

The Victorian-Era Imagination in Relation to Public Health and Well-Being Among Tamil Canadians

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ABSTRACT: The constitution, the law of the land of the modern state, is fertile ground for the Eurocentric imagination of the Canadian polity as a result of the resiliency of Victorian-era sentiments. The ethno-racial hierarchy contained within this political imagery merges well with the public health mandate process of 'othering'. Othering situates the causes of disease and illness in foreign bodies rather than in the social structures of industrial capitalism. Chief among its morbid symptoms, othering produces a sense of alienation in those subjected to it. Sri Lankan Tamils are one of the newer migrant populations who have been subjected to, and have resisted this intrinsically violent othering process. This article examines the Canadian constitution as it relates to ethno-racial classification, and then explores how this scheme is reproduced in common experiences of the public health system and its effects on the health and well-being of Canadian Tamils.

KEYWORDS: public health, policy, structural violence, ethnicity, Tamils, morality

Introduction

This analysis examines the alienating forces intrinsic in an advanced industrial capitalist context on Tamil migrants from Sri Lanka, and how the discursive process of legal ethnocentrism affects the Tamil's sense of health and well-being. Beginning with an examination of the basic content of the constitutional imagination that provides rich fodder for the preservation of othering practices of the Canadian state (cf. Macklem 1993), I next examine several key loci of health and well-being. Toward the end of the analysis, I point to some of the ways that Tamils, the majority of whom have been torn from the peasant economies of northern Sri Lanka, have actively resisted these experiences. In this article, health is understood to include all aspects of a sense of physical and mental well-being, including the feeling of being at home (Baer et al. 2004; Napolitano 2002), and

as embedded in social life and cultural values. Ill health, on the other hand, is closely related to a variety of environmental conditions, forms of structural violence (Galtung 1969) such as poverty, unemployment, homelessness, poor education (Olsen 1998: 194), and as I will argue, part and parcel of the migration process to a settler state dominated by a set of moralities and phenotypes popularly referred to as Anglo 'whiteness' (cf. Williams 1995; Mackey 1997; Molina 2005). In this article, policy is viewed as a potentially liberating force (Quadagno 1998: 250) that must be sensitive to the interrelationships among gender, ethnicity and class and their relationship to histories of migration, colonialism, imperialism and related processes of exclusion and inclusion (Olsen and O'Connor 1998; Williams 1995). In order for policy to be a potentially 'liberating' force, moreover, it must be formed in consultation with the people who constitute the polity.

Tamil Canadians

This article refers primarily to the experiences of Tamils from the peasantries¹ of the north and northeast of Sri Lanka, numbering some 200,000 in Canada alone, and to a much lesser extent, the proletarianised Up-Country Tamils, the latter of whom are much less prevalent in Canada. In Jaffna and Tamil Nadu, the former community is ordered by a dominance of the *vellalan* upper caste and a minority of the lower (*dhalit*) castes. Alternately, the Liberation Tamil Tigers of Eelam, the main separatist force in the north, consists mainly of low non-*vellalan* castes and mainly the *Karayār* (Daniel 1996: 163) as well as a significant Christian segment (Hellmann-Rajanayagam 2005). A salient feature of the Up-Country Tamil population contrasting sharply with that of both the Jaffna Tamil and those in Tamil Nadu, India, is that the highland plantation economy consists of a majority of low-caste Tamils, and a minority of upper castes, the latter mainly land owners/merchant *Mottai Vellalan* caste (Hollup 1994: 220; cf. Bass 2004: 54). Although there are areas of social life that have become 'caste free', caste still determines modes of social interaction (Hollup 1994: 219). Furthermore, by virtue of their colonial mobility, the Up-Country Tamils historically experienced the pressures of migration much longer than have the Jaffna Tamils, who have only been disrupted relatively recently.² Differences in spicing of foods (Daniel 1996: 165–166), cooking, dialect, brand loyalty, religious practices, as well as the Up-Country Tamils strong working-class consciousness as seen through the trade-union movement (Nadesan 1993; Peebles 2001: 190) are some of the significant differences between Up-Country and Jaffna Tamils. Some Up-Country Tamils have felt antipathy for (Jayaraman 1975: 201), or a sense of betrayal toward Jaffna Tamils (Bass 2004: 88–89; Daniel 1996: 18

and 172) and are aware that many of the latter tend to look down upon them (Tambiah 1986: 67).

Ironically, if you were a Tamil Jaffna was the safest place to be in Sri Lanka during the 'horrendous riots' (Tambiah 1986: 1) of 1983, and the Up-Country perhaps the least secure. Urban centers such as Colombo were unsafe, and indeed parts of Batticaola and Trincomallee have much barren land where Tamil villages, homes and other infrastructure have been removed along with their occupants. Many Tamils trickled slowly away from the Up-Country or the North and Northeast to Colombo, India, or abroad in the years that followed; some towns that were inhabited almost exclusively by Up-Country Tamils have been replaced by Muslim Tamils or Sinhalese (Daniel 1996). Along with this migration has been an increase, for example, in the incidence of Buddhist shrines throughout the Up-Country; a region that had previously been dominated by the Hindu shrines of the Tamil workers (Daniel 1996). This was accompanied by an increase in Sinhalese workers on the plantations (Hollup 1994; Daniel 1996; Bass 2004: 243). It is, thus, possible that the migration experience may be different for the Up-Country Tamil people because of their more recent historical experience of migration from India (Jain 1970, 1993; Swan 1984; Erasmus 2001; Munasinghe 2001; Fee 2002; Satyanarayana 2002; Moxham 2003), as well as the prevalence of a significant working-class experience and leftist movement in Sri Lanka (Nadesan 1993: 108; Hollup 1994; Peebles 2001: 190), which could facilitate integration into an advanced capitalist context, whereas the Jaffna population was migrating out of a peasant economy (cf. Oakley 2005). Nevertheless, it can be said in general that the Tamil population in Canada has fled from considerable trauma, violence and social suffering in their homeland.

Since 1983 more than seventy-five percent of Sri Lanka's pre-war Tamil population

have left Sri Lanka. Major recipient countries include Canada, Norway and Germany, where many émigrés participate in various forms of long-distance nationalism (Fuglerud 1999). Experiences in host countries varied dramatically. While Norway made a concerted effort to make the Tamils ‘feel at home’ (Grønseth 2003), in Canada’s 1980s liberal-based welfare state (O’Connor 1998: 159–60; Olsen 1998) Tamil refugees and immigrants were awkwardly shuffled through the welfare apparatus and initially deposited in various urban cores consisting of a number of densely populated, run-down, high- and low-rise apartment buildings where previous generations of immigrants and refugees from other countries had been deposited. Some of the original families continue to live in the same apartments they received back in the eighties, whereas the majority who arrived in the 1980s have successfully entered the middle class (cf. Sarhadi-Raj 2003) and migrated to the suburbs; others exist in a state of oscillating migration never effectively putting down roots.

The Victorian Era Constitution

It is always intriguing to learn—as I have each year while teaching various undergraduate courses—that so few Canadian students realize that Canada does not have a modern constitution. The hegemonic discourse of the existence of a liberal democratic structure, with its stress on individual development in education systems (Amit and Rapport 2002) in Western industrial and post-industrial contexts, is one that clashes rather violently with reality, particularly over the past two decades. With homelessness being recognised as a national disaster, sweeping changes to the federal elections act (altered to prevent citizen politicization), the Employment Insurance Act (altered to reduce

and or cut of benefits to workers), Labour Acts (increased work weeks), and the criminalisation of dissent (arrests at protests and surveillance), sky-rocketing post-secondary tuition rates, school and hospital closures and the entrenchment of a two-tier health system, have been some of the macro changes that were set in motion in Canada in the early 1990s. With these deployments, the Canadian state, which like the US, adopted welfare provisions much later than other advanced capitalist countries, has rapidly moved from being a liberal welfare state with a relatively narrow scope (O’Connor 1998: 160) to a liberal state, period. Legislation since 9/11 has heightened the intensity of these processes for those who are the recipients of the deeply racialized war on terror, creating a fertile ground for ‘cultural racism’, ‘... rooted in a dislike towards the “other”, not only because of who they are (‘biology’), but also because of what they do (‘culture’)’ (Fleras and Lock Kunz 2001: 34).

Like Australia (cf. Bashford 2004), the Anglo-Canadian settler state relied on the imageries of ‘whiteness’ in its nation-building project (cf. Anderson 1991).³ Difference, as had/has also been the basis of treatment by Anglo-Canadian society toward aboriginal peoples, ‘... is asserted and devalued in order to legitimate the assertion of Canadian sovereignty’ (Macklem 1993: 14). This ideology is reinforced by the fact that Canada does not have a modern, but rather, a Victorian-era constitution. Although there are numerous subsequent amendments, there is no fundamental political definition of the responsibilities and inalienable rights of the polity, even in the most recent amendments. Indeed there is no clear notion of the Canadian people as a ‘polity’. The constitution blasts the hegemonic rhetoric of an equal playing field and equality before the law and so on by clearly indicating that there are four basic groups in Canada: *two founding nations, aboriginal peoples, immigrants and visible minor-*

ities (cf. Mackey 1997: 138). This classification scheme subsumes both racial, ethnic and nationalist criteria and is therefore easily molded to fit the changing needs of the state, although one master narrative seems to run through the scheme: white Anglophone Canadians often consider themselves simply ‘Canadians’, whereas other groups are measured against this norm (Mackey 1997: 138–9). Canadians, are not, as popular media and politicians often assert, on Rousseau’s level playing field of civil society (cf. O’Connor 1998: 212). Indeed policy is embroiled with the white Anglo-settler imagination of a Canadian ‘demographic’ rather than a Canadian polity and this can be evidenced in the first instance in the racialised immigration policy of the past century. In the 1940s and 1950s, for example, at the same time that the state was restricting the inflow of domestic workers from the Caribbean on the basis that they were ‘sexually promiscuous’ (Calliste 1989), Dutch from war-ravaged Netherlands were given free entry on the assumption that as ‘white Christians’, they would easily assimilate into the white Christian settler-dominant Canadian society. This of course did not happen, and in fact the peasant-based Dutch faced grave racism and xenophobia from their host country, not to mention hardship experienced through the contradictions between the proletarianised social structure of Canada and the Dutch family-peasant social norms (Oakley 2005). Furthermore, Mackey has poignantly analysed these processes in more recent events in Canada during the Canada 125 festivities in 1992. In addition to equating ‘the people’ with the traditions such as pumpkin festivals and raise-the-flag-day, these privatized events also attempted to entrench the political clout of white-Anglo people who were encouraged to embrace a contrived morality based on anti-government sentiment, opposition to taxes, the concept of ‘citizen’ replaced by ‘taxpayer’, belief in individual rights, and

strong anti-immigrant and anti-minority sentiment (Mackey 1997: 160). These sentiments, legitimated by the ethno-racial constitutional categories and rooted in a liberal capitalist economy, constitute the ‘iceberg of power below the surface’ (Korpi 1998: viii), which plays a large role in the distributive processes in society and affects human health in a very direct way.

Othering

This kind of sentiment, effectively rooted in the Victorian-era constitution provides fertile fodder for the public-health apparatus. The pre-eminent feature of the modern institution of public health is that it imposes its morality on immigrant bodies and communities through demarcating and valuing the borders and boundaries between ‘us’ and ‘them’ (Bashford 2004; Donnan and Wilson 2000; Molina 2005; Wailoo 2001). Paralleling the rise and expansion of industrial capitalism, public health is both demographically and ideologically significant to the modern state in the ways that it divides populations into manageable units. With its power to quarantine individuals and whole communities viewed by the state as health threats, and armed with a mandate to impose foreign morality upon people’s spirits and bodies (cf. Foucault 1990; Seidel and Vidal 1997; Irschick 2003; Bashford 2004). This takes on a very peculiar manifestation in settler-states such as Canada and Australia, where the othering practices of the state have resiliently focused on the concept of ‘whiteness’, consisting of a naturalised link to European stock (cf. Grewal 2003; Linder 2004). This is reproduced in spite of the historical demographic *need* for an inflow of immigrants in these countries (cf. Bashford 2004). ‘Whiteness’ is a social category cross-cutting religious differences. Consider, for example, the Irish, the

original *niggers* during the nine long centuries of British domination (Magubane 1995: 130) and in North America during the early part of the 20th century, who were not considered suitable immigrants (Shanklin 1994). Remarkable as it would seem to anyone who witnessed the period when the Irish were considered non-human, they have now passed into the 'white' and by warped ideological extension, therefore, the 'human' category.

In the post 9/11 context, wars are waged both outside (Iraq, Afghanistan) and inside Canadian state boundaries. Mainstream media is tossing the concept of World War III around, but few talk about the global economic competition between competing currencies and oil bourses, and the fear of the crash of the US dollar. Economic motivations aside, there has been a very definite ideological move away from social democracy of the 1970s and 1980s to neo-liberalism the 1990s and into the 21st century. Methods that were deemed unsavory under the previous political ideology are in the process of being naturalized in Canada. Methods such as racial profiling, detention of Canadian citizens who are suspected of terrorist activities in Canada and the United States, deportations and issuing of ID cards to landed immigrants, the recent development of a jail in Ontario especially designed to hold terrorists, endorsement of so-called *soft* torture by some politicians,⁴ all mark a return to the liberal imperialism of Alex de Tocqueville and John Stuart Mill (Pagden 2004: 255).

Moreover, all these changes influence strongly the state's attitude toward health and public health. With considerable dimensions of power held through the vehicle of quarantine, It proves to be an important trope in reifying the legal imagination of a battle between us and them. Moral panics, nurtured through popular media surrounding the transmission of viruses and bacteria deemed by capitalist for-profit 'sci-

ence' (cf. Crewdson 2003; Nanda 1998)⁵ 'west Nile Virus', 'SARS', 'TB' and 'HIV/AIDS' (Siedel and Vidal 1998; Nguyen and Peschard 2003). These illnesses all vie for naturalization as 'brought in' by new immigrants and the possibility of quarantine between provincial borders in the case of a flu pandemic has been enlivened as a potential reality in the public media discourse. Superimposed upon the historical resiliency of Victorian-era ideals, the current shift from liberal welfare state to liberal state (see O'Connor and Olsen 1998) and the public-health apparatus are operationalised to increase the legitimacy, and thereby the *valuation* of naturalised borders between 'white' Canadians and 'others',⁶ such as the 200,000 Tamil Canadians located mainly in Canadian urban cores. Of late, on a daily basis, the state and media construct visible minorities as potential terrorist threats, and these violent imageries affect the social lives of those who the liberal state reminds us are not part of Anglo 'white' dominant civil society and can never be full-fledged Canadians. I argue that these are inhumane, heart-wrenching experiences that preclude any sense of good health or well-being and can only lead to a myriad of morbid symptoms at the social and individual level.

Health, Wellness and Alienation

There are a number of avenues that one can explore concerning the ways that health becomes a vehicle of inscription and ascription for the state to determine who is subsumed within its imagined borders and who remains a perpetual outsider. Who, in short are the main recipients of the terror of deep neo-liberalism (Giroux 2005; Gledhill 2005) that in essence involves an intensification of the processes of alienation that reverberates on a daily basis through the social relations

permeating *the culture of capitalism* (Robbins 2004). As an essential feature of industrial capitalism (Miller 1987: 68) alienation is a process whereby ‘appropriation appears as *estrangement*, as *alienation*; and *alienation* appears as *appropriation*, *estrangement* as true *admission to citizenship*’ (Marx 1988). Coming from a peasantry in Sri Lanka to occupy an intense working-class experience in Canada leads to extreme cognitive dissonance, in large part due to the intense and thoroughly foreign experiences of alienation (cf. Appadurai 1996). In the remainder of the analysis I examine how alienation is amplified through the law of the land and argue that these diminish the health and well-being of Tamils through three loci: (1) illness and death through preventable and treatable diseases including work-related injuries and alienation, (2) women in terms of pre-natal education and post-natal care, (3) the situation of the elderly. All three have in common the contradictions emanating from the alienation and physical stresses of being an essential component of the labour force of the country, all the while being the recipient of hegemonic discourses of state, industry and the media that depict the ‘non-white’, ‘non-European’ immigrant in terms of threat, carriers of risk, and bearers of disease.

I worked on a volunteer basis for several years in a non-profit organization in a Canadian city catering to a large immigrant population. I helped people to write letters in English, decipher various state and non-state forms, proofread various print media ranging from letters to newsletter articles and some assistance with proposal writing (cf. Brutti 2005: 108). It is common for critical medical anthropologists to work in their community (cf. Baer et al. 2004; Farmer 2005), in an attempt to incorporate a humanistic approach designed to develop a better social environment that fosters better health (Strathern and Strathern 1999: 190). It is equally common for trained anthropologists

who do not engage in consulting work to want to offer something of value to those with whom they work (Stewart and Strathern 2005: 1), and at the same time anthropologists who are hired as consultants find their results the confidential property of the company that hired them (Brutti 2005: 107). Core data has been gleaned through repeated contact, in order to procure the emically salient dimensions of experience and meaning. I do not use either personal names nor place names. One of the salient features of my experience as a volunteer consultant, what with very little distance between myself and the enactment of violence (cf. Nordstrom and Martin 1992), was to ‘bear witness’ (Scheper-Hughes 1994; Petersen 2005: 311) to the myriad ways that Tamils came up against the white-Anglo morality outlined in the first part of this analysis, and what these interactions convey to Tamils about the realities of living in a liberal economic state. The specific manifestations and everyday forms of these interactions are outlined in the following sections.

Work and Health

The Jaffna Tamil diaspora are a highly educated and skilled group, although overall the cohort born between 1940–1965 have a remarkable educational background in terms of the breadth and content of their training. A strong cultural value of education, paralleled by being favored by the British during the colonial period, meant that the predominantly high *vellala* caste of Jaffna while being a slave-owning society also developed into a micro bourgeoisie. Dominating in the sciences, Jaffna’s Medical College was renowned in South India as well as Sri Lanka and other colleges such as Mahajana or Jaffna Hindu Women’s College produced intellectual experts who became the *crème de la crème*

of the society. Many of these same Tamils, upon immigration to Canada, were working as dishwashers, security guards, petrol service workers or taxi-cab drivers.

Many Tamil males (whether married or unmarried) and single females work two or in some cases three jobs: two full time, or two full time and one part time. In order to fulfill financial obligations in Canada where rent can take up as much as seventy-five percent of one's monthly earnings, as well as sending remittances back to kin in Sri Lanka, many individuals also straddle the expectations of two very different cultural worlds (Oakley and Jayapalan 2005). One man, aged 38, typically went three consecutive days per week with no sleep. Another, aged 47, working three jobs, worked seven days per week, and some days the only sleep he got was on the trains and buses back and forth from work. When the Ontario Tories expanded the work week to 60 hours in 2001—thereby eliminating the standard overtime pay that many workers came to expect—it represented a significant economic loss to Tamil families who depended on the extra income not only to make ends meet, but to allow the breadwinner respite from seeking an additional job to meet the household budget. Sorrow and confusion over deaths during hospitalization from treatable diseases such as diabetes and workers under the age of forty perishing on shop floors from massive heart attacks are recurring discursive themes brought up by Tamils. Each person I encountered had a story of someone he or she knew dying at a factory, dying of heart attack at a young age after migrating to Canada, or going to the hospital for an outpatient treatment and never coming home again. Many expressed the sense that Canadian doctors were poorly trained and did not know what they were doing, as compared to the efficiency and trusted biomedical expertise of doctors in Sri Lanka. Many expressed the importance of consulting with Sri Lankan

health professionals for their second opinion rather than trusting the word of the Canadian doctors.

These working women and men expressed reluctance about going to the doctor when they became sick. They complained of symptoms of stress and severe fatigue, not surprising given the length of their work day. Some people also experienced depression and deep sorrow from the trauma of war, of losing their homes and property, and of the lack of commensurability in the Canadian cultural context. Doctors could not relate to the trauma and horror of the civil war that these people had fled, and if it did come up in conversation, anti-depressants were often recommended. Anne Sigfrid Grønseth's (2003) Norwegian findings indicated that Tamils felt like they were being treated as a discrete organ rather than a whole person with emotions and connections to a collective (cf. Napolitano 2002) and this feeling, not surprisingly, resonates in Canada as well.

But it was not just the physicians who alienated the Tamils. Several people, for example, noted a terrible tension when faced with interacting outside the Tamil community, as it was always pregnant with the possibility of humiliation that had to be glossed over. One example is in regard to their treatment by health care secretaries who would often grumble over names that were 'too long', with 'too many letters', and were 'impossible to pronounce'. Some indicated that secretaries often would ask for the 'short version' of their name, or for the 'English version'. Several had teenage children who had actually adopted an Anglicized name that they used at school and for interactions with 'Canadians'. Another indicated he often had to scold the secretaries back and remind them that the clinic forms ought to be revised so they had enough squares for the full name to be entered. The *not-having-enough-spaces* syndrome is metaphoric of the ironic position that we are 'free to be whatever we wish' in

the advanced liberal democracies of the west (cf. Amit and Rapport 2002) when that freedom is reserved only for the top one percent of the society who have the power and means to realise that vision. Few of the Tamils I met ever tasted this freedom during their time in Canada, and many were in fact quite shocked at that state of the advanced industrial context in which they had found themselves. Those who attended University, found that their BA was spent learning things they had already covered in their A and O levels in Sri Lanka. They were also stunned by what they regarded a deep ignorance and intellectual lethargy among Canadians, who they felt accepted the hollow arguments of the politicians without protest, whereas in Sri Lanka, at an early age youth are well-developed political critics with a strong sense of entitlement and rights.

The alienating experiences of being over-qualified for the work one is doing, to the trauma of war memories among young and old alike (cf. Chase 2002), to the contradictions observed and lived in the new context have been poignantly characterized in a short story written by Norwegian Tamil writer VIS Jeyapalan (see Oakley and Jayapalan 2005; cf. Fuglerud 1999):

For more than two years Raja was working as for the dishwashing machine in a restaurant. . . . The work he performed was to feed the dirty plates that constantly poured in from the restaurant into the mouth of the steel giant and put the plates in their proper place after they were licked clean by the machine. . . . When the manager of the restaurant came to understand that the well built boy who came in search of a job was a Sri Lankan, he saw that he would be a suitable candidate for dishwashing. The machine itself understood Tamil through its long collaborations with Tamils over the years . . .

When Raja realized that even a monkey could be trained to do such work, he began to despise his life. The dirty plates would

diminish during rainy days for these Northerners only supped in sunshine. His machine and he relaxed on these days. In these moments, Raja tried to make the machine realize that he was a university graduate. Like the landlady, the restaurant manager . . . the machine did not show any interest in knowing about his personal attributes. This is the only reason for his dispute with the machine. . . . Before Raja came here, he lived in a world free of dirty plates (Oakley and Jayapalan 2005: 3–4 and 9).

Jeyapalan's story is significant for it maps a recurrent pattern among the Jaffna Tamils who had been the subject of street plays, articles and diasporic discussions. At some point in their migration, so the story goes, most Jaffna Tamil men have worked as a dishwasher. The underlying contradiction to the objective fact that the Canadian economy is dependant upon immigrants is manifested through hegemonic discourses that misconstrue and twist this relationship through exclusionary practices that lead to increasing alienation, making people vulnerable to mental and physical ailments. As one man, aged 64, and trained as an engineer indicated: *'Yes, life too has been hard for me in this country. I used to stop drinking in the morning—now I start drinking in the morning'*. Indeed he took this further by quoting a famous passage from Frederick Engels in the Conditions of the Working Class in England that, *'murder has also been committed if society places hundreds of workers in such a position that they inevitably come to premature and unnatural ends'*. After more than a decade in Canada, this same man works delivering groceries in a suburb. Another individual claiming to have been tortured in Sri Lanka and who subsequently spent several hard years in Canada indicated *'I would still like to go back home'*.

Women

The situation of Jaffna Tamil women in Canada cannot be understood without examin-

ing their role and status in Jaffna itself. The high status of the woman in the Jaffna matrilineal society was well-established during the colonial period and continues to exist today. Although matrilineality does not of course translate into matriarchy, but rather tends to solidify the power of the mother's brother in inheritance and social relations, in most matrilineal societies, the women's status is heightened at least somewhat by the fact that she is surrounded by her relatives, and her husband is a stranger in the household. This pattern differs significantly from the patrilineal pattern in most 'traditional' societies, whereby the woman enters a marriage a lineal stranger.

In Canada, the matrilineal protection is sometimes lost for women, as people are spatially separated in their apartment and middle-class suburban homes (cf. Napolitano 2002). Yet it is also true that in the major Canadian cities where Tamils live, there are numerous individuals who have the bitter-sweet benefit of having 80–100 percent of their entire pre-war village population living in Canada. For example, one woman, aged 37, had some 465 relatives living in the same city as she, whereas another, aged 35 had only 23 with whom she was in regular contact. In the former case, the woman's entire village population had fled Jaffna over the past decade and a half, while in the latter case, most of her relatives had fled Jaffna, but relocated to the capital city of Sri Lanka, Colombo. In most cases, whether with many or few relatives in the city, most are scattered around the suburbs, and the matrilineal 'protection' women enjoyed is compromised. Add to this that with the failed cease-fire, and the return to civil war, many live in fear for their relatives still in Sri Lanka and getting phone calls in the middle of the night to indicate that a relative has been killed or disappeared.

Reproductive public-health policy and practice has been an important ideological

tool of the state over the past century to 'change the minds' of women about their bodies and souls (cf. Molina 2004; Oakley 2006a). Many immigrant women who became pregnant in a ghetto in the urban core in the 1990s were filtered through a local reproductive public health NGO (non-government organization). This state-funded NGO provided pre- and post-natal care and advice to pregnant and lactating women. How odd it was for these women, who in Sri Lanka would be educated by the elderly matriarch in food taboos and preferred foods during pregnancy and lactation, to be given a magnetic chart of Canada's food guide to tack onto their fridge and advised to eat 'balanced meals from the four food groups'. Nutrition and notions of a balanced diet are cultural, and many of these women, who were Hindu and vegetarian, felt conflicting emotions about being advised to eat the recommended meat portions each day as they did not want to jeopardize the health of their unborn babies. Other cultural norms that held significance for some Jaffna women such as not buying clothes for the baby and not speaking its names until it is born were cultural elements that were not recognized by the female volunteers and paid staff of the NGO. The taboo, for example, that the Tamil woman does not leave the home after birth until the 31st day, was blasted by visits from NGO reps asking the women to come to the meetings before the 31st day, and created conflict in the household. Other aspects such as promoting tinned baby food, singing Anglo-nursery rhymes and the 'baby games', were not always welcomed in households with an elderly female who saw her role being challenged by an institution outside the household.

The NGO made no effort to discover the cultural logic of pre- and post-natal care among these women, but pushed their own agenda to educate them and their children to become 'Canadian'. For them, being Cana-

dian meant embodying Anglo practices and symbols and there was no room in this operationalisation for Tamil culture in that formula. When asked why they attended, sometimes they expressed an interest to learn more about Canadian culture, at other times they noted that it gave them something to do in the mornings, and several times the desire to ensure the health of her baby through adopting Canadian cultural norms was voiced.

Elderly, Depression and Suicide

In Sri Lanka, a gerontocratic society, the elder is the head of the household. In Canada this order is turned upside down, and the Tamil elderly is isolated; having come from a hostile context in Sri Lanka, they all too often face another hostile one in Canada. As one woman aged 77 noted:

My mother had 10 children—one sister—one sister died at age 19—I was 17—she died of fever. I have two brothers, one in Colombo, one in Canada. One in Canada receives a pension from his work . . . in Sri Lanka: 1000 rupees a month I think he said. People scattered in Canada, Europe, Australia . . . our people cannot tolerate cold countries. All they do is stay in all alone—no one to talk to, nothing to do, all alone, like us. My father was born in Jaffna. My father's father was born in Jaffna, my father's father too. My father had . . . a very important and respectable job. Those days he worked in Sinhalese areas, Badulla, etc. Those days you could do that. We had to pack a few things in a bag and run away so many times because of the war. Sinhalese have so many parties, JVP, and so on, and we have so many like the Tigers, EPLF and so on. They kill each other—they fight, why can't they get together? Now for 2–3 years it has been peace with the peace talks, . . . but after Tsunami, government is doing nothing to help people and war will probably start again.

For this woman whose family had been so rooted in one place, her life has been one of migration and always waiting to move again. Isolated in their apartments and middle-class homes in the suburbs, elderly people experience severe alienation and an inability to feel at home in Canada, which is massaged by an intense longing to return home. Some elderly in fact, never cease migrating as they live for several months in various children's households, which could be scattered all over the globe, and also spend time in Sri Lanka. Most seem to prefer to return to Sri Lanka only if they are able to live in their homes in the north, and few like the urban life in Colombo. In Jaffna, they are nested back into the gerontocratic order, and are able to engage in a high level of activity. As one man aged 84 noted while commenting on Canadian tomatoes:

Look at these, they are much larger than the regular varieties but they have no taste and they get larger because they absorb the artificial manure—they are bad for health. Nowadays people don't grow gardens—when I am there [in Jaffna] I grow vegetables, plantains. It is good exercise and a pastime, but you can grow them to suit your taste. Nowadays, people are so lazy so they buy them but they are buying sickness—they don't know it but they are buying sickness.

Used to their Aruvedic practitioners who had known them and their families for generations, these seniors find the biomedical system (whether with or without a Tamil doctor) alienating and ineffective. One woman, aged 82, indicated that in Canada her doctor gives 'one time a lotion, a gel one time, it doesn't help at all and then he gives another one. I am old so they think that "okay she is old, and she must suffer and have pains" '. During one interview the same man mentioned previously was preparing a cup of an aruvedic medicine used to reduce fever for his wife. His son indicated that the same stuff

came in pill form and that there was no need to go through so much trouble, the man replied: *'it may come in pill form but this has no side effects. Things in pill form do have side effects'*.

As the adults leave home for work, these and many elderly spend their days at home tending to their grandchildren. Suicide and depression have also been discursively invoked as a severe problem in the community for elderly and young alike, although no statistics are available to reinforce this claim as yet (cf. Wadhvani 1999). Some noted that in the late 1980s and early 1990s, suicide was a common occurrence. Whether or not the hard data can or will ever be collected—given the resistance by most states including Canada to recognize suicide as it represents a condemnation of a society that had become unfit to live in for many—(Scott 1999) the social memory of intense and horrific communal suffering and self-immolation cannot be easily forgotten.

Resisting Marginalisation

Although the industrial capitalist complex, in conjunction with the neo-liberal imagination, aims to divide and rule the Canadian into discrete manageable multicultural ghettos under the guise of 'multiculturalism',⁷ the many Jaffna Tamils have turned this on its head by insisting that they be recognized as Canadians, not as hyphenated Canadians (cf. Ward Gailey). These people, a well-educated and skilled labour force, while initially thrown to the bottom of the Canadian cultural mosaic, have, over the past two decades, worked their way up this hierarchy relatively faster than other immigrant groups. Their role as the bureaucratic crust in the British colonial period allowed for the development of, to refer to Bourdieu, social and cultural capital that enabled them to develop very quickly a uniquely Tamil eco-

nomics and health infrastructure. Very rapidly, they have developed their own health infrastructure with numerous large clinics staffed by Tamil physicians, pre- and post-natal clinics with Tamil obstetricians and pediatricians as well as establishing numerous Tamil-led mental health projects that aim to help people cope with the contradictions of being a minority in two contexts. These are all modes of resistance that Tamils operationalise on a daily basis. Their insistence on resisting the 'individuating' forces of social space (Napolitano 2002: 48), for example, through retaining the matrilineal protection offered to Jaffna women is one such effort. Another is by organizing frequent social gatherings where food and community stories and gossip are shared and where the social conventions familiar to them can be experienced and the alienating experiences of daily work and life in a hostile Canadian social setting can be temporarily forgotten. Discursive construction of the Tamil community in symbolic opposition to 'them' is also strongly evidenced in public gatherings, where the social deficiencies of 'white' Canadians, such as broken families, immorality, lack of lifelong friends and the condition of the elderly as living all alone or dumped in old-age homes are markers of negative difference (cf. Napolitano 2002: 48; Shanklin 1994).

An additional locus of resistance is in rejecting entirely what is referred to as biomedical-profit pseudoscience and falling back onto the science that was learned in Sri Lanka, and in numerous cases, Russia, where many of the top university graduates received scholarships in the 1960s and 1970s (cf. Wilson 2000). One such man, who nearly died after taking a pill prescribed by a 'Canadian' doctor, told me how after consuming the pill, he swelled up, fell down from two stories to the ground and nearly died. After that he did not take any more pills nor go to any biomedical doctors, instead relying on

his own understandings of science. 'I have lived with diabetes for 23 years and a kidney infection for several years but I never took any medication for it. I drink lots of water, water at 0 degrees decreases the weight because of the energy the body needs to heat the water for 37 degrees Celsius for digestion. No doctor will understand this or tell you this'. Gleaned from his education in the sciences in Russia in the 1960s, this man is also very vocal, both verbally and on Tamil Websites about how different being a migrant in Russia for seven years was compared to that in Canada. He emphasized such things as the empathy shown to him as a visitor with no relatives in the country, to providing nutritious meat alternatives to this lifelong vegetarian, to feeling at home in Russia because of the hospitality shown to him. Moreover, his 'race', his 'dark skin' and his Hindu religion (once referred to by a 'white' Canadian as 'people who wear their laundry on their heads'), was not discursively noted to him by Russians, whereas in Canada he has often been reminded that he is located near the bottom on the Canadian ethno-racial hierarchy by being referred to as a 'paki' and a 'terrorist'.

Conclusions

This special edition of *Anthropology in Action* focuses both on what ethnographic humanism can reveal about conceptions of health and well-being and how these in turn can tell us about why immigrants decide to stay or leave a country. It is also about reinforcing an 'anthropology of the present' (Fox 1991; Shore and Wright 1997) that can be useful to the people under study, as well as to our own communities, many members of which are themselves struggling for decent wages, adequate nutrition, safe water and a sense of health and well-being (Feinberg 2005: 298).

My interest here has been to postulate that the basic law of the land, the Canadian constitution, depicts the Canadian people not as one, but as four (or more) separate groups defined in purposefully fuzzy ethno-racial and nationalistic terms and that this odd scheme permeates popular thinking in contemporary Canadian society. We are not, as the hegemonic discourses would assure us, on a level playing field. Too many immigrants exist on a wage too low to promote a healthy lifestyle and are forced to eke out a living in unsafe working conditions, intrinsic in an exploitative political economy that injures individuals from the minute of birth (cf. Daniel 1996). A pseudo-welfare political economy with strong liberal orientations mirroring in too many ways the inhumane conditions of life in the United States, (cf. O'Connor 1998: 210; Olsen 1998), coupled with ethno-racial legal classifications, constitute forms of structural violence in contemporary Canada (Scheper-Hughes 1993; Baer et al. 2004; Farmer 2004). Structural violence, whereby people's '... actual somatic and mental realizations are below their potential realizations' (Galtung 1969: 110–111), and are not often conveyed in statistics and graphs (Farmer 2004: 5) does not entail overt physical force, but rather policies that mask a wide swath of social reality such that aspects of war can be made to like peace (McCutcheon 2006: 16). It is rooted in the macro level, in the political economic organisation of a society that imposes emotional and physical distress. In Canada, those who find themselves defined outside of the white Anglo middle-class norm, and this includes not only 'visible minorities' and 'immigrants', but also Aboriginal peoples, women, youth and working poor people in Canada (cf. Mackey 1997), are the recipients of a structural violence that is not in the least bit conducive to 'good health'.

Specifically for Tamils, the Victorian-era constitution thus ensures that they will forever be outsiders occupying the apartheid-

like category of 'visible minority' (cf. Oakley 2006b), and never 'at home' (Rapport and Dawson 1998). Many of these people have already fled the horrors and traumas of civil war. Both in Sri Lanka,⁸ and its diaspora, they are a minority ever struggling to resist their racialisation and marginalisation and still seeking a place where they can feel at home.

This argument hinges on the thesis that the constitution *is* and ought to be the law of the land of a modern state (cf. Skinner 2002). The vast majority of modern states have modern constitutions, yet Canada is still operating under the rubric of Victorian-era sentiments and values, which both *assumes* and *values* ethnic, racial and linguistic difference. This *is* the basis of the iceberg of discursive power (Korpi 1998) that has to be challenged. It is likely that until Canadians, all Canadians, engage in a serious discourse about what kind of country they want, and what specifically are the rights and duties of a *Canadian polity*, many immigrants who fall, either phenotypically or culturally, outside of what is defined as normative will continue to feel ill at ease, and the white Anglo Christian settler stock, will continue to be valued at a higher premium by the discourses and practices of the state, media, policy and everyday interactions. The values held dear by Canadians are very diverse and there is room for them to express these values without fear of persecution that their health and well-being will be compromised. This points yet again to the need for a political definition of the citizenry, a thorough rejection of the constitutional ethno-racial Victorian-era definitions and a call for the development of economic practices, modern laws, and morals befitting 21st-century human societies.

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Notes

1. Many northern Sri Lankan Tamils came to dominate the bureaucratic structure in Sri Lanka, but the economy in the north was and is essentially peasant-based.
2. The disruption occurred mainly after the communal riots in 1983; this will likely occur again as a result of the renewed violence in the summer of 2006.
3. The Yellow Peril was a game made in Canada during WWII. 'The game that shows how a few brave defenders can withstand a very great number of enemies'. There are fifty small yellow pawns inside and three big blue checker kings. To be yellow in the Yellow Peril game is to be weak and small. Yellow is to be chicken. I am not yellow. I will not cry however much this nurse yanks at my hair' (Kogawa 1981).
4. Canadian born Michael Ignatieff, former head of Harvard's Carr Centre for Human Rights Policy and a past Leadership candidate for the national Liberal party in Canada, recently indicated that legitimate interrogation could involve 'isolation and some non-physical stress' (Guardian Unlimited Friday January 20, 2006; www.guardian.co.uk/g2/story/0,,1690636,00.html#article_continue).
5. Crewdson's recent account of Dr. Robert Gallo's fall from grace exposes the ways that science becomes pseudo-science through capitalist interest when combined with nationalist sentiment. Gallo first claimed findings from the Pasteur Institute as those of his own lab, to the US government's complicity in pushing the Gallo-sponsored AIDS test with its high rate of false positive.
6. Indeed on the many attempts I have made, when entering 'immigrants' in Health Canada's search engine, the first dozen 'hits' bring up SARS, Tuberculosis and West Nile Virus, all framed as foreign threats rooted 'elsewhere'.
7. One recent example of the racist undertones of multiculturalism policy is that at the 2006 Nova Scotia Multicultural festival, the 'Code of Conduct' issued by the city prohibited 'ethnic' vendors from selling products such as

brand name drinks, snacks. 'Ethnics' where only permitted to peddle their ethnic foods.

8. In Sri Lanka, the subtext is that the Sinhalese derive from Aryan stock, and the Tamils, from the Dravidian, themselves in turn descended from the Indus Valley Harappa culture whose land and livelihood were altered forever with the Persian horse-riding nomads who entered India in millennia past (see Daniel 1996).

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