

Ethical Dilemmas in Medical Assistance at Refugee Camps: A Case in Djibouti

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Ethical Dilemmas in Medical Assistance at Refugee Camps: A Case in Djibouti

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The Aspect that interests me most is the recognition, within deconstructive practice, of provisional and intractable starting points in any investigative effort; its disclosure of complicities where a will to knowledge would create oppositions; its insistence that in disclosing complicities the critic-as-subject is herself complicit with the object of her critique; its emphasis upon "history" and upon the ethico-political as the "trace" of that complicity—the proof that we do not inhabit a clearly defined critical space free of such traces; and, finally, the acknowledgement that its own discourse can never be adequate to its example.

(Spivak, Gayatri C., *In Other Worlds*, pp.179-80.)ⁱ

Introduction

In the spring of 1993 I went to the East African country of Djibouti. I worked as a doctor for a medical relief project run by an NGO in a refugee camp taking in refugees from the civil war in Somalia.ⁱⁱ

I am now being asked to talk about the ethics of cross-cultural exchange on the basis of my "raw experience" of that time. I am at a loss. How should I speak of it? What should I talk about in order to have you understand my "raw experience"?ⁱⁱⁱ Though the records have been filed on the shelf, marked as 'finished projects,' what about the unsettling experiences that remain within me?

Perhaps it is good that, as Spivak says, the starting point is provisional. There is nothing to be afraid of. I intend to speak here with the expectation that in the end, "the discourse can never be adequate to its example." Thus, I want to give a voice to these matters, in the hope that it may be proof that everything cannot be subsumed into academic explanation and knowledge.

In this essay, I want to examine two dilemmas concerning the motivation and the practice (or non-practice) of "saving refugees": 1.) wanting to be ethical in an unethical world, and 2.) wanting one's own power of influence to have an effect while, at the same time, maintaining respect for the other. To end this talk (also provisionally), I scratch out something like an answer in terms of 'a detached, realistic analysis of the

world system' and 'the existential acceptance of arbitrariness.' In the process, I will try to leave some traces of my own complicity.

The Photograph

Images are often broadcast on TV of people somewhere in the world afflicted by war or civil strife, famine or disaster; refugees, dressed in rags, their personal belongings piled on their heads, steadily pouring over a national border; infants, eyes hollowed, limbs as thin as sticks. Swollen stomachs contrast with absolute lack of tissue in other parts of their bodies. Such television images are a torment for the viewer.

Next, we get a close up of a doctor in a white coat. A medical relief organization has rushed to the scene from an advanced country. The TV viewer is relieved. A doctor has already responded; everything is going to be okay. The next moment the television screen changes to a commercial. "A new chocolate has come on the market! Next time I go to the convenience store, I'll put my change in the charity box." The pain fades, and the torment is over.

The provisional starting point for this talk is one particular photograph in which I am holding a stethoscope to the chest of a young refugee girl, laying on a bed. (Her hair is cropped short so it may not seem right.) When I came back to Japan, I often used this picture when I was asked to give lectures about international medical cooperation, or to describe the activities in Djibouti for a magazine. My own motivation and practice of "saving the refugees" appears in that picture. But I remain uneasy. In this picture are hidden several lies.

Her name is Siyada. She is twelve years old. She had come to the refugee camp from Ogaden in Ethiopia with her mother six months earlier. While conducting rounds of the camps for a survey, I was stopped and brought into the tent where she lay. Siyada could not stand up, much less walk. Thinned to skin and bone, she hadn't even the strength to speak. Feverish, she would cough periodically in pain. She had been in this condition for more than two months. Her mother was elderly and weak, hardly strong enough to carry her, so she had not been to the clinic even once. The father was in another refugee camp with another wife and other children. I called over a stretcher and some help, and brought her to the clinic where the second photo was taken. At a height of 147 centimeters, her weight was 21.7 kilograms. If she appears to be standing that is because her mother is supporting her from behind.

The camp had no inpatient facilities and no equipment for medical tests. We had no idea what was causing her weakness. Siyada was transferred to a hospital where X-

rays showed that one side of her lungs had collapsed and was completely non-functional. Yet we could not proceed with any further testing or treatment. The hospital simply did not have enough resources or equipment. Moreover, once she was in the hospital, she was no longer under our care. During my stay, I went to check on how Siyada was doing many times, but there were no signs of improvement. I don't know if Siyada is now alive or dead. Obviously, I had not been in the actual practice of 'saving the refugees'; the picture only seems to show that.

Clinical Activities

I did not begin with a simple faith in my own good intentions and abilities to "save the refugees." Before going to Djibouti, I spent three years studying medical anthropology and cultural psychiatry in the United States. I also took courses in international health. My head was overflowing with knowledge of the medical problems of the world, how much they are intertwined with international politics and economics, cultures and religions, how much harm can be inflicted on aid recipients by people from advanced countries with a simple wish to help, and how deceptive it can be to emphasize the universal efficacy of biomedicine^{iv}. I was also suspicious about humanitarian aid; what does it change? After my study abroad ended, however, and I came back to Japan and finished my degree, when I heard about the medical relief project in Djibouti, I had no hesitation in participating as a physician. My first international relief work; if I don't do it, I won't even understand the problem, I thought. I also thought that at the very least, the experience would be more excusable than fieldwork in medical anthropology where one simply observes without intervening.

I made up my mind. We can try to intervene to "save the refugee" in a way that respects the local culture, prioritizes the needs of the refugees themselves, and can be carried on even after we leave the scene, I thought.

Conditions in the refugee camp were much more desperate than I expected. There was not enough food, and people who could have been easily treated in Japan were dying because of the lack of basic resources, like disinfectant and antibiotics. Diarrhea, respiratory infections, anemia, parasitoses, tuberculosis, and malaria all ran rampant, and the proportion of malnourished children reached 15-20% in some of the camps.

With such a shortage of necessary resources, hygienic problems in the environment were overwhelming. Even if we had medicines, there was little we could do. For instance, I would see a child who was dehydrated because of diarrhea. I could treat the dehydration, and give antibiotics, and pull them through this life crisis. I could

even arrange for some sort of supplemental nutrition program. But, due to the lack of toilets, the water supply was contaminated. The hygienic level of the camp was horrible. Within one or two weeks, the same child would be brought back to the clinic in his mother's arms with the same symptoms.

Given these conditions, our activities turned from clinical treatment to the provision of material goods and preventive public health activities. In the clinic, we played a supporting role to the local medical staff who directly treated refugee patients. Our work came to focus on the proper storage and prompt distribution of medicines and materials, the development of preventive strategies based on our monitoring of morbidity and mortality in the camp, improvements in hygienic conditions, educating the refugees in proper hygienic practices, and training for the local staff so that they could continue this work after we had gone.

"Saving the refugees" does not mean to cure the disease of Siyada the refugee girl, but is rather a laborious process that is mundane, pragmatic and definitely not photogenic. The results of our activities became, more and more, the sorts of things that cannot be seen with the eye. The doctor in action, alone in the spotlight, looking like the center of action, this had been a deception of seeing in my photograph.

The Cultural is Political

Given such appropriately mundane practices then, does "saving the refugees" work? It doesn't. To the extent that the activities are appropriately mundane, they require an understanding of the local culture. However, if you try to understand the local culture you meet with countless instances of unexpected resistance.

For instance, we decided to conduct a socio-cultural analysis of the process from the onset of disease to death. We thought that, at the very least, we could reduce the number of cases of disease that ended in death. When we went to the houses of people who had died to conduct interviews for this survey, however, community health workers who were translating for us gave us some unexpected advice. The families were anxious about why we were asking about people who had died. "What good can come from asking about the dead? They cannot be brought back to life." According to our translators, the idea of learning from past deaths to control life in the present was unfamiliar and uncomfortable for these people, for whom life and death are the prerogative of Allah. In actuality, however, there was another reason. Refugee families were not telling the camp directors about all the deaths that were occurring. If they reported a death, the only thing that would change was that their rations would be decreased. Our survey, it was feared, would be used administratively for rationing

purposes.

There were also cases like this. We planned to spend a night in the camp in order to better understand the lives of refugees. We had a great time, playing games and talking with the local medical staff, themselves refugees, and their friends, eating what little local cuisine they could prepare and the food we had brought with us. One thing that bothered us a little was that the camp manager, who never showed his face around the clinic, was there with us the whole time. We thought maybe he was just a little bored, but when our sleeping area was suddenly changed from the space prepared by the refugees to the tent used by government officials, we realized for the first time that the camp manager was carefully monitoring both the refugees and us.

There were also problems whenever we picked new community health workers or translators. At one point, a young man of Djibouti nationality was hired as a new community health worker. He knew nothing about the camp and had almost no knowledge of public health or medicine. The community health worker who had worked up to that point, a refugee with much greater medical knowledge and experience, was fired without receiving his final paycheck. Inquiring to the Office for Refugees was a waste of time. The head nurse, the de facto leader of the camp's medical staff, was himself not from the ruling tribe of Djibouti so he avoided getting involved. Both the camp manager and the new community health worker were from Djibouti's ruling tribe.

Our goal was to provide assistance in accordance with the local culture and the needs of the refugees. To achieve this goal, however, we had to show good face to different parties and take each party's interest into account in the midst of multiple divisions and repulsions between nations and tribes, refugees and non-refugees. There was no homogenous culture in a state of harmony.

To play on the famous feminist slogan 'the personal is political,' we should say 'the cultural is political.' Even if we try to discover the local culture and the real needs of refugees, our perspective will shift dramatically depending on whom we get our information from. Because we had the goal of "saving the refugees," we had already come to see the local governmental figures as our enemies. Not only the refugees, however, were in trouble. The entire country of Djibouti is poor, has a high unemployment rate and lacks adequate medical care. To the extent that we worked in the camp, the refugees had, ironically, better access to medical care than most nationals. Moreover, if we sent refugees to hospitals, there would be even fewer beds for Djibouti nationals. There were also rumors that when supplemental rations for malnourished mothers and children were distributed, people from the surrounding villages would impersonate refugees to get some extra food. Foreign relief brings numerous interests.

For countries that take in refugees, foreign relief is a kind of industry that provides productive employment for its own citizens. It is not hard to see why government workers might prioritize employment services for their own tribesmen over the principle of self-care and self-sufficiency of refugees. It is to be expected that the money and goods that arrive in the name of relief, and the process of distribution, would spur the desires of local people with a variety of interests, causing many unexpected effects.

Moreover, while we can talk about mundane and practical interventions, what we were actually doing was administration of the camp, or, in other words, control. We aimed to get the whole picture of camp conditions through surveys and statistics, and to develop preventive measures that would be productive and effective. That framework, where productivity and efficacy were our goals and measures, was itself like a bulldozer that instantly turns wasteland into usable territory. To proceed with the intention of understanding and respecting the local culture would have been even worse. Understanding means to become knowledgeable. The process of understanding takes us deep into the folds of the local community, to the heart of political struggles at the micro level. Knowledge and information are the key weapons with which micro-political struggles are won and lost.

Even if we wish to respect the other, as long as we intervene, we intend to have our own impact. The more powerful our impact, the more desirable our intervention. It is no wonder that we caused such confusion and resistance at the local level.

The Return Home and the Lecture Circuit

I have already written that my treatment of Siyada was not "saving the refugees". Can we, however, really decide so quickly that saving her was actually impossible and inappropriate?

In truth, even after sending her to the hospital, I couldn't get her out of my mind. I don't clearly understand the reasons why. It was as if in her black eyes, I had seen her anger at the injustice of the world. It was as if, despite having half given up, telling nothing, asking for nothing, her gaze had not lost its strength and beauty. Being female also connected her to me, and at the same time, I projected onto her my own sense of powerlessness and anger.

Quietly, I considered a plan to bring her back with me to Japan. She would be given treatment and would probably be saved. I realize that this would be going too far. It would take time and money. I couldn't get money from the organization I work for, so I would have to pay for everything myself. My husband would be surprised, but he

would cooperate if he knew that my determination was strong. It would even be possible to raise her as an adopted child.

In the end, I returned home without ever mentioning these ideas to anyone. I thought it was just a crazy, unrealistic idea. Language barriers, cultural differences, Siyada's ties to her mother, how would I deal with these problems? Would Siyada or her mother have wanted this? Why save only her? What effect would my action have on the local situation? What kind of life would she have in Japan? All these questions seemed to suggest negative answers.

Instead of Siyada, what I brought back to Japan was the picture of Siyada, thinned to the bone, and the picture of me, conducting the examination. After returning, I turned the photo into a slide and used it in numerous talks and conferences. Talking about the experience in Djibouti is necessary for many reasons; to raise awareness of the horrible conditions, to raise funds, and to encourage people to continue our work. Despite the heroic introductions--"This is about Japanese women who work in lands of refugees, starvation and disease. What is the strength that drives them to international cooperation?"^{vi}-I felt a sense of guilt. I did not save Siyada. I have made a show of her; worse, I am showing off this picture as if I had saved her myself.

There was a time when the world was shocked by a photograph of a young girl on the brink of starvation being targeted by a vulture lurking the background in South Sudan^{vii}. The photographer, Kevin Carter, won the Pulitzer Prize for the photograph, but he was also criticized for not having intervened to save the girl. Shortly afterwards, he committed suicide. As no suicide can be attributed to a single cause, we will never understand what relation his death might have had with the photograph. Only that it left a terrible shock.

Carter's photograph, showing no one in the surrounding area, makes the viewer ask "Who was it who took the picture?" In other words, in the mind of the person viewing the photograph, the figure of the photographer, just in front of the image, also comes through. I think this was the reason that the photograph was so powerful. People around the world put themselves in the position of this photographer who did not help or couldn't help. People felt anger at themselves and the frustration of being witnesses and bystanders and they transferred all of this anger to the photographer.

If that is the case, then what had I been doing? Isn't it just like on television where people's concerns are aroused just to comfort them again, merely clearing their consciences with the sense that all necessary interventions are in place?

Rescue Operation

Several years after I returned from Djibouti, I received an e-mail message from a friend whom I met while studying in the United States, Christina. She is a Canadian physician of the same generation as I who is also interested in international relief work and medical anthropology. We had become good friends, frequently seeing each other in seminars and lectures. She had gone on to a Ph.D. program in medical anthropology after completing her Masters of Public Health in the United States. She became interested in the large number of Somali refugees coming into Canada at the time and when she sent me the message she had just finished her fieldwork in their native land of Ogaden in Ethiopia. I was surprised by her mail. She had adopted a Somali girl.

This is how it happened. In the house of an informant's friend, Christina found a critically ill three-month-old baby weighing only 2.3 Kg (5 lbs.) who was cycling through diarrhea and malnutrition. The mother had died in labor and the father was caring for four other children. Coincidentally, this family had lived in a refugee camp in Djibouti where I had worked. In the camp they had lost four other children. Unable to stand by and observe, Christina brought this baby, Ifrah, back to her house, treated her, gave her nutrition and saved her life. When she became healthy again, however, no one from her family came to take her back. They believed that Christina was sent by god to rescue Ifrah from the cruel fate of life in Ethiopia. Over time, Christina also became attached to Ifrah.

Ifrah is now three years old, healthy, and living in Canada. Of course, Christina's life has changed dramatically. It makes one's head spin to think of her hectic day to day life as a single parent and working student. The impact on her relations with her family and partner has been enormous^{viii}.

A similar story can be found in a book entitled *Welcome to Sarajevo* that has also been made into a movie^{ix}. The writer, a British journalist by the name of Michael Nicholson, brought back a nine-year-old girl named Natasha from an orphanage while he was covering that war torn city.

Why did he take the girl out? Why did it have to be this particular girl? Why only this girl? In hopeless conditions, taking away is the only form of "relief work." As human conduct, the strange thing would be to not step out of bounds of one's role as a journalist or anthropologist. Nicholson speaks angrily against academics who say that it isn't good to raise a child in a different culture and against interviewers who raise the unwritten rule of non-intervention among journalists.

To save someone, however, is to abandon others. This choice, then, is the real ethical dilemma. Christina, when asked why she saved Ifrah answers: "I had seen and

ignored hundreds of beggars in my months in Ethiopia. The difference was that with Ifrah and her family, I couldn't pretend not to notice."

Nicholson wrote frankly that Natasha had a face that photographed well and that she seemed not to belong in Sarajevo because she shone so brightly. He describes how a mentally retarded boy stood close beside him while the head of the orphanage told him there was no such thing as a child that belonged there. He also writes about being criticized when he returned home for his racism; why did he save only Natasha and leave the starving children in Africa?

It is a ridiculous idea that if you can't save everyone then you shouldn't save anyone. Even though saving someone is a one-sided act, the criticism that this is cultural imperialism or undercover arrogance is simply absurd when the alternative is only death and erasure. It is to decide arbitrarily, to behave, in a sense, impulsively. Without that, it is perhaps impossible to 'save' anyone. To save one person may resuscitate, from the edge of oblivion, multitudes of unsaved people who were abandoned, killed and erased without a trace. I am moved by the actions of Christina and Nicholson. I am now ashamed to have not done "the outrageous thing" of bringing Siyada home with me.

The minute I say this, however, a scene from a movie I saw a long time ago, "The Killing Fields," flashes through my mind. As the Khmer Rouge advanced on Phnom Penh, the main character, an American writer, in an effort to get his male Cambodian journalist friend out of the country, produced a false passport. Watching the scene I thought about why the main character in this kind of movie is always a White American or European. The fates of Vietnamese and Cambodians were a thousand times more tragic. Moreover, in my cold calculations, some level of English proficiency would have been necessary to be saved at the last minute by an American. Even if the theme of the movie was the friendship that overcomes nationality, if you cannot speak English, friendship cannot even begin. The Cambodian driver who was with them received no passport. To put oneself in the position of 'one in need of saving' from the perspective of a Cambodian, the problem is survival. Left to be killed and mourned afterward does not make any sense.

How privileged a position to trouble oneself over who to save and who not to save! When one chooses arbitrarily or acts impulsively, the choice and the action are undoubtedly affected by global social structures and the powers within them on 'macro' and 'micro' levels. "She is so cute." "I've become attached to her." "We communicate well and feel close to each other." Power enters without mercy even at the level of

friendship and love^x. (It is worth thinking about why the child stalked by the vulture, as well as Siyada, Ifrah, and Natasha are all young girls. Could this be purely by chance?) Even though this needs to be understood, we still have to accept arbitrariness and sometimes act impulsively. There is no alternative for the side of the 'saver'. Realizing that arbitrary actions are a form of power and that, from the perspective of those not chosen, is a form of violence, one must act in an extreme situation. One must act while the comment "what a privileged position this is," is repeated by others and by oneself^{xi}. One must act while realizing that the action will not end the problem but start a whole new series of problems.

Conclusion

Finally we have arrived at the word 'arbitrariness.'

The state of the world today is miserable^{xii}. It is unethical^{xiii}. Civil wars, disasters, famine, poverty, environmental destruction, the tilt of economic policy, whatever the cause, the place and circumstances of birth leads to extreme inequalities in the value of one's life. For instance, due to treatment advances in the advanced industrial nations, AIDS has become a disease that does not necessarily end in death, but 94% of people with HIV live in developing nations. For instance, the prevalence of HIV infection among adults in Zimbabwe is 25%. Most of these people will not benefit from new treatments. Many people lack access to basic health services. We await the development of an AIDS vaccine, but we should also remember that the vaccine for Hepatitis B is not used in many developing countries where its cost is more than the total per capita amount spent on health care^{xiv}. The value of a human life, supposedly equal, is in fact evaluated severely with radically different prices. The difference drives a "borderless economy" and gives rise to an international trade in human organs contributing to the profit and happiness (the so-called "Quality of Life") of people in other parts of the world^{xv}. At the same time, one third of the world's population, 1.3 billion people, live on less than one dollar a day and more than 5 hundred million suffer from chronic malnutrition^{xvi}.

Respecting the other is not simply to look on. The ethic of cross-cultural exchange is to ask for ethics in this unethical world and to attempt to act ethically.

The gaps run here and there across the world. We have to keep standing over the gaps, even with our bodies unbalanced in a disgraceful posture. We need toughness with which we go back and forth between plural worlds, so different and contradictory. We need impulsivity to adopt a cruel arbitrariness. But we should never lose a critical intellectual faculty to carefully analyze how this unethical world system came to be,

how it continues, and how it advances.

I had the strange sense in this talk that according to whether I talk about my experience at the refugee camp as a cross-cultural experience, or as relief aid from North to South, the ethical significance mysteriously changes^{xvii}. If ethics means to ask what one should do in such a place, then the two experiences should be the same. Between the discourse of cross-cultural exchange and the discourse of North to South relief aid, there is a deep divide. In this paper, I started with an anachronistic phrase, "saving the refugees." How far into this gap have we peered, this gap known as the refugee camp?

Notes

- i Spivak, G. C. 1987. *In Other Worlds*. New York: Routledge.
- ii The Republic of Djibouti became independent from France in 1977. In 1992 it had a GDP of \$1,547 per person, an average life expectancy of 48.3 years, a literacy rate of 43.2%, an infant mortality rate of 115 per 1000, and a total birth rate of 5.8. Because of the invasion of Ethiopia by Somalia in 1978, the famine in Ethiopia in 1985, the political changes in Somalia in 1991, and the subsequent drought and famine of Ethiopia, many refugees from both Somalia and Ethiopia have streamed into Djibouti. In 1993 an estimated one million refugees were living in Djibouti, 70% of them forming a slum in the capital city and about 33,000 living in four refugee camps. The refugee camps were established in 1988 and are run by the Djibouti Ministry of Internal Affairs Office for Refugees with the cooperation of the Djibouti Health Ministry, the United Nations High Commission on Refugees, and the World Food Program. The NGOs, Association of Medical Doctors of Asia (AMDA), and the *Medecins Sans Frontières* personnel were all active in the camps. In each clinic's camp, the Office for Refugees stationed 1 nurse, 1 to 3 health assistants, 5 community health workers, and 1 or 2 traditional birth attendants. For detailed information on the NGO with which I worked, AMDA, see their web site at www.amda.or.jp. . See Davidson, B. 1992. Times Books. *The Black Man's Burden: Africa and the Curse of the Nation-State*. Miyamoto M., Matsuda M. ed. 1997. *History of Africa*. Tokyo: Kodansha. Aman & Barnes, P.L., Boddy.J. 1994. *Aman--The Story of a Somali Girl*. New York: Knopf.
- iii Is it possible to write one's "raw experience"? If the person with the experience tells of it, is it the truth? The answer is no. Much has been said about the political nature of representing the other with respect to the crisis in anthropology. One solution that has been put into practice is the recognition by the observer of his or her own positionality and inclusion of one's self in one's writing. This, however, involves more troublesome problems both political and existential. How much self-exposure is necessary? Who is the self-exposure directed towards? Moreover, telling about one's own position is sometimes a 'coming out,' putting oneself in a vulnerable position. It is a complex and even dangerous thing to do for which careful evaluation of the actual political conditions (in both the macro and the micro senses) is necessary. At the same time, however, it is a self-performance. To put forth a naive and powerless image of oneself is one kind of strategy. Authenticity can be enhanced through

deprecation of one's own authority. Also, by making one's aggressive power seem weak, one can carefully adjust the markings that identify one's relative status as victim or victimizer. As Tim O'Brien writes in "Let's talk about the Real War" in 1999 (*The Things They Carried: A Work of Fiction*. New York: Broadway Books (Reprint edition)), the real war story is about people who refuse to turn their ears to listen. Perhaps truthfulness depends more on listeners than on speakers.

- iv Miyaji, N. 1995. "Medical Anthropology and Self-healing," *Gendai no espuri*, 335:174-183, and Miyaji, N. 1994. "Sociocultural Approach in a Medical Assistance Project in Refugee Camps in East Africa," *The Japanese Journal of Health Behavioral Science* 9: 180-199.
- v There were also cases where camp personnel adjusted the census counts to divert supplies for their own purposes. See 1993. U.S. Department of State. Country Reports on Human Rights Practice:71-78.
- vi This is the caption used in the joint report. See Miyaji, N; Nakamitsu, I.; Kudo, E. 1997.1-1998.3 "From the Front Lines of International Cooperation," *Gaiko Forum, International Cooperation and Careers for Women*.
- vii The photograph first appeared in the New York Times, March, 26, 1993.
- viii Christina Zarowsky. 1997."Ifrah's Story," *McGill News*, Summer 1997 (<http://www.mcgill.ca/alumni/news/s97/ifrah.htm>)
- ix Nicholson, M. 1997. *Welcome to Sarajevo (Natasha's Story)*. New York: Hyperion.
- x On love, see Yamada, M. 1996. *Sociology of Marriage*. Tokyo: Maruzen. (in Japanese) See also, Bourdieu, P. 1979. *La Distinction*. Paris:Les Editions de Minuit. (in French)
- xi On positionality, see Miyaji, N. 1998. "At the Entrance of a Field," *Culture and Psyche* 2-3:230-237, and Miyaji, N.1999. "Shifting Identity and Cultural Psychiatry," *Culture and Psyche* 3.: 92-103, and Cixous, H. 1997. "My Algeriance," *Gendaishiso* 25-13: 234-261.
- xii Bourdieu P.1993. *La Misère du Monde*. Paris: Le Seuil.
- xiii See, for example, A. Kleinman, V. Das, M. Lock, eds.1997. *Social Suffering*. Berkeley: University of California Press.
- xiv See Ijsselmuiden, C.B., and Faden, R.R.1992. "Research and Informed Consent in Africa--Another Look," *New England Journal of Medicine* 326:830-834.
- xv D.J. Rothman,D.J. et al.1997. "The Bellagio Task Force Report on Transplantation, Bodily Integrity, and the International Traffic in Organs," *Transplantation Proceedings* 29: 2739-2745.
- xvi UNDP ed.1997. *Human Development Report*. New York: UNDP.
- xvii In response to the discussants' questions and comments, I would like to emphasize the following point: this is not a text of personal confession. Yes, it is based on my personal experience, but, as discussed, the personal is political, the personal is cultural and the personal is social. In order to convey my message, I thought it best to write about myself. I consider myself a site of cultural conflicts, of political struggles, of vexing social roles and hierarchies in the process of border crossing. This self-representation is a conscious and strategic act.