No. We have to.’ And I have seen so many things. Our sons and children beaten, and slashed on the streets. So much cruelty we have seen. No one can believe.

The poignancy of this event is highlighted by the disruption of what we regard as ordinary activities: cooking (Leila) and going to the bazaar for a missing ingredient (son). It shows how violence penetrates civil space, the end result of which is drastic displacement of people and loss of civilian lives. Although Leila’s son returned, it did not lessen her trauma as she witnessed his friends being “beaten and slashed on the streets.” Salima stated:

God knows that we have seen the killings of people, our neighbours, other people, relatives seen them dying in their situation. I have suffered so much. Still when I see someone without a leg, I suffer for that person. But what should we do. Go where?

With the onset of violence, there did not seem to be any safe space left for the women and their families to continue living their everyday lives, as they had known them. Every single woman in our study had multiple stories that they remembered on a daily basis for the simple reason that their wounds have not healed in their new country of settlement in Canada. Neglect and institutional insensitivity have compounded their pain and suffering. It is from these wounds that they tell their

stories. Yet, the women worked hard not merely to survive but to live. Meena, for example, went for walks and to the library, as she loved reading. She also went to Surrey by bus. Being a kindergarten teacher in Afghanistan, she wanted to baby sit other children for pay. The extra money would help her with household expenses, including her medicine. But she was scared to do this job as she was told that if she dropped the baby, owing to her dizzy spells, she would be sued.

Other activities that formed part of the routine of the women in our study included going to a make-shift mosque on Fridays, participating in the Afghan women's drop-in programs (organized by a resource-deprived community centre), and keeping in touch with relatives in other parts of the world. But all these activities may be considered as "peripheral" as they did not address fundamental issues that the women were confronted with in their new homeland as shown below. Women's everyday lives were filled with emptiness that on the surface could be attributed to their experiences back at home. Here are two accounts, from Meena and Nargis, respectively.

They took everything from us. Everything was destroyed, even our homes were bombed. Three or four times we had bombs in our house... For a minute all our houses were shaking. Mirrors got broken and shattered glass came like rain on our head. Blood everywhere and people were dripped in blood because of all those ruins. So we had very bad situation in Afghanistan. Many people lost their legs, hand and other body parts.

Nargis stated that they lived in misery. "No electricity, no lamp, nothing. You cannot see. You are scared. All the noise and all the bombs over our head. So I had also illness at the time. My legs did hurt. So we had so much misery. We had no choice but to leave the country leaving everything behind: our house, furniture, rugs, china, our life there."

It is important to note that stories of suffering can be pathologized. Kleinman and Kleinman make two points. First, "their [sufferers] memories (their intimately interior images) of violence are made over into *trauma stories*" (1997: 10, emphasis in the original) by institutions that deal with asylum seekers. Second, in the hands of medical professionals, these stories/real life events are converted into the images of victimization – a passive stance. Based on these observations the authors pose the question: "We need to ask, however, what kind of cultural process underpins the transformation of a victim of violence to someone with a pathology?" (ibid: 10). For Kleinman and Kleinman a step forward is to ensure that local participants are included into the process of policy making and development of programs.

This laudable goal, I argue, cannot be fully accomplished without listening closely to what the participants have to say about their experiences of suffering and pain. And this listening is not merely confined to words. This does not mean that we underestimate the power of words. The women

in our study made good use of words to build vivid images: “shattered glass, “dripping of blood,” “missing legs and hands,” “grief in my body,” and many others. But we must also acknowledge that words do not fully capture experiences of pain and suffering. Furthermore, words and stories of marginalized people are not valorized unless they resonate with the language of the dominant group. Collins puts it this way:

Oppressed groups are frequently placed in the situation of being listened to only if we frame our ideas in the language that is familiar to and comfortable for a dominant group. This requirement often changes the meaning of our ideas and works to elevate the ideas of dominant groups (2000: vii).

To avoid the situation of diluting their experiences of suffering or risk the possibility of having them appropriated by institutions, the women in our study took on the stance of wounded storytellers – a position that allowed them to witness their own stories. It is at this level that the women sought to engage the reader/researcher so as to effect multi-layered change ranging from small acts to large-scale solutions. The emphasis is not on the expert (anthropologist or health and service provider) assuming the position of a witness – a top-down approach – but on ethical listening with its bent towards *speaking with* our research participants and *not for them*. The issue is to let the participants represent their own worlds in as much as this is made possible in a research setting. It is in this vein that I looked at other modes of communication used by women in our study, primary among which was that of telling stories from the wounds.

A common thread in all the stories was the destruction of Afghanistan. Meena bemoans the fact that it will not be in her lifetime or the lifetime of her children that Afghanistan will be rebuilt. She recalled the happy times when they lived in peace and had 200 guests at weddings – the mark of good times. “Now they [United States] say there is peace in Afghanistan (angry tone of voice); even if there is peace in Central Afghanistan, there is war in the four corners of the country... Who likes to be homeless and confused? Who? Don’t you like your home country?” (She cries).

The Wounded Storytellers: “Afghanistan has been destroyed”⁷

People tell their stories from the wounds when words fail to capture their experiences of pain and suffering. Rather than being individual acts of narration, the stories, notes Frank, contain narrative truths suppressed by the dominant language. Stories make it possible for sufferers to position

⁷ The term “The Wounded Storyteller” comes from Arthur Frank’s work by the same title (1995). It is the wounds, argues Frank, that gives a person narrative power, effecting a shift from passivity (the biomedical stance) towards activity.

themselves as witnesses to their suffering, inviting audiences to reciprocate by becoming witnesses in turn. This is what gives the story from the wounds its power.

As Frank expresses it: “What makes an illness story good is the act of witnessing that says, implicitly or explicitly, “I will tell you not what you want to hear but what I know to be true because I have lived it” (1995, 63). For Frank, reclaiming of a voice begins with the body that in turn creates the self, connecting with people who may be motivated to effect change within their spheres of influence.

Afghanistan carries multiple scars evident in the destruction of buildings, loss of lives, disabled bodies, and dislocation of people. The women in our study carry these scars on their bodies and it is from this space that they tell the stories that are at once individual as well as collective. This impulse is also found in the work of RAWA (The Revolutionary Association of the Women of Afghanistan). Mariam, a RAWA supporter, has this to say:

RAWA has felt the pain and the miseries of the people of Afghanistan, especially its women, and that is why they can be the real representative of the women of Afghanistan. I don't think that other women can be the true defenders of women in Afghanistan, like so many who have not spent their life among people, who have not experienced the bitterness of the society with their skin, bone and flesh (cf. Brodsky 2003, 145).

It is from the skin, the bone and the flesh (wounds) that the women in our study told their stories and this is the reason why they must witness their own stories. On our part, we need to learn to listen (to unlearn the privileged status that we assume as experts) so that we do not dismiss the multiple ways in which women speak and likewise we do not dismiss women's own initiatives to effect changes, however small these may be. Consider the following ethnographic moments.⁸

“I can talk, I am not afraid of anything.”

Meena's quotation says more than what appears on the surface. To begin with it suggests breaking out of structural silence – people do not ordinarily say: “I can talk” or, “I am not afraid of anything.” The women in our study have been silenced, not because they cannot speak, but owing to our failure to listen to the larger narrative that implicates us (the First World) in the destruction of Afghanistan.

This is what Nargis has to say following the death of her husband. “I was in pain a lot of pain. But I was not alone. Everybody lost someone, brother, sister, mother, father, son, daughter. It was

⁸ My usage of ‘ethnographic moment’ refers to a process that allows us to read the global in the local and also explore how the local may impact on the global.

war. Everyone got killed there. People got killed in huge numbers.” It is this form of testimonial telling that led women to tell their stories collectively without drowning their own specific pain and suffering. Consider the example of the citizenship test.

I get dizzy. My eyes do not see well. I have done the citizenship test twice but I have failed. I have read, borrowed all the books for citizenship test. I read them but I get dizzy...How can I do this test? I have gone to the judge twice. They asked me questions and I answered but then they told me to study more. I failed, so you know if one is sick, nervous and sad how can one not fail?

Meena’s illness cannot merely be explained by the medical diagnoses of high blood sugar. This is evident in the fact that she talks about her illness, in this passage and throughout her narrative, in relation to grief – “there is so much grief in my body” – and sadness. Her husband’s absence is making her feel lonely and depressed. But this is not an individualized issue. In the context of geographical breadth and historical depth, to use Farmer’s words, Meena’s spousal separation is the result of war and violence in her country – war and violence brought about by foreign invasions. Afghanistan’s pain would be less if these invasions were short-lived. But this is hardly the case. Arms and ammunition that the superpowers (former Soviet Union and the United States) left behind is a recipe for warfare and for tearing apart the social fabric of the country. Since 2001, Afghanistan has been occupied by foreign troops (United States and its allies). In the name of the war on terror, these troops are claiming the lives of civilians (accidental bombings, friendly fire incidents, and hunt for “terrorists”).⁹

The women in our study talked about the destruction of their country from the time of the Soviet invasion (1979) to the present time. They also included Iraq to make their point. “Now they want to liberate Iraq. But look at the women and the kids getting killed or disabled. This is not liberation. Bush has destroyed the world” (Meena). Our research participants were not content to only talk about Afghanistan. This is because they had the experience of migrating (the aftermath of war) to the First World that they wanted to be held accountable for its actions in Afghanistan. As a settler society and as the long-time ally of the United States, Canada is not exempt though it presents itself as a kinder and a gentler face that could not possibly engage in any kind of violence (Razack, 2000). The women were left with the task of establishing a connection between the violence they experienced in Afghanistan and the misery and neglect that they are subject to in Canada. Meena’s

“failure” at the citizenship test implicates the society that has failed to heal the wounds that it has incurred on her body, even if this appears to be at arms-length.

As noted above, the women in our study have been ghettoized into low-income housing complex where they are rendered socially invisible. Just like the people of Afghanistan, they have been forgotten as evident from the fact that their access to health and social services is limited and confined to less-than-basic level. The women in our study reported that the limited allowance that they received went into paying rent leaving them with little or no money for food and other basic expenses. It was not uncommon for families of 4 or 5 to live in two-bedroom apartments. Many of the prescription drugs that they badly needed were not covered. One woman reported that the best drug in the market for depression was not accessible to her, as her subsidized medical plan did not cover the extra cost. She had to take an out-dated drug that she felt was not effective. It is important to note that the women did not want to be recipients of welfare. They yearned for the opportunity to learn English and upgrade their qualifications in areas where there were jobs. But these services were not available to them. They were stuck in a situation that they had not created and did not desire. It is in this context that we continue reading “the citizenship test,” even at the cost of some repetition.

In her account of the citizenship test, Meena provides one message: she failed the test twice owing to the fact that she is sick. But her sickness/wounds tell a larger story. She is unable to pass the citizenship test because society (international community) has failed her on two fronts: in Afghanistan and in Canada. It is her wounds that establish the linkage between the two. She bears the wounds of a war-torn country and she bears the wounds of an indifferent host country.

Wounded storytellers initiate their own process of healing, not only through the act of telling the stories of their lives, but also identifying strategies that allow them to live as opposed to merely survive. Given their vulnerable position in society – this is the reason why they are wounded – these strategies point to spaces and areas where change can be effected. They also bring into relief the fault lines of society. It is important to take note of both the aspects if we are to work towards incremental change from the grass-root level.¹⁰ Consider a second example.

Scattered Spaces: Library/Clinic/Bus

When Meena discovered that there was a public library in her neighbourhood, she was overjoyed. Her love for reading drew her to this place apart from the fact that it made her forget her

⁹ These aspects come to light in the documentaries: *Daughters of Afghanistan*, *Return to Kandahar*, and CBC week-long broadcast from Kabul, Feb. 16-20, 2004.

¹⁰ The term ‘incremental’ comes from RAWA’s model of change incorporating multiple dimensions: individual, family, community and society. Small-scale changes are not dismissed

sorrow and grief caused by war-torn conditions in Afghanistan and by societal indifference in Canada. Although the latter is a much-sought place (Canada presents itself as a land of opportunity), it could not meet Meena's most basic needs of adequate shelter, access to services and opportunities for work. Her \$400 allowance was barely enough especially when she had to pay extra bills for medication not covered by her basic plan, and for the special diet that she needs to manage her health. The fact that no one addressed the issue of her separation from her spouse caused her to be more ill. She grieved for her husband.

On one occasion, when Meena was walking to the library, she met an Afghan woman who advised her not to go to this place as she may contract SARS. The woman told her that the librarian had advised her to keep away from crowds because of her age (she was only 56 but she looked older as war had taken away her youth and adulthood). In the eyes of the librarian this woman looked 70, as did 58-year-old Meena. "So I came back. Now I will not go there this Monday but next Monday, I will go to the library for sure."

It is important to note that both Meena and her friend were considered as old and therefore vulnerable to SARS – a disease. Their social vulnerability and the fact that they looked old beyond their years remained masked by structural factors. As noted above, the Afghan community in the Valley View has been forgotten just like Afghanistan and its people have been forgotten by the world despite the fact that the West is responsible for their misery and suffering. Even today (2005) Afghanistan is not any closer to achieving peace, though The United States claims that it has liberated the country. In a televised speech, President Bush stated that "That nation [Afghanistan] is a world away from the nightmare of the Taliban" (CBC, 17/02/2004). The fact that the librarian wanted to "protect" these seemingly elderly women from biological disease but had no insight and could do nothing to help these women alleviate their social suffering speaks volumes to the way in which an exclusive focus on the diseased body masks and silences social pathologies.

The library incident brings home two other points. First, Meena's neighbourhood contacts are limited to people from her own community. On-the-surface explanation would be that Meena does not speak English. Overlooked here is the structural factor that there are barely any English as a second language classes (ESL) available for Afghan women in the Valley View. The premise at work is that these women are not bread earners and therefore any investment would be a waste. Such is the thinking prevalent in a market-oriented society. The only classes that the women have access to are run by the volunteers in an Afghan drop in centre. Four-hour classes held each week are not sufficient to master a new language. Second, despite Meena's "illness," (read wounded body), she has taken the initiative to find a public place and engage in an activity that she enjoys. Meena's initiative must be

built upon as it brings to light “a lively engagement between people and place” (Dyck personal communication) – a building block for positive change. Consider the third example:

About the doctor, the clinic is close to us. Thank God. I have learned and I go there by myself. I understand Hindi and I talk to the doctor in Hindi. Now I can comprehend English as well. [She looks happy]. I say ‘there is a [medical] problem.’ In the beginning, I took this or that person [Afghan] from the mall or whoever else I found on the street. The young girls in the mall, I told them: ‘I have doctor’s appointment.’ So they come with me and talked with the doctor. But now, why should I lie. I am good and I can take care of everything by myself.

We have much to learn from Meena’s resourcefulness and initiatives given the fact that she has scant resources (material and social) to draw from. It is interesting to note that she makes use of Hindi language that she learned in a refugee camp in India. This is an aspect that health and social service providers do not identify with facility as they barely pay attention to the details of the everyday lives of their patients/clients. It is these details that effect the shift from victimization of the sufferers towards recognizing their humanity. Meena knows two languages (mother tongue and Hindi) and that she has taken steps to learn English on her own without much professional help (“But now, why should I lie. I am good and I can take care of everything by myself”). This scenario should give a different take to the service providers whose starting point should be to recognize Meena’s linguistic ability and work from there as opposed to throwing up their hands in the air with the statement: “How can these aging women ever learn English?”¹¹ The service providers can play an important role in seeing that the steps that Meena has taken towards seeking help from whoever (Afghan) is around are recognized as genuine attempts to fill in major gaps in the service delivery. Meena’s need to ask for help arises from the fact that she, like other women in our study, has been dumped in the low-income housing complex, only to be forgotten.

Of interest is the fact that Meena draws resources from the limited access she has to the people around her. But these people are Afghans. She has no access to the mainstream people who are also around. There are structural factors at work. Racialized minorities in Canada are demarcated into certain spaces and they are Othered and marginalized, compounded in the case of women (Bannerji 1995, 2000; Agnew 1996, Dossa 2004). Meena is no exception. Her trips to the library and the clinic speak to the spatial enclaves of Afghan women in Canada. Consider Meena’s takes on public transportation.

When we first came we lived in the hotel. An Afghan man taught us the bus to take. He used to work in the Canadian embassy in India. He was a nice man. He knows

¹¹ This is my observation from the Iranian women’s ESL classes on the North Shore. The classes were held for four hours a week.

English. He applied for our telephone as co-signer. He told us go there, go there. So he taught us.

It was from the Afghan man that Meena learnt about the bus routes.

Once or twice people tell you where to go. But then I tried to remember the streets, the numbers, the buses. And I keep doing the same: here is Nanaimo, here is Metrotown. I wrote down the names and checked my notes. I told myself, one station, two station, three station and I remembered where to get off the bus. I went to Surrey, once, twice. I went there to learn. I taught myself where to go. I went to a clinic to get injection, and I learned everywhere like this. I go to Surrey to see all those stores, Hindi stores and Arabic stores to buy halal (lawful) meat. These are my happy days.

Meena debunks the myth surrounding “aging” immigrant women: namely, that they stay home, they are a social burden, and they do not know what to make of their lives in a foreign country as they are too old to learn (Dossa 1999). Meena’s initiative in learning the bus routes, albeit from an Afghan, speaks to the resources that women tap into, despite numerous constraints. For Meena these are: her illness, language barrier, a foreign environment and material limitations (Meena is only able to take the bus after she got the discount that she is entitled to like other citizens with limited income). Once again, structural marginalization is apparent as Meena only goes to areas where there are Hindi and Afghan stores. While one may be drawn towards one’s culture and space that echo the sounds and sights of the homeland, one must also question why migrants from the Global South are not at home in mainstream public places. The issue is not cultural; it is structural (Anderson and Kirkham 1998).

The term marginalization (structural exclusion) has been used in the literature to conceptually explain the way in which racialized groups have been confined to their own communities to address the long-standing ambiguity within Canadian society. On the one hand, Canada needs the labour of the non-white people but at another level, it wants to remain white. A way out of this ambiguity is to ensure that racialized minorities remain confined to particular spaces, as exemplified in the case of the Chinatown. As Anderson has argued, Chinatown was not the product of an ethnic community’s desire to stay aloof from others. It is at once a geographical and a social construct. Space is not merely territorial. It carries symbolic and social weight. Second, marginalization in the market sphere serves yet another purpose. It facilitates the exploitation of racialized minorities. Within low paying and no-benefits labour slots, such as nurse’s aids, domestic workers and garment workers, minority labour (including women of colour) is utilized to the benefit of the larger society (Boyd 1992). A third aspect of marginalization concerns social invisibility. Certain groups of people are placed in locations where they are forgotten, as was the case with the women in our study. But social

marginalization does not translate into passivity. Adopting a pragmatic stance, marginalized people remake their worlds even if this means taking small steps at a time, as Meena's narrative has revealed. These strategies are of value, as they do not only point to the elements that can lead to grass-root level change but they also identify the fault lines of society.

Meena's narrative indicates that an ESL program, for example, must recognize her bilingual ability, that may require a different approach as opposed to the common assumption that immigrants only speak their mother tongue. This is an important point as immigrants' exposure to multiple languages and multiple cultures are often underplayed in the Canadian society that only recognizes two official languages. Other languages are placed under the umbrella term "heritage" (read frozen in time and existing within discrete and marginalized spaces). Taking my own example, I speak Gujarati, Hindi, Swahili and English. Yet, the interest of others in the public sector invariably focuses on whether I am fluent in English. Meena's usage of the public space where she looks for people to help her with translation at the clinic, albeit only Afghans, shows society's deficiency in not being able to put into place inclusive communities where meaningful interactions can take place.

While the women in our study endeavoured to remake their worlds in the best way they could, they did not lose sight of the fact that they had a larger story to tell not only for themselves but also for the people of Afghanistan. This aspect was brought home to me in the two sentences that were on the lips of all the women. "Afghanistan has been destroyed" and "the people of Afghanistan have been forgotten." For our research participants the aspect of being forgotten was carried forward to their country of settlement. The women talked about how their basic needs were not met within Canada, as noted above. These women took it upon themselves to tell two intertwined stories: the story of the war (Afghanistan) and the story of the war's aftermath (Canada). The most challenging task was to link the two stories – a link that Canada and other Western countries do not recognize as they have absolved themselves from the responsibility of waging their wars (the Cold War and the War on Terror) on the soil of Afghanistan. To compound the situation, the West has positioned itself as the saviour and liberator of the people of Afghanistan, the most vocal form of which is gendered. For the West, Afghan women's liberation is measured in terms of whether they can move around without their burqas, which it considers to be the icon of their oppression. The West has failed to address substantive issues such as women's education, availability of work, and women's rights in a society whose infrastructure it has helped to destroy. Groundbreaking work in Afghanistan is carried out by initiatives taken by women themselves and by grass-root level organizations such as RAWA.

In short, one would want to argue that there is a substantive difference between the lives of women over there and over here, especially when the Global North posits itself as the saviour of the

Global South, and never as the source of its troubles. This is not the case. It is to highlight this unarticulated connection between the two countries that the women witness their own stories. Our reciprocal engagement must then be to recognize this connection that the women make using the language of everyday life and the language of the wounds. It is at this level that I have presented my argument on witnessing/writing stories of social suffering. To revisit Meena's words:

I have become ill. I have got blood sugar. I am sick because of my stress for my husband. In any case he is my husband. We lived together. He is in India. He is sick as well. Her is worried, lots of pressure. I went to my doctor. She wrote a letter that I am sick. I am worried. I long for my husband and I am sad. I gave them [immigration officials] the letter. I have got depression. Doctor said so twice. We have send them the letters. But I do not know why nothing happens.

Meena's husband is sick over there (Afghanistan/India). Meena is sick over here (Canada). The "sick" bodies/wounds of the husband and the wife connect the two worlds that are otherwise deemed to be separate. Their separation speaks to the cruelty of dividing the world in ways where one world (the West) presents itself as superior and the saviour of the Other for the purpose of exploitation and control – the colonial narrative (Bannerji 2000, Said 1978).

Revisiting Afghanistan's Historical Trajectory

Why is the destruction of Afghanistan not acknowledged in the wake of historical evidence? It's historical trajectory (1979 and beyond) is not difficult to grasp. The Soviet Union occupied the country for a decade (1979-1989), an event that led to the U.S. intervention in the form of low-intensity warfare (arming different factions, locally). By the time that Soviet Union left, the country was turned into an armed camp. Rubin puts it this way:

These (local) leaders formed themselves in inner struggles with the ideas they learned in the schools built with U.S. and Soviet aid. They armed themselves and mobilized their countrymen for the outer struggles that the superpowers sponsored and paid for. Millions of weapons are the cargo that the Cold Warriors left behind, without delivering the promised gifts of development, socialism, democracy, or, for that matter, a just Islamic order.

Post-9/11 U.S.-led invasion led to further destruction and displacement of Afghan people, including loss of lives, as noted earlier (Goodson 2001, Mamdani 2004). The world has forgotten Afghanistan and its people. The promised reconstruction of the country has not occurred. The few urban-based projects initiated under the umbrella of rehabilitation of Afghanistan have not benefited local people across the country. Foreign-based co-operations reap the benefits of the so-called

development projects. Structural violence inflicted on the people of Afghanistan remains unnamed and with it the long-time suffering of its people. In the words of a research participant: “Taliban were overthrown in the name of liberation of Afghanistan. But our people have no jobs and our children are not able to get good education. Everything has been destroyed. Our people have been forgotten.”

The women in our study had experienced suffering in their flesh and blood. Only they (does not exclude men and children) understood what it is like to lose relatives, friends and neighbours and what it is like to be maimed. When some of the women (the selected few from refugee camps) sought asylum in Canada, they encountered indifference and also structural violence. Society did not know or did not want to know these women’s long-time suffering. Their spatial location in an out of the way place (low income housing) and inaccessibility to services owing to multiple barriers (for example language, lack of information and institutional indifference) have rendered them socially invisible. The women in our study then felt that the onus was on them to tell their story/testimonial narrative, a difficult undertaking for two reasons. First, social invisibility translates into social silencing. The women were silenced in the sense that when they attempted to tell their stories to social and health practitioners, they were dismissed as inconsequential. They were reminded that they should be grateful that Canada has given them refuge from the violence and chaos prevalent in their home country, a point reiterated by all the participants. As Nargis expressed it: “They [the system/welfare workers] do not understand, and may be our education is higher than that of the welfare worker, but they give themselves the permission to treat us like we are nothing.”

The wounds of the women have not healed in the country where they have sought refuge. People who have been subjected to political and structural violence seek other modes of communication to tell their stories of suffering (Ross 2001). The narrative data from our study revealed the language of everyday life and the language of the body to be salient. Both are powerful mediums of expression; they delineate the broader political context that implicates the system.

If the women have taken the initiative to witness their own stories, what is our responsibility as researchers and readers? We cannot overemphasize the point that we have not endured suffering, we study it. This is the reason why we need to witness with them and not for them. The latter stance can lead to the appropriation of their stories of suffering. It is important to note that the boundary between the two positions is blurred as I do not think that the process of appropriation can be reversed; it can only be minimized through an active process of listening that may entail paying attention to alternative modes of communication.

Footnote on Policy

“We do not want to tell our stories unless it brought about some results. But we should not let others speak for us” (Nargis).

Nargis’s call for collaborative and bottom up research has elicited responses from various quarters. Of particular interest is critical scholarship. The premise advanced is that policy and practice must take into account structural factors: political economic, social and ideological. Delineation of structural factors, separate from the voices of research participants, is not of much value, a point that has been noted by anthropologists from their vantage points in the local and the everyday life (Das and Kleinman 2001). The task at hand is enormous as the following examples illustrate.

In his work with key agencies, Anwar identifies best policies and practices implemented for Muslim minorities in Britain. He discovered that some of the agencies (local councils, the health service, schools and central government departments), had made policy provision for such things as time off for prayers during the month of Ramadan. Others had put into place equal opportunity employment policies and racial equality plans. He observes that governing bodies, such as local councils and organizations, had initiated partnership with Muslim community groups. “The general view was that local councils were now prepared to take Muslim issues on board (2005: 43). Following pressure from Muslim groups, “[s]everal of them [respondents] commented on initiatives relating to anti-racism and celebrating diversity as well as appointment of specialist consultants on issues affecting local ethnic minority communities” (ibid).

Anwar notes that there were significant number of respondents who felt that hostility towards Muslims was on the rise, while others commented on the wide gap between policy and practice. Three issues raised were that initiatives put into place were too thin, they did not go far enough to effect structural change, and that the organizations were indifferent to systemic racism. “Inclusive” policies, he argues, were actually in responses to crisis-based situations, for example the disturbances in Oldham, Bradford and Burnley, 2001. In short, it was the force of circumstances that resulted in some of the good practices that are in place; the Central government, according to the author, has not initiated any structural change. Furthermore, the negative attitude of the media has negated transformative practices that may have taken root at the local level, however small and insignificant these may be.

Anwar’s study brings home an important point: piecemeal policy initiatives that are not rooted in the lived reality of people and do not have institutional support will not bring about the desired change. Institutions must first address the issue of racialization (read continual structural

exclusion), embedded in intersecting markers of difference (gender, class, age and disability). Canadian scholar, Bannerji expresses it this way: “Racism is not simply a set of attitudes and practices that they level towards us, their socially constructed “other” but it is the very principle of self-definition of European/Western societies. It could be said that what is otherwise known as European civilization – as manifested in the realm of arts and ideas and in daily life – is a sublimated, formalized or simply practiced version of racism,” (1995: 46).

Razack’s analytical framework on the relationship between racism and space is of value. Taking the example of Canada, a settler society, she notes that the national story of the country is that of “the ‘empty land’ developed by hardy and enterprising European settlers” (2002: 3). Such a mythology renders Aboriginal peoples redundant or “simply in the way” (ibid). People of colour, on the other hand, are “scripted as late arrivals, coming to the shores of North America long after much of the development has occurred” through European enterprise (ibid). The late arrivals, notes Razack, are constructed in the image of “crowds” poised at the border, disrupting “the calm ordered spaces of the original inhabitants. A specific geographical imagination is clearly traceable in the story of origins told in anti-immigration rhetoric, operating as metaphor but also enabling material practices such as the increased policing of the border and of bodies of colour” (ibid: 4).

Pursuing the-invasion-of-the-Other argument, Lee puts forward the concept of “cultural racism” that signifies Otherness in new ways. She notes that cultural racism is divisive as it accentuates the difference between mainstream and minority populations, positing the former as the norm. Furthermore, cultural talk, as Jiwani has noted, shifts the focus away from relations of power; rather “the focus on culture quickly becomes one of implicitly and explicitly comparing a backward, traditional and oppressive cultural system to the modern, progressive and egalitarian culture assumed of the West” (2001: 2).

Inclusive policy intervention must then take into account two issues. First, it must vigorously engage in deconstructing the discourse on Othering, perpetuated through institutional and cultural racism. This process requires that we pay attention to history along with the social and the political contexts that impact on the lives of racialized women and men. Second, policy must take into account the lived reality of people. It is only through understanding on-the-ground scenarios that we can effect meaningful change. Meena’s testimonial narrative contributes to both the issues. She connects us to history and the political contexts that reveal the intricate but the asymmetrical ties between the Global North and the Global South. Her lived reality, brought home through the language of the body and that of the everyday life, reveal the additional experience of suffering. A bottom-up policy intervention must then address the concerns of her everyday life in the larger context of social justice.

Inclusive policy then requires that we engage disenfranchised citizens in conversations on transformative change and we learn to listen to the multiple ways in which they tell their stories of life and living. It is at this level that we can witness *with* the women rather than *for* them. This also entails listening to the stories in a way that allows us to see *the politicized connection* between the countries of the North and the South, a connection that has the potential to reverse the discourse on racism and exclusion. Only then can the provision of services acquire a citizenship focus where people whom we have othered are seen as an integral part of our society.

References

- Agnew, V. 1996. *Resisting Discrimination: Women from Asia, Africa and the Caribbean and the Women's Movement in Canada*. Toronto: University of Toronto Press.
- Anderson, J. and S. Kirkham. 1998. Constructing nation: The gendering and racializing of the Canadian Health Care System. In *Painting the Maple: Essays on Race, Gender and the Construction of Canada*, edited by Veronica Strong-Boag, S. Grace, A. Eisenberg and J. Anderson. 242-61. Vancouver: UBC Press.
- Anderson, K. 1991. *Vancouver's Chinatown: Racial discourse in Canada, 1875-1980*. Montréal: McGill-Queen's University Press.
- Anwar, M. 2005. Muslims in Britain: Issues, policies and practice. In *Muslim Britain: Communities under Pressure*, edited by Tahir Abbas, 31-46. New York and London: Zed Books.
- Bannerji, H. 2000. *The Dark Side of the Nation: Essays on Multiculturalism, Nationalism and Gender*. Toronto: Canadian Scholars' Press.
- . 1995 *Thinking Through: Essays on Feminism, Marxism, and Anti-Racism*. Toronto: Women's Press.
- Behar, R. 1996. *The Vulnerable Observer: Anthropology that Breaks your Heart*. Boston: Beacon Press.
- Boyd, M. 1992. Gender, visible minority and immigrant earnings inequality: Reassessing an employment equity premise. Department Working Paper. Department of Sociology and Anthropology, Ottawa: Carleton University.
- Brodsky, A. 2003. *With all Our Strength: The Revolutionary Association of the Women of Afghanistan*. New York: Routledge.
- Collins, P. 2000. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. 2d ed. Boston: Unwin Hyman.
- Cooley, J. K. 1999. *Unholy Wars. Afghanistan: American and International Terrorism*. London: Pluto Press.
- Das, V. 2001. Sufferings, theodicies, disciplinary practices, appropriations. *International Social Science Journal* 49 (4): 563-72.
- Das, V. and A. Kleinman. 2001. Introduction. In *Remaking a World: Violence, Social Suffering, and Recovery*, edited by V. Das, A. Kleinman, M. Lock, M. Ramphela and P. Reynolds, 1-30. Berkeley: University of California Press.
- Dossa, P. 2004. *Politics and Poetics of Migration: Narratives of Iranian Women from the Diaspora*. Toronto: Canadian Scholars' Press.
- . 1999. (Re)imagining aging lives: Ethnographic narratives of Muslim women in the diaspora. *Journal of Cross-Cultural Gerontology* 14 (3): 245-72.
- . 1988. Women's space and time: An anthropological perspective on Ismaili immigrant women in Calgary and Vancouver. *Canadian Ethnic Studies* 20 (1): 45-65.
- Dupree, L. 1997. *Afghanistan*. Oxford, England: Oxford University Press.
- Farmer, P. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press.

- Frank, A. 1995. *The Wounded Story Teller*. Chicago: The University of Chicago Press.
- Fraser, N. 1989. *Unruly Practices: Power, Discourse and Gender in Contemporary Social Theory*. Minneapolis: University of Minnesota Press.
- Goodson, L. 2001. *Afghanistan's Endless War: State Failure, Regional Politics, and the Rise of the Taliban*. Seattle: University of Washington Press.
- Harrison, F., ed. 1991. *Decolonizing Anthropology: Moving Further toward an Anthropology for Liberation*. Washington, D.C. Association for Black Feminists, American Anthropological Association.
- Kakar, M. H. 1995. *Afghanistan: The Soviet Invasion and the Afghan Response 1979-1982*. Berkeley: University of California Press.
- Kleinman, A., M. Lock, and V. Das. 1997. Introduction. In *Social Suffering*, edited by A. Kleinman, V. Das and M. Lock, ix-xxvii. Berkeley: University of California Press.
- Kleinman, A. and J. Kleinman. 1997. The appeal of experience; The dismay of images: Cultural appropriation of suffering in our times. In *Social Suffering*, edited by A. Kleinman, V. Das and M. Lock, 1-24. Berkeley: University of California Press.
- Landmine Monitor Report 2001. Landmines in Afghanistan www.icbl.org/lm/2001/Afghanistan.
- Lee, J-A. 1999. Immigrant women workers in the immigrant settlement sector. *Canadian Woman Studies* 19 (3): 97-103.
- Lee, J-A. and L. Cardinal. 1998. Hegemonic nationalism and the politics of feminism and multiculturalism in Canada. In *Painting the Maple: Essays on Race, Gender and the Construction of Canada*, edited by Veronica Strong-Boag, S. Grace, A. Eisenberg and J. Anderson. Vancouver: UBC Press.
- Lock, M. 1993. *Encounters with Aging: Mythologies of Menopause in Japan and North America*. Berkeley: University of California Press
- McLaren, A.T. and T. L. Black. 2005. Family class and immigration in Canada: Implications for sponsored elderly women. RIIM Working Paper Series No. 05-26. Vancouver Centre of Excellence, Simon Fraser University.
- Mamdani, M. 2004. *Good Muslim, Bad Muslim: America, the Cold War, and the Roots of Terror*. New York: Pantheon Books,
- Meintjes, S., A. Pillay and M. Turshen. 2001. *The Aftermath: Women in Post-Conflict Transformation*. London and New York: Zed Books.
- Mohanty, C. *Feminism without Borders: Decolonizing Theory, Practicing Solidarity*. Durham: Duke University Press.
- Montgomery, D. and D. Rondinelli, eds. *Beyond Reconstruction in Afghanistan: Lessons from Development Experience*. New York: Palgrave Macmillian.
- Moore, H., ed. 1996. *The Future of Anthropological Knowledge*. New York: Routledge.
- . 2000. *Anthropological Theory Today*. Cambridge: Polity Press.
- Nazmabadi, A. 1998. *The Story of the Daughters of Quchan: Gender and National Memory in Iranian History*. New York: Syracuse University Press.

- Razack, S. 1998. *Looking White People in the Eye: Gender, Race, and Culture in Courtrooms and Classrooms*. Toronto: University of Toronto Press.
- . 2000. From the clean snows of Petawawa: The violence of Canadian peacekeepers in Somalia. *Cultural Anthropology* 15 (1): 127-163.
- Ross, F. 2001. Speech and silence: Women's testimony in the first five weeks of public hearings of the South African Truth and Reconciliation Commission. In *Remaking a World: Violence, Social Suffering, and Recovery*, edited by V. Das, A. Kleinman, M. Lock, M. Ramphela and P. Reynolds, 250-80. Berkeley: University of California Press.
- Rubin, B. 2002. *The Fragmentation of Afghanistan: State Formation and Collapse in the International System*. 2d ed. Yale: Yale University Press.
- Said, E. 1978. *Orientalism*. New York: Vintage Books.
- Scheper-Hughes, N. 1992. *Death without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: University of California Press.
- Scheper-Hughes, N. and P. Bourgois, eds. 2004 *Violence in War and Peace: An Anthology*. Oxford, England: Blackwell Publishing.
- Shryock, A. 2002. New images of Arab Detroit: Seeing otherness and identity through the lens of September 11. *American Anthropologist* 104 (3): 917-38.
- Smith, D. 1987. *The Everyday World as Problematic: A Feminist Sociology*. Boston: Northeastern University Press
- . 1984. The renaissance of women: Knowledge reconsidered: A feminist overview. *Canadian Research Institute for the Advancement of Women*. Ottawa: CRIAW Publications Committee.
- Spivak, G. C. 1988. Can the subaltern speak? In *Marxism and the Interpretation of Culture*, edited by C. Nelson and L. Gossberg, 217-313. Urbana: University of Illinois Press.
- Yuval-Davis, N. 1997. *Gender and Nation*. London: Sage Publications.

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