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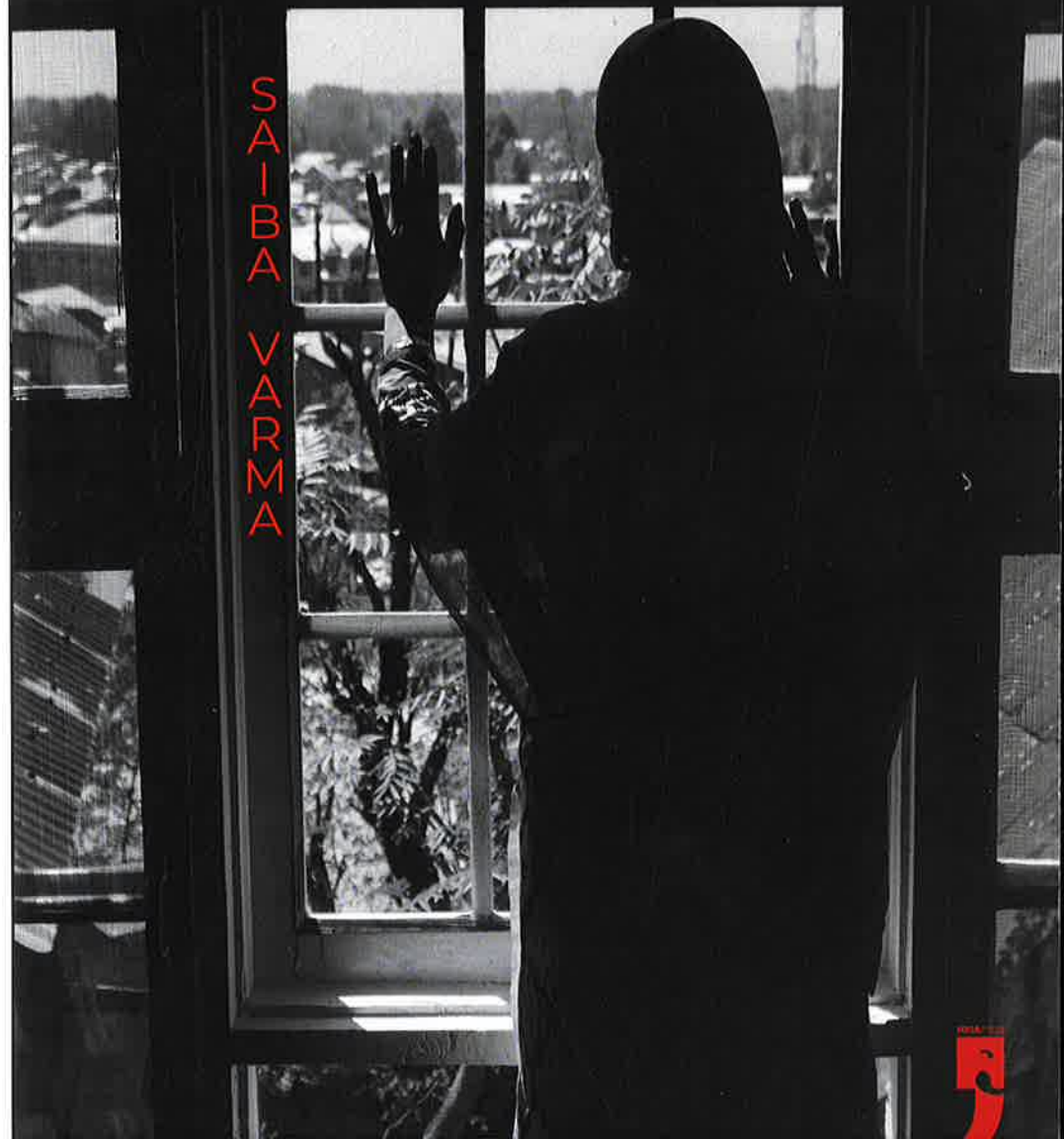
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THE OCCUPIED CLINIC

MILITARISM AND CARE IN KASHMIR

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It has become a cliché to say that we are living in strange times. But what of those who have been living with lockdowns, curfews, and unexpected interruptions long before the world glimpsed a new “normal”?

In March 2020, people in Indian-controlled Kashmir were barely recovering from a seven-month long communication blackout that was put into place after the region’s autonomy was revoked in August 2019 (due to the removal of Articles 370 and 35A of the Indian Constitution). Although Kashmiris are no strangers to communication blackouts, this one was long and extraordinarily severe, even by the standards of Indian rule. In March 2020, 4G Internet had not yet returned. People joked and complained, using their classic and well-honed dark humor, that 2G was their destiny.

Then, just as the dense fog of one lockdown lifted, another—the nationwide lockdown imposed in response to the COVID-19 pandemic on March 25—began. Unlike much of the rest of the world, for whom lockdowns and curfews were new experiences, for people in Kashmir, the COVID-19 pandemic was simply “a lockdown within a lockdown.” People referred to it as the “*virus* lockdown,” a qualifier necessary to distinguish it from other lockdowns still in effect. Like the rolls of concertina wire that add new dimensionality to the surface of the Kashmir valley, the COVID lockdown layered new complexities and restrictions on top of more than 30 years of military and emergency rule. Not only were health services yet again crippled by the overlay of lockdowns, the ruse of “security” and “care” was once again used to accelerate military violence and settler colonial policies. In April 2020, when they thought no one was looking, New Delhi implemented a new domicile law that relaxed residency restrictions and opened up jobs and land ownership possibilities to outsiders. As one Srinagar resident powerfully stated, “You call it a curfew or a virus lockdown, but the fact is that we’re under a brutal siege.”¹

In Kashmir, COVID-19 is not merely a public health crisis, but is folded into a dominant nationalist and xenophobic imaginary as yet another security threat. The militarization of public health—whether stories of people being beaten up for violating curfews or of students being carried to quarantine centers in military vans instead of ambulances—are abundantly clear, as are their long-term effects of eroding people's trust in state institutions. Militarization has not paused. On the contrary, the pandemic has offered a cover so that military lockdowns, healthcare shortages, media blackouts and isolation—can occur under the cover of public healthcare. This, too, has a history, one which this book attempts to tell.



The COVID-19 lockdown is familiar, and yet not. The *lockdown within a lockdown* marks not an exceptional departure from, but rather, sharpens many of the themes present in *The Occupied Clinic*. This book grapples with how military logics transform possibilities of care—in humanitarian and health infrastructures and everyday life—for people in the region. It provides an ethical, social, and historical map to situate our contemporary moment, to understand how life under occupation is brutally undone, and how people find ways to go on. Throughout the book, stories of an *otherwise* bubble up: of people building relationships, providing ordinary and extraordinary acts of care, resting *and* resisting, joking, mourning and celebrating, demonstrating interdependence, and just being. Despite the infinitude of sieges, curfews, and (multiple) lockdowns, these everyday practices sustain hope for something more. Despite the severity of the COVID lockdown, there are plenty of forms of mutual aid that continue to flourish—whether volunteer ambulance drivers and healthcare workers or those performing last rites for victims of coronavirus on behalf of families. There are thousands more of these everyday acts that are happening all the time.

Meanwhile, a sense of exhaustion also seeps in. That exhaustion, a deep existential sigh, reminds us that care labor is not to be romanticized or merely glossed as “resilience.” These practices are not automatic. They stem from long histories of oppression, and they need to be nurtured if they are to survive. This book is one small effort among many to honor the everyday work of care that is central to processes of decolonization. Before the world

knew of lockdowns, people in Kashmir had much to teach us about how to survive, enact care, maintain hope, and live well.



In centering historical and contemporary practices of decolonization through the vantage of care work, *The Occupied Clinic* is not just about others' decolonization efforts; it is also an artifact of an effort to decolonize the discipline of anthropology and myself as a scholar. Anthropology, as is well known, has its epistemological foundations in colonialism. Anthropologists of the past and present continue to make possible imperial and colonial violence, in India, the US, and elsewhere.

In this book, I have tried to think about what an anthropology *of and for* decolonization can look like. For anthropologists, this means, at minimum, acknowledging the political economy undergirding how we make (and sell) knowledge, including how academic knowledge operates through forms of extraction for the sake of accumulation. It also means acknowledging how we have been involved in perpetuating inequalities: of speaking “for” and representing Others not deemed capable of speaking for or representing themselves. A decolonial anthropology searches for other ways of making and representing knowledge that do not reproduce the search for certainty, authority and fixity of academic knowledge divorced from its lived conditions.

The Occupied Clinic does not claim to speak “for” people in Kashmir, who are more than capable of representing and speaking for themselves. At the same time, the book recognizes and takes seriously the role of the anthropologist as interlocutor. This book is a reflection of my interlocutors' grace and generosity in teaching me about their lives in all its complexity over 15 years of not thinking *about*—but *with*—people in Kashmir. While intended as an act of solidarity and allyship, I also acknowledge the potential limitations of that position.

The need to think about decolonization in the context of Kashmir is particularly urgent in this moment in which settler colonialism is being instituted. Scholars and activists insist that decolonization is not a metaphor. As Tuck and Yang powerfully argue, “decolonization in the settler colonial context must involve the repatriation of land simultaneous to the recognition

of how land and relations to land have always already been differently understood and enacted.... Settler colonialism and its decolonization implicates and unsettles everyone.”² Indians who may consider themselves well acquainted with their own history of decolonization against British rule now find themselves confronting a new, profoundly uncomfortable truth: their complicity in new forms of colonialism being enacted in their name.³

As Stuart Hall once powerfully stated, *there is no such thing as an innocent discourse*. To add: *there is no such thing as an innocent Indian*. In other words, there is no innocent way for any other scholar of Indian origin, including myself, to engage with Kashmir (or any of the other colonialisms underway in the subcontinent) without acknowledging our own embeddedness in histories of violence and harm. And yet, acknowledging our complicity is just the beginning. What it means to actually decolonize our knowledge practices, bodies, and selves is an entirely more complex process. Colonial histories are embodied histories. As an upper-caste and upper-class Indian citizen and subject, I have actively and passively internalized anti-Muslim racism my entire life. I am complicit in the colonization of Kashmir and other regions forcibly incorporated into the Indian nation-state.

When I decided to become an anthropologist and do fieldwork in Kashmir, I realized that I would have to contend with these entangled histories. Yet it was not so simple as divorcing myself from this past. Despite my efforts to “know Kashmir on its own terms,” I knew I was walking in the footsteps of Indian journalists, state officials, and security officials. Though I distanced myself from connections that were offered to me in the Indian security establishment, there was always a protective eye on me. I learned how easy it would be to slip into familiar modes of knowing and behaving. I learned that our actions and gestures, as researchers, however small, matter a great deal.

Decolonization is about sitting with these and other uncomfortable truths. None of what I write absolves me of complicity. I still have much to learn and undo. Decolonization means I must recognize that I am writing from multiple *layers* of colonial knowledge and practice, all of which live inside my mind and body. This means I am certain I have got things wrong, and I take full responsibility for those elisions and errors. Over the years, at many times, I thought of quitting working in Kashmir: the layers of coloniality and the protective armor of mistrust that people had rightfully

developed for outsiders, researchers, and Indian citizens who claim to be trying to “understand,” but actually refuse to hear what was being said (in the classic Spivakian sense), seemed too much. Many times, I questioned my right to be there.

But every time I would think of extricating myself, relations beyond my control pulled me back. In the end of *The Occupied Clinic*, I reflect on these relationships in a short section called “Duty.” I think about the ways that radical vulnerability and mutual responsibility can be a model for ethnographic relations and care. However, those forms of responsibility and care *cannot* come at the expense of accounting for the coloniality of knowledge. They exist in tension.

Part of the process of decolonizing oneself is also to return to the scene, however painful it might be—but *if* and only *if* you are invited back. I hold out hope that, for those reading, the text opens up conversations about our own continued embeddedness in colonial processes. It is also an invitation to begin a reckoning and engagement with decolonial praxis in anthropology.

SV

San Diego, California

The unceded territory of the Kumeyaay nation

April 2, 2021