The Occupied Clinic

Militarism and Care in Kashmir / Saiba Varma

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SAIBA VARMA

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For Nani,

who always knew how to put the world back

together

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FIGURE P.1. Map of Kashmir

NOTE ON TRANSLITERATION

In translating spoken Urdu and Kashmiri in this text, I have provided diacritical markings only for long vowels (for example, *āzādī*) in order to ease pronunciation for non-native speakers. In so doing, I have departed from a technically precise transliteration. I have avoided all diacritical markings on names, however, and followed convention.

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Letter to No One

My dear Na-cheez,[1]

You warned me something was coming. "Something big," you said, in an elusive text message before the blackout began. Hours later, I woke to a persistent, loud knocking.[2] As my eyes opened, I saw the sky had turned—from the depths of blackness, it was now an inky blue.

Aunty was at my door. Immediately, I felt something was wrong, because she had climbed the steep staircase up to my room with her bad knees.

"My cell phone is dead," she said calmly. "Can you check yours?"

I put on my glasses and stared at my phone's screen. The Indian telecommunication company's imprint, "Airtel" was gone. A message—"No Service"—had taken its place. The Wi-Fi symbol, still optimistically blooming on the screen, turned out to be just that, a symbol. A symbol that now stood for nothing. When I picked up the landline, the dial tone had disappeared. There was an eerie silence on the other end.

Aunty and I went out into the alleyway, concealing our nightclothes with voluminous shawls. Neighbors had also gathered, and we collectively mused why our communications had disappeared. For days, there had been ominous warnings: all tourists and Hindu pilgrims had been ordered to leave the state of Jammu and Kashmir overnight; helicopters, planes, and drones were zigzagging the sky, crackling drumrolls of war; 35,000 extra troops had landed in the valley, adding to the more than 400,000 troops already here; people were nervously stocking up on food and basic essentials, as if anticipating the arrival of a massive storm.

At the same time, the well of sardonic humor was deep: *the certainty of uncertainty*, people joked, *in a zone of occupation*. People had learned to doubt themselves. Maybe it was all in our heads? Maybe it was to stir panic out of thin air? But deep down, we knew. Eight million sooth-

sayers registered ethereal transmissions of affect, feeling, and familiar dread in their bones. Meanwhile, the state government publicly scolded Kashmiris for "rumor mongering" and insisted that everything was normal.

This was a message telling you to mistrust your own senses. This was how your body was taken away, how it was made not-yours, bit by bit.

6 a.m. Muffled sounds from a patrolling paramilitary jeep announced the start of curfew. They ordered everyone back inside their homes until further notice. For hours, we sat and waited for our sentencing—the punishment, apparently, has to come first. The Indian government had made two historic decisions, designed to bring the "troubled" and "terror-ridden" (their language) state of Jammu and Kashmir under greater central Indian government control. The last vestiges of Kashmir's autonomy were revoked, and the state was broken up into two union territories.

On television, we watched the government's PR machine churn. The decisions were sold to the Indian public as necessary for Kashmir's greater integration with India, to end terrorism, facilitate economic development, and invigorate the tourism industry. Though the decision was articulated in the language of care and development, those most affected by it were not consulted. The 8 million residents of the state were put under a total, indefinite communication blackout and curfew. *To prevent any untoward incident*, an amphibious bureaucrat croaked on TV. In the days that followed, the TV, now our only connection to the outside world, became a funhouse mirror. We watched as distorted images of the reality on the ground were fed back to us.

At first, everyone tried to keep the tone light. The Indian government had done things like this before: curfews, communication blackouts (more than 180 have been imposed on Jammu and Kashmir since 2012), and many other decisions made without consulting Kashmiris still felt unsavory, but they were not new. Kashmiris had learned that to live in a zone of perpetual instability is to live in a state of constant vigilance, to recognize that yesterday's unimaginable and impossible can become today's reality.

But then, things started to fall apart. First slowly, and then faster. A few isolated incidents leaked out: an elderly man's wife had died in Delhi, but because of the blackout, no one had been able to reach him. A friend's mother, and countless, nameless others, were running out

of chemotherapy drugs, which had to be ordered online. As the days of curfew, blackout, and infrastructural war continued, salaries and savings evaporated. I heard stories of middle-class families breaking their children's piggybanks to stay afloat.

After the first month, which people only survived thanks to their premonition, careful planning, and execution, the catastrophes cascaded. As the blackout stretched on, I was haunted by your words. Back in the summer of 2014, after the Hindu supremacist BJP government led by Narendra Modi had first swept to national victory, you had said, "Modi has come to finish us. He has come to destroy Kashmir." I had dismissed your words as hyperbolic. But now I understood. You did not mean genocide in a spectacular sense, although, as you know, Modi has that, too, in his-story. Rather, the game now was slow violence in the form of demographic changes and settlements, the influx of financial capital, from whose spoils Kashmiris will be excluded, changes to land ownership laws, the detention and criminalization of young people, the prohibition of expression and dissent, weaponizing all aspects of civilian life.

"If the government had to do this, fine! But why did they have to do it like *this*?" someone asked. Others found a silver lining: perhaps now, we had finally reached a limit—the government's decision to take direct control of the state clarified the true nature of Indian rule: "How can anyone now deny that this is an occupation?" I heard, over and over again. Maybe the ruse of democratic rule was finally up. Without the distraction of screens, only novels to keep me company, my dreams became more vivid.

Though you've lived through many blockades before, this time must feel different. This siege was harder to see, harder to measure. While in previous periods it was possible to count casualties and injuries, now the siege was being invisibilized across many scales thanks to the communication blackout. Indian state officials flatly denied that there were any casualties since the blackout began, despite many reports to the contrary. Hospital administrators were prevented from admitting injured protestors (all patients were suspected protestors and therefore "criminals") so as to avoid counting those bodies. Every morning, there were fresh reports of boys disappearing from their beds, snatched by the police in the middle of the night. One evening, while walking in the neighborhood, I saw family members gathered outside the police station, bound together through unspeakable loss. They would spend

the night there, squatting on the cold concrete pavement, waiting for news of their kidnapped children's whereabouts.

A siege with no body counts. The absence of body counts did not mean the absence of harm. You saw how, on television, one BJP spokesperson described the siege as "not a big deal. Kashmiris have been through sieges before." Practices of survival and coping were turned into tactics of war. Like water squeezed out of a dishrag, life was wrung out, quietly, slowly, determinedly. The siege's effects became more pernicious. They were psychological, not just physiological—wearing people down, testing their willfulness, eroding their dignity. Capturing these harms was difficult because the siege's effects were ordinary and subtle, death by a thousand cuts. In a metric-obsessed world, Kashmir disappeared from view. This was precisely the point.

While some international news stories reported on the siege, most governments applauded India's efforts or stayed neutral (neutrality, too, is a position, Na-cheez). A market of a billion consuming humans, a prize too great to jeopardize. Nonetheless, the Indian government did not like Kashmir receiving so much attention, nor did it want its own actions scrutinized.

Another PR offensive was launched, and it required a new repertoire of images from Kashmir to match the rhetoric that everything was "normal" and that Kashmiris were "happy" with the revocation of their autonomy and the institution of settler colonial policies. Yet, when the government tried returning things to "normal"—removing the (official) curfew, reopening schools, colleges , and government offices—no one was in the mood to comply. Things were *not* normal, people insisted. Without any direction, people again knew what to do. They refused "normalcy" and began collective civil disobedience. Overnight, the siege transformed into a voluntary strike. No one sent their children to school. No one opened their shops. No one, except government employees who were forced, went to work, forgoing salaries and stability. People exercised restraint and patience, fully knowing that a politics of refusal would mean inflicting further suffering on themselves.

Somehow, they resisted the script of bare life. Bakr-Id, the biggest annual Muslim holiday, came and went, without any celebrations, with locks on the city's largest mosques. *Too dangerous to let people gather,* an-

other bureaucrat had barked another excuse. Instead of the conventional "Eid Mubarak" greeting, people joked, "Qaid Mubarak!" Congratulations to our imprisonment! I consoled myself that the communication blackout had also cut off the state's own eyes and ears. It could no longer eavesdrop on conversations; it had no idea what people were thinking.

Without 4G and Whatsapp and landlines, people created counter-infrastructures. We wrote notes and letters and created safe drop-offs across the city. We theorized collectively because each of us had access to only shards of information. Grace and hospitality flowed, like a cool summer breeze, keeping life and relations circulating. Neighbors visited each other, carrying news and gifts, checking on everyone's well-being (*khairiyat*). They sent rice pudding. We sent apples and plums from the garden. We heard stories of other sieges, in other times. "During Sikh rule in the nineteenth century, all the mosques were turned into horse stables," you reassured me. "Don't worry. We've been through much worse." These centuries-old wounds were recalled with the mixed emotions one has when remembering a scar from an innocent childhood game.

❦

Na-cheez, I am ashamed I left before the siege was over. My month of fieldwork had run out and stuffy faculty meetings and empty course syllabi appeared on the horizon. I promise you, I did not want to leave. I wanted to refuse the political economy of knowledge and the global order that allowed for my departure, while forcing others to remain, and to remain obscured. And besides, the siege had held the rest of the world in abeyance. That was worth clinging onto.

I never fully arrived in California. Questions about Kashmir, a combination of genuine concern and naivete, produced a strange feeling in me. Each time I narrated something of the siege, I felt emptier. Or, more accurately, I felt myself in a cave of echoes. I had lost the origin. Well-meaning friends asked if I might want to see a therapist. I refused. I did not want to do any more translating. I wanted to hold onto my anger a little longer, to feel its pointed edge against the obscenely abundant jacaranda blossoms that were inciting me to forget.

Meanwhile, the funhouse mirror continued producing distorted figures of you and your captors. It made violence palatable. This, you taught me, is an old strategy of colonial rule. It was tried before. But I

am still trying to understand what kind of care leaves people in pieces, Na-cheez? And what forms of life escape?

It seems absurd to ask how you are, to hope for your good health in these conditions. In any case, I have no way of getting this letter to you. So I'll simply say: Till soon.

[T]here is a sense of holding together in one's grasp what cannot be held . . . of trying to make the body do more than it can do—of making connection[s] while knowing that they are not completely subsumed within [one's] experience of them.

—Marilyn Strathern, *Partial Connections*

IT IS GETTING SO DARK

It is getting so dark that I can scarcely go on writing;
and my brush is all worn out.
Yet I should like to add a few things before I end.
I wrote these notes at home,
when I had a good deal of time to myself
and thought no one would notice what I was doing.
Everything that I have seen and felt is included.
Since much of it might appear malicious and even harmful to other people,
I was careful to keep my book hidden.
But now it has become public,
which is the last thing I expected . . .
Whatever people may think of my book,
I still regret that it ever came to light.

—Sei Shonagan, *The Pillow Book*, c. AD 1000

FIGURE INTRO.1. Kāthī Darwāzā. Courtesy Nishita Trisal

Care

THRESHOLDS

In Srinagar, Kashmir:

A network of narrow, dusty roads takes me to Kāthi Darwāzā, an imposing gateway into the once-splendid, medieval city of Nagar Nagar. Nagar Nagar, with its palaces, ateliers, and gardens, is long gone. But the military encampment that protected it, perched on one of Srinagar's most sacred hills, Koh-e-Marān or Hari Parbat, remains. From this mountainous perch, over centuries, one military garrison has replaced another.

Kāthi Darwāzā, graffitied and weathered, is still a boundary marker. It offers an entryway into the Old City from shiny, new Srinagar, with its gaudy, concrete structures, bustling avenues, and chaotic traffic. Runaway chickens from the nearby Animal Husbandry Department dart back and forth through the gateway, pecking at crumbs and litter on the road. For me, the archway is a different kind of threshold, an opening between home life and fieldwork.

I disembark from my auto-rickshaw outside Kāthi Darwāzā. Others, too, descend from rickety and colorful public buses. A motley crew, we walk through the doorway together, past imperial debris, open sewers, chemist (pharmacy) shops, and fruit sellers. After a ten-minute walk, we arrive at another gate. This one is newer. In bright blue letters, it announces itself in English: the Government Psychiatric Diseases Hospital, Kashmir's only public psychiatric hospital for a population of 8 million people.[1] A fort within a fort, secrets folded within.

It's a busy Saturday morning in early November.[2] I make my way to the hospital's crowded outpatient department (OPD), where Dr. Manzoor,[3] a psychiatrist, is on duty. It's only been a few weeks since I started fieldwork, and I'm still unfamiliar with the rhythm of the OPD. I'm here to learn about an unfolding "epidemic of trauma," a product of a long-standing conflict between Kashmiris' unfulfilled demands for political self-determination set against competing claims by both India and Pakistan over the region.[4]

In response to Kashmir's struggle for self-determination—which became an armed movement in 1988—the central Indian government heavily securitized the region, making it the most densely militarized in the world; dissolved the Jammu and Kashmir state assembly; and imposed stringent antiterrorism and emergency laws that transformed everyday life.[5] Because some armed groups received assistance from Pakistan, the Indian state glossed the movement as Pakistani-sponsored "cross-border terrorism," while erasing its own extralegal actions in the region. By the turn of the century, the armed movement was largely defeated, but the approximately 400,000 Indian armed forces deployed—including military, paramilitary, and militarized police forces—were never withdrawn. "Anti-terror" emergency laws have remained in place, criminalizing Kashmiri Muslims as potential terrorists. The (mis)reading of Kashmir's struggle for self-determination as a movement fomented by "terrorists" gained greater force with the United States' "war on terror," which sanctioned racial profiling and policing of Muslim communities worldwide.

Meanwhile, the indefinite imposition of emergency-like conditions exemplify a new modality of warfare, which deliberately blurs lines between civilians and combatants. Despite the fact that there are only a few hundred fighters in a population of 8 million people, and that most Kashmiris have turned toward civil disobedience and peaceful protest, they continue to live in a state of perpetual war—what many describe as a colonial and military occupation (*jabri qabzeh*).[6] More than seventy thousand Kashmiris have been killed and more than eight thousand are unaccounted for since the armed conflict began.[7]

The movement for Kashmiri self-determination has come at an extraordinarily high social, political, and psychological cost. Kashmiris say that no family is untouched by the conflict. In 1993, soon after the conflict began, Kashmiri psychiatrists noticed an alarming increase in "disorders directly related to traumatic events," including spikes in "depression, anxiety, dissociation, post-traumatic stress disorder (PTSD), and acute stress reactions" among civilians.[8] By the early 2000s, as rates of violence ebbed, incidence of psychological trauma soared. Psychological trauma replaced mortality as the defining public health concern in the region.[9]

Psychiatry, a historically neglected and marginalized part of India's public health system, burst out of obscurity. In the wry words of one psychiatrist, until then, "people had been too worried about life and death to pay attention to trauma." Rates of trauma and PTSD further increased after a devastating earthquake hit the region in 2005, killing more than eighty thousand

people in both Indian- and Pakistani-controlled Kashmir. By 2006, epidemiological surveys showed that more than 60 percent of Kashmiris were suffering from high levels of anxiety, nervousness, tension, extensive worrying, and trauma that persists through their lifetimes.[10] Unlike earlier cases of trauma or PTSD, which were specific to populations such as refugees, now an entire civilian population was diagnosed as traumatized.[11]

Articles with titles like "800,000 Kashmiris Haunted by Horror" and "Kashmir's Trauma Generation" appeared in the local, national, and international press.[12] Many featured the psychiatric hospital as the epicenter of a crisis. The hospital went from a sleepy backwater with an annual patient load of about a thousand visitors per year in 1989, to over eighty thousand patients per year by 1999, without any corresponding increases in the number of psychiatrists. The exponential increase in people suffering from psychological distress led several local and international humanitarian organizations, including Doctors Without Borders (Médecins sans Frontières, or MSF) and Action Aid International, to start providing mental health services. When I began fieldwork in 2009, mental health experts were still desperately trying to keep up with the deluge of patients, many of whom were repeat visitors.

Back in the crowded OPD, meaning slips through my fingers like water. Patient after patient—or more precisely, one kin group after another—enters. The flow is relentless. A doorman attempts to maintain order. He guards the door, a thick stack of medical cards on a stool in front of him. Every time the door cracks open, more faces peer inside, hoping for their turn. He calls out names, *Ashraf Hussain! Irfana Maqbool!* Another family shuffles to the front and edges inside. The doorman hands them their white medical cards, many of them worn and palimpsestic. The door slams shut.

Inside, I watch Dr. Manzoor, patients, and kin engage in rapid-fire exchanges in Kashmiri and Urdu.[13] There are a dozen people in the small room at any given time—one family being attended to, the next on standby. Their presence lingers long after they depart. I smell a warm, musky hearth, pine trees, rose water—an earthy, smoky, and floral bouquet—signaling winter's approach. Some exchanges are wordless, consisting only of scrawls of "CST"—continue same treatment—which will be exchanged for psychiatric drugs (if available) at the hospital's pharmacy or from one of the more expensive pharmacies that opportunistically exist outside the hospital's gates.[14] Most patients know pharmaceuticals cannot cure them, but something is better than nothing.

The psychiatric hospital is almost 70 years old, and it would soon be upgraded to a National Institute of Mental Health, giving psychiatrists ac-

FIGURE INTRO.2.
Waiting outside the OPD.
Photo by author

cess to resources and prestige. Yet this transformation would largely be lost on visitors, who will still see it as the *pāgal khānā*, the asylum. Patients are haunted by the knowledge that, until very recently, patients living in the long-term wards were chained to their beds.[15] For these reasons, they still worry about being "locked up" here. Most want their prescriptions filled and their most adverse symptoms alleviated. A short, quick exchange. Unfortunately, the long lines mean that a quick hospital visit remains a fantasy.

A woman—perhaps in her forties—enters with her daughter and son-in-law. She tells Dr. Manzoor that three of her sons are dead. One, who was thirteen months old, died after a fall. Another died of pneumonia. She is vague about how the third died, but it sounds like he was a "militant," the name given to those who took up arms against the Indian state. Three of her daughters are alive. She says her husband doesn't believe she is sick and did not let her come to the clinic for two weeks because it is the harvesting season. She has been experiencing *dag*, a Kashmiri word meaning restless pain, for the past eleven years. She's been on Fludac—a generic version of Prozac—and another generic antidepressant for most of that time. Like most patients at the hospital, she does not know her diagnosis and does not ask. She's here because she's out of medication.

During their interaction, Dr. Manzoor turns to me and says in English, "Her multiple somatic features are characteristic of trauma victims."[16] He emphasizes the word "characteristic," making it crackle. He occasionally translates these encounters for me, especially those related to trauma and PTSD. His explanations are terse, the result of years of giving case presentations as an intern and junior doctor. His statement contains a twofold translation: a physiological sign, dag, is converted into an English-language psychiatric diagnosis. Psychiatrists like Dr. Manzoor believe that Kashmiri patients lack knowledge of the psyche and express psychiatric symptoms as physical symptoms because these are more culturally acceptable and less stigmatizing. In other words, Dr. Manzoor is saying that, though this woman *thinks* she is suffering from dag (physical pain), she is *actually* suffering from psychological trauma. Psychiatrists call this process "somatization." However, Dr. Manzoor does not have the time nor the inclination to explain any of this to his patient. He scribbles another round of Fludac, and she's gone.

Next, an elderly woman enters. She has come alone, which is unusual. She's wearing a face-covering veil (*burqā*), but it is casually tossed over her head, in the unfussy way many elderly women wear it. Dr. Manzoor asks how long she's been ill. She's on the verge of tears. She says she has been coming since "the English lady" was here. She is referring to Erna Hoch, a Swiss psychiatrist who was a professor of psychiatry and served for some time as the head of the department (HOD) of psychiatry in Kashmir.[17] Hoch retired in 1980, so this woman's distress is also chronic. She speaks rapidly, trying to maximize her time with Dr. Manzoor. In the middle of her soliloquy, Dr. Manzoor's phone beeps a loud and obnoxious melody, a text message received. She pauses, midsentence, while he clumsily punches a response. A precious moment slips by.

When he's done sending his text, Dr. Manzoor looks up and, to my surprise, asks if she will switch to Urdu so I can better follow her story. Her eyes dart in my direction; she seems uncomfortable but reluctantly agrees. She has been coming to the hospital for a long time, she repeats. She has one son. Two of her brothers were killed by "unidentified gunmen." This term is a code word for *ikhwāns*, Kashmiri armed fighters who were turned into counterinsurgents by the Indian military and who committed some of the worst atrocities during the conflict. She is a widow, she says. She lives with a persistent body ache. Dr. Manzoor tells me, in English, that she hasn't come to terms with any of these deaths. "She's unlikely to improve," he says. "Another typical trauma case." He prescribes a benzodiazepine, another illegible scribble.

As she's about to leave, Dr. Manzoor suddenly asks if I want to ask a question. Caught off guard, I struggle to formulate something. I ask if she prays. She says she tries, but she can't. In a patronizing tone, Dr. Manzoor encourages her to pray. I am annoyed at myself for asking this question, but also at Dr. Manzoor for turning my question into a critique of her behavior.

The next few hours pass like this, smudges of anguish, blurs of medical cards, and muted grief, like a steel-gray ocean registering the coming of a storm. Soon, my field notebooks will be filled with similar, fleeting, dreamlike encounters between doctors and patients, aid workers, and recipients. This fragmentary archive both frustrated and fascinated me.[18] Too much left unsaid, festering disputes glimpsed through flashes of life.

Abruptly, at 3 p.m., the hospital empties out. Many patients are from rural areas and must start on their journeys so they can be home by dusk. The habitus of military occupation dictates that people do not stay out after dark, though there is no official nighttime curfew. Dr. Manzoor gathers his belongings. He will now go to his private clinic, where he consults with patients until 8 p.m. almost every day. Although Dr. Manzoor and other public-sector employees are technically forbidden from private practice, he tells me it is a necessity: the salary from the public hospital is a "pittance." When I ask when he takes time off, he chuckles, "every other Sunday."

He offers me a ride in his well-used Hyundai I-10, and I ask him to drop me off at Dal Gate, the city's tourist and transportation hub. Driving through the Old City, we pass the Martyr's Graveyard, where more than a thousand Kashmiri protestors who have died at the hands of Indian armed forces are buried, past the remnants of nineteenth-century wooden homes, and stately, intricately carved shrines (*dargāh*), influenced by the architectural shapes of Buddhist *stūpas*.[19] The Old City's narrow alleyways invite disorientation. Looming mountains, suddenly visible in a gap between two structures, stare back as if rudely awakened after a long sleep. Past the tar road, a small stream gurgles and then disappears, reminding you that once upon a time, before occupation, before haphazard construction, the cities of Kashmir were once connected and entirely navigable by water.

As we get to the new city, the streets and boulevards widen and the vista opens, the mountains now bold and unobstructed. Along Dal Lake, one of Srinagar's best-known tourist attractions, rows of ornamented tourist houseboats with romantic names like *Fairy Land* and *Queen of Sheeba* stand nonplussed above the green slush and plastic that dot the lake's surface. In recent years, the lake's decrepitude has become a social and political flashpoint—

nature, too, has been ravaged by the conflict.[20] *"People were too worried about life and death. . . ."*

Dr. Manzoor drops me off. After sitting in the OPD all day, I want to stretch my legs. Moreover, fall is in the air, Kashmir's most spectacular season. As I walk, the cool air washes over me. My fieldwork bag and aluminum water bottle clink against each other. I pass the tourist shops, flaunting their identical wares—silver jewelry, colorful papier mâché boxes, woolen shawls with intricate embroidery, and hand-knotted carpets. The shopkeepers beckon me in their practiced English, *"Hello, Madam, come and look, no problem!"* Just as casually as I am called, I am released. I cross Abdullah Bridge, the traffic buzzing past. Like the new and old Srinagar, Abdullah Bridge is also haunted by a more beautiful and older twin. To its east lies the dilapidated but delicate wooden Old Zero Bridge, currently under a tourist makeover. Tourism and war, side by side, just one of the many ironies of life here.

Two soldiers and one military bunker greet me at this end of the bridge. Another bunker awaits on the other end, along with some unruly spirals of concertina wire, the leftover of some counterinsurgency operation from long ago. The spirals, which snag your clothes and nick you if you do not contort your body just so, slow down movement. Rem(a)inders: things are not what they seem.

ONE BUNKER, ONE BUNKER, TWO

Safely over the wire, I'm now in Rajbagh, my neighborhood. I pass the bakery, shuttered now, but a bustling hub at 6 a.m., when young men from every household queue for warm, fresh bread, even during curfews. I pass the elementary school, where the squeals of children wake me every morning. Then I'm in the lane of my guest house. *One more to cross, a big one.* The Central Reserve Police Force (CRPF), a paramilitary force, has occupied an entire block across from my guest house. Behind us rises an abandoned mansion, the site of a fierce battle between the CRPF and an armed group in the early 1990s. The mansion still holds this history—broken windows, licks of smoke discoloring the walls, the attic now a bird sanctuary.

A soldier is always perched in the bunker overlooking the street. He has a perfect view of who comes and goes. I never meet his gaze, though I feel it penetrating my clothes. The back of my neck bristles as I walk by, even though my identity as a non-Kashmiri protects me from harm. Sometimes

the soldier will belt out a melancholic Bollywood song when women pass by, flirtations designed to float in the realm of the harmless. Other times I see a few of them playing a vigorous game of volleyball or their uniforms, freshly laundered, drying on clotheslines. For them, too, this stands in for normal life. When the conflict began in 1988, the soldiers deployed were told that they would be in Kashmir for a week to help facilitate an election. They've now been here for thirty years.

High above the paramilitary encampment, the leaves of the towering *chināra* tree are changing color. The evening call to prayer crackles to life from the mosque. The *āzān*'s plaintive melody, soon echoed by dozens of other mosques throughout the city, rises and floats in the space between day and night. The smoke from burning leaves stings my eyes. I knock on the large, steel gate. The elderly groundskeeper, a migrant worker from Nepal, opens the side door and greets me. I'm home.

For the past three decades, Kashmiris have been living through multiple crises—an indefinite, legally enforced state of emergency, unparalleled militarization and securitization, unfulfilled demands for independence, and enormous psychological and emotional suffering. As I visited different sites of mental health care around the city to study Kashmir's "epidemic of trauma," Indian armed forces, guns, and bunkers were ubiquitous. Sometimes, their presence was menacing, and at other times, because of their disproportionality against mundane urban life, comical. At first, I considered the military presence background noise and kept my gaze fixed on the foreground: the clinic. Militarism was part of the general unsettled nature of things, something to write about in a "context" chapter, I thought. Though they troubled me, as a medical anthropologist, my notes were dominated by the clinic's daily bustle, not its military outsides. I thought of medicine as a mode of redress where the harms of militarism and violence were being responded to and reckoned with.

As my fieldwork progressed, however, the boundaries I had unconsciously drawn between medicine and militarism dissolved. External crises were unfolding *inside* the clinic. Curfews and strikes disrupted flows of drugs, equipment, personnel, and professional opportunities; hospitals, medical professionals, and ambulances were attacked and threatened; and the culture of impunity unleashed by unfettered emergency powers had spread to

medicine, breeding corruption, mistrust, and malpractice. Clinicians struggled, day after day, to shore up the clinic's therapeutic boundaries against violence.

Together, these entanglements revealed that medicine was not just a remedy for violence but part of its repertoire. This complicated my work as an anthropologist trying to "study medicine." What was my ethnographic material and what was the context or background?[21] Conventional modes of anthropological categorization and ordering—violence as background and medicine as foreground—failed.

TWO MODES OF PRESENCE: A RELATIONAL APPROACH TO OCCUPATION

Eventually, I realized I had it inside out. I had been trying to tell a story of medicine *in* violence. But I had to tell a story of violence *through* medicine. Rather than see medicine nested in a context of violence, in a state of occupation, military and medical infrastructures were co-imbricated, physically and symbolically. Rather than medicine and war, humanitarianism and militarism, or care and violence, as opposites, they were related. How did militarism and care become so inextricably linked, and with what effect? In what ways is care not always, and not necessarily, an antidote to violence?

This book attends to the critical junctures—the moments, practices, and techniques—when medicine and militarism merge. The chapters show how routine, therapeutic encounters are reshaped by military and counterinsurgency logics —from identifying bodies in distress (chapter 1) to who is doing the treating (chapter 2) to how treatment is brought to a close (chapter 3) to the ways that care is evaluated after the fact (chapter 4). In the final chapter (chapter 5), militarized care comes to a sudden and unceremonious end and forms of relatedness and care that exist and thrive beyond military and humanitarian logics. Each chapter title is named after a critical juncture that shows how military and counterinsurgency practices and discourses infiltrate the clinic, everyday life, and experiences of distress, producing disorienting and overlapping worlds. These uncanny resonances across clinical and military spheres reveal the political stakes of mental distress in Kashmir.

Back at Kāthi Darwāzā, more secrets of empire await. People in Kashmir see contemporary entanglements of care and militarism as deeply historically rooted. The region has been under direct or indirect colonial rule since

FIGURE INTRO.3. Caring for Kashmir. Courtesy Elayne McCabe

1586, when the Mughal emperor Akbar's forces invaded Kashmir and the last Kashmiri ruler was deposed. Kashmiris left their agricultural activities en masse to fight the Mughal invasion, but a year later, the Kashmiri peasantry was devastated, facing colonial rule and famine. To help mitigate the famine, and to "win the hearts and minds" of the colonized population, Akbar instituted a labor program in which he hired thousands of peasants to build a wall around the imperial city. Today an inscription on Kāthi Darwāzā still reads: "No one was forced to work on the construction of the wall and all were paid."[22] The inscription tells of Akbar's humanitarian assistance program from centuries ago, made to a place and population he "loved."[23]

Some 450 years later, Kashmir remains under foreign rule (India, Pakistan, and China), and, according to its current rulers, it is still deeply cared for. Poised against an azure sky, another military infrastructure, newer than Kāthi Darwāzā, also professes love. This proclamation goes a step further than Akbar's: the military's overflowing capacity for care extends *even* to birds.

These twin proclamations of imperial love are separated by centuries, but they resonate nonetheless. For the last three decades, the architecture of Indian occupation has combined militarism and care. These are occupation's two "modes of presence."[24] Today, militarism and care continue to exist in close proximity—spatially, materially, epistemologically, and ontologically—and explicitly borrow from one another. For example, the military mandate

to eviscerate terrorists and defeat insurgency exists alongside mandates to care, guarantee life, and heal suffering through public health and humanitarianism. The psychiatric hospital shares a wall with the central jail; one of the few inpatient substance abuse treatment centers to treat approximately 11 percent of the adult male population addicted to benzodiazepines is located inside the militarized police headquarters; the Indian military uses psychological and psychiatric techniques, such as counseling and psychotherapy, to heal Kashmiris from their "misguided" politics; and clinical and everyday language—such as the word *encounter*—refer to both biomedical encounters and police violence. At face value, most Kashmiris do not see civil institutions such as public health as overly repressive, yet medicine plays a critical role not just in responding to, but in refracting and transforming violence's forms and effects. A relational approach to occupation thus reveals how Indian rule is not characterized by total domination or necropolitics, but through recombining the necropolitical and biopolitical, humanitarian, and carceral, violence and care, nervousness and calculation.[25]

Conquests justified in the name of care are not particular to Kashmir nor to the Indian state. These are increasingly evident in global governance—from transnational humanitarianism, legal regimes around asylum seekers and refugees, corporations embracing "corporate social," and counterinsurgency campaigns designed to "win back hearts and minds." In other words, both militarism and humanitarianism—processes often considered opposites—are connected through the sign of *care*. As Miriam Ticktin has asked in a different context, "What does it mean to have care do the work of the government," and in this case the military?[26] While many scholars have described the increasingly intimate connections between militarism and care post-9/11, there are some key differences in my analysis. First, medicine, and more specifically psychiatry and psychology, are central to this story. "Terror" and "compassion" economies collide with most tragic effect in the clinic. Subjects who have been torn apart by state violence find themselves turning to those same institutions for redress.[27] Second, while much work on military-humanitarian interventions has focused on the *explicit* borrowing of humanitarian justifications and technologies for military interventions, there are many subtle ways that military and emergency logics suffuse clinical and humanitarian practices and everyday life. Third, while the rise of military-humanitarian interventions is often read as a sign of a "new transnational world order" based on a growing "desire to intervene" on the part of industrialized countries, humanitarianism is also used to fulfill nationalist goals.[28] Rather than evidence of growing internationalism, this book locates

humanitarianism and care within the grammar of rising xenophobia in the Global South.

A NOTE ON CARE

What is possible—clinically, ethically, socially, and politically—under occupation? What forms of care? What forms of life? In the pages that follow, care emerges as a fraught sphere of effort that is never quite what it seems.

In Kashmir, care has become a catchall for vastly different actions, desires, and practices—from counterinsurgency operations to psychosocial counseling by humanitarian NGOs to public health. To differentiate between these multiple meanings and uses of care, I use different terms. I understand *militarized care* as discourses and practices conducted by the Indian state, military, or police officials to further an imperialist project, which are articulated in the language of "protection" and "national security." When describing the practices of nonmilitary actors, such as humanitarian NGOs and public health actors, I describe them as *humanitarian care*, *NGO humanitarianism*, or *clinical care*. These included electroshock therapy, prescribing medications, counseling, talk therapy, and ethical listening. Though these efforts are meant to be apolitical and neutral, they become distorted by violence and militarism. Finally, I describe *everyday care* as noninstitutional forms of care, including hospitality, feeding, attending to hospitalized kin, and remembering loved ones through dreams and reveries. During my fieldwork, all these forms of care were copresent, with radically different affective valences, effects, and outcomes.

Nonetheless, the entanglement of care with nationalist and militaristic projects reveals the need to unmoor care from associations with the "good"—attachment, protection, redemption, or happiness. The traditional binary between care and suffering—with care representing the alleviation of distress—no longer holds.[29] Rather, we must unsettle and "vex" militarized and humanitarian care through feminist and decolonial framings.[30]

Scholars of humanitarian and biopolitical care have persuasively shown how efforts to care can have unintentional, even harmful effects.[31] For example, in the aftermath of natural disasters or crises, determinations of which bodies, persons, and communities deserve care are based on subjective and politically expedient calculations that are racialized, classed, and gendered. Further, given that capacities to care are finite, processes of giving care can be uneven. By caring for some, others might be excluded. Thus, humanitarian and clinical care can offer succor, but can also produce inequality or

create exclusions. Scholars have described this as the "violence of humanitarianism" or the "violence of care."[32] While these critiques are important for attending to humanitarianism's unintended effects, they do not always consider how care is an embodied and relational practice.

For this, we have to turn to feminist scholars of gendered labor, who have shown how care work is deeply affective, unrecognized, undervalued, marginal, and labor-intensive.[33] In my fieldwork, I was drawn to how care work produced ambivalences and challenges for experts and nonexperts alike, including kin, nurses, doctors, aid workers, and bureaucrats operating in constrained circumstances.[34] Attending to the embodied and relational thickness of care reveals how care's opposites—refusal, neglect, disinterest, and harm—emerge *in* and *through* practices of care, not outside them. Relatedly, suffering or abandonment are not merely the results of care's absence, but are folded into processes of care.

Because of care's imbrications with violence, unlike other ethnographies of violence, this work does not call for more care in response to social suffering. Instead, it shows how care does not necessarily lead to succor, and indifference does not necessarily lead to neglect. These simplistic oppositions and their moral mappings are inadequate to capturing the dynamics of Kashmir's colonial past and present.[35]

While we now know that military and imperial projects explicitly borrow humanitarian rhetoric, and have done so for a long time, my ethnography demanded an accounting of militarism's many indirect, discreet, and unintentional effects.

In Kashmir, militarism and care are related at three different registers. First, gendered *rhetorics* and *discourses* of love and care—such as "we even protect birds"—ground and justify continued Indian military presence in Kashmir.[36] The Indian state has consistently imagined its relationship to Kashmir as based on care and humanitarianism, despite its consistent and overwhelming reliance on repressive military force. The strategic use of humanitarian discourses became particularly salient after 1998, when the Indian military shifted from kinetic operations—operations involving active warfare—to counterinsurgency.[37]

Counterinsurgency, a military doctrine that includes the use of siege warfare, cultivating networks of local collaborators and informants, and using development and humanitarianism as tools to win the hearts and minds of

civilian populations, is often described as a kinder, gentler form of warfare. Unlike conventional war, which aims to "cow enemy populations through displays of shocking, awesome force," counterinsurgency attempts to cow them by love, care, and restraint.[38] As Jennifer Terry notes, counterinsurgency strategies often use biomedical logics—such as "surgical strikes" or analogizing an insurgency to a "tumor"—that mask how military operations "actually undermine the health and security of the very people the operations are claiming to liberate."[39] Rather than brute force, these "softer" tactics—always gendered female—attempt to reorient civilian sympathies away from insurgents and instill feelings of cooperation, trust, and loyalty for the military.[40] In Kashmir and elsewhere, however, counterinsurgency has always been combined with more punishing military strategies, including widespread arrests, torture, and other methods designed to produce "shock and awe" in colonized or occupied populations.

Second, like other militaries, Indian armed forces use humanitarian, medical, and psychological technologies as instruments of warcraft.[41] While scholars of Kashmir have attended to the necropolitical harms caused by Indian military occupation, less attention has been paid to the state's "biopolitical" presence, including how medicine and psychiatry have become tied to counterinsurgency.[42] Yet, in recent years, occupation and state violence have taken a distinctively biomedical and therapeutic turn. *Militarized care* interventions, including police-run substance abuse clinics, counseling, rehabilitation programs for stone throwers, free medical and mental health camps, and post-disaster relief, use medicine and psychiatry to claim Indian armed forces are healing a traumatized population. These interventions conveniently ignore the fact that most Kashmiris see Indian security forces as the primary cause of trauma, rather than its antidote.

Third, and most important, spaces and logics of care are also unintentionally affected by militarism and a culture of impunity. This is evident in neutral and apolitical spaces, such as NGO humanitarianism or public health. Violence and militarism seep into the clinic at several different levels. At the level of the body, experiences of loss and unlivability in the personal subjective mirror Kashmir's "knotted" colonial and neocolonial geopolitics (see chapter 1).[43] Many patients and experts who encounter humanitarian care have themselves experienced political violence or may become politicized through encounters with injurious health systems (chapter 2).[44] Over and over again in my fieldwork I heard: "No one is healthy in Kashmir." At the level of interpersonal or intersubjective relations, the co-imbrication of mili-

tary and humanitarian care wreaks havoc on kin relations, often leading to frayed trust and intimacy. Miscommunications in medical encounters are symptomatic of the uncertainties and instabilities unleashed by counterinsurgency and other military operations, such as the state's pervasive use of political collaborators, informers, and spies. Finally, at a systemic level, medicine becomes an exemplary site to witness the tentacular reach of militarism, rather than its counterpoint. Both doctors and patients struggle against the culture of impunity in public health, which they see as a direct result of unfettered militarism and emergency powers (see chapter 2). For example, in addition to being the most densely militarized region in India, Kashmir has also earned the dubious distinction of being the most corrupt. Precisely because medicine is meant to be palliative, its corruptibility is seen as particularly egregious. Not only is medicine unprotected from the logic of disruption; it spawns its own forms of instability. In other words, medicine and psychiatry do not just respond to, but reinterpret and transform the ontological instabilities produced by violence.

These scales of imbrication show that despite militarism being imagined as rational, controlled, and circumscribed—characterized by "surgical strikes," "containing the insurgency," or establishing "tight control" over an area or population—it exerts immense social, temporal, phenomenological, and material force on everyday life. Militarism is both "sticky" and diffuse—it is saturated with affect and infiltrates spaces and worlds without recognizing that it does so.[45] Rather than temporally delimited, its effects linger long after operations have ended. To understand these traces, we need to dive into Kashmir's history.

HISTORIES OF CARE

The contemporary crisis in Kashmir derives from *overinvestments* in care rather than long-standing neglect. Since 1586, Kashmir has been directly or indirectly ruled by foreign empires: Mughal (1586–1753), Afghan (1751–1819), Sikh (1819–46), Dogra (1846–1947), and India, Pakistan, and China (1947 on). My interlocutors consistently pointed to two politically and psychically resonant signposts in this long history: 1586, when the last Kashmiri ruler was deposed, and 1931, when the first organized mobilization for Kashmiri independence occurred and twenty-one Kashmiris were massacred by the police. This *longue durée* historical consciousness resists dominant Indian and Paki-

stani nationalist imaginaries of the region, which privilege the 1947 Partition or the 1988 uprisings as the origins of the Kashmir conflict (see chapter 1).[46]

In 1846, after the Anglo-Sikh war, the Kashmir Valley was sold to the Dogra empire. It joined the Tibetan Buddhist–majority region of Ladakh, Hindu-majority Jammu, and Muslim-majority Gilgit and Baltistan to form the princely state of Jammu and Kashmir, a geographic territory that continues to ground a collective Kashmiri identity and demands for decolonization.[47] Kashmiri Muslims remember (Hindu) Dogra rule as a particularly oppressive historical period marked by exploitation, discrimination, and neglect. Muslim tillers were denied land rights and were heavily taxed; all land belonged to the maharaja or to Kashmir's Hindu (Pandit or Dogra) minority.[48]

During Dogra rule, the region became a coveted destination for foreign mountaineers, photographers, travelers, and other adventurers. Its stunning mountainous landscape figured prominently in naturalist travelogues and was featured in the work of photographers who won major prizes in Europe. As Ananya Kabir describes, as "the *idea* of Kashmir became important to different constituencies, its resonance multiplied"; the region became a "territory of desire."[49]

In the 1920s and 1930s, Kashmiri Muslims, inspired by anti-imperialist social movements erupting across the subcontinent, began demanding social and political rights. In 1946, a politician named Sheikh Abdullah launched the "Quit Kashmir" movement, mirroring the "Quit India" movement against British rule. Abdullah, along with a few communist intellectuals, drafted a manifesto called "*Naya* [new] Kashmir," which promised, among other things, land-to-tiller rights and the right to equal pay. After Abdullah's National Conference government came to power in 1948, he reversed centuries of exploitation that Muslim tillers had faced through Afghan, Sikh, and Dogra rule. These land reforms were the most radical anywhere in the world outside the Soviet bloc and lionized Sheikh Abdullah in the minds of Kashmiri Muslims (indeed, he became known as Sher-e-Kashmir, the Lion of Kashmir).

Meanwhile, the region's political future remained unsettled. On the eve of India's and Pakistan's independence from British rule in 1947, the fate of over five hundred princely states was left undetermined. While most acceded to either Pakistan or India, Kashmir's maharaja was undecided.[50] Under contentious circumstances, he acceded to India, defying the aspirations of an overwhelming majority of his subjects.[51] In what many Kashmiris view as an act of betrayal, Sheikh Abdullah endorsed the maharaja's decision. These events eventually led to the first of three wars between India and Pakistan.

FIGURE INTRO.4. Kashmir Baramula, view down the river. Source: Museum of Photographic Arts

After the 1947–48 war, India and Pakistan divided the former princely state along a ceasefire line, known today as the Line of Control (LoC), effectively engendering a state of "permanent liminality."[52] The territory under Indian control was named Jammu and Kashmir, while the areas under Pakistani control were named Gilgit-Baltistan and *Azad*' [free] Jammu and Kashmir (AJK).[53] The UN recommended that India and Pakistan "bring about a cessation of fighting and create proper conditions for a free and impartial plebiscite to decide whether the state of Jammu and Kashmir is to accede to India or Pakistan."[54] India initially agreed to the plebiscite, but later withdrew.[55] These events helped create an image of Kashmir as a "border dispute" between India and Pakistan, rather than a region with a unique social history and heterogenous regional identity. Today, pro-independence activists in Kashmir call for reunifying and decolonizing both Indian- and Pakistani-held Kashmir.[56]

In the following decades, Indian sovereignty over territory under its control was cemented through military and humanitarian overinvestments.

FIGURE INTRO.5. Satirizing the postcolonial. Artist: Mir Suhail. Source: Rising Kashmir

These were done in the name of caring for the secular nation and its minoritized populations, but were used to stifle the political aspirations of Kashmiris. Borrowing and extending techniques from British colonial rule, the Indian state enacted one of the world's "most established, sophisticated, and pervasive systems of emergency rule and legislation" and repeatedly criminalized pro-independence demands as "conspiracies" and "antinational."[57] The Indian state's global image as the "world's largest democracy," a generous aid donor, and noninterventionist actor have helped disguise its military excesses in Kashmir and other border regions.[58]

Meanwhile, aid to Kashmir was also used to produce psychic, social, and political-economic dependence on the Indian state—a classically neocolonial arrangement.[59] In the 1960s, Kashmir had India's "highest per capita central aid, highest per capita plan and lowest per capita taxes among the states of India . . . [while lagging] behind the rest of the country in its economic growth and productivity."[60] By the 1970s, more than 50 percent of the state's expenditure consisted of debt and interest repayments. The debt servicing liability on loans given by the central to the state government today is staggering: 5.35 rupees for every rupee borrowed; in other words, resources required for productive investments are being diverted to debt repayments.

Kashmiri pro-independence activists have cited these facts to claim that "India is guilty of treating Kashmir as a colony."[61]

For decades, Kashmiri intellectuals and politicians have been concerned about the effects of the Indian overinvestments and fostering client–patron relationships on Kashmiri political subjectivity. Pro-independence Kashmiri political leaders, such as Maqbool Bhat, one of the founders of the Jammu Kashmir National Liberation Front (NLF), who was hanged by the Indian government in 1984, offered a potent critique of the corrosive effects of Indian aid and dependency and how it may sediment in psyches and habitus. As Bhat once said, "the war of liberation cannot be fought by those who seek aid from others."[62]

In contrast, in the Indian imagination, Kashmir has been showered with magnanimous love and aid to the detriment of other regions. While this overinvestment is justified because of Kashmir's territorial importance to the Indian state—Kashmir is described as an "indivisible limb" (*atoot ang*) and the "crown jewel" of the Indian nation—Kashmiris living within it are invisibilized or problematized. Mainstream Indian publics struggle to understand why Kashmiris would seek independence from India. In the Indian nationalist imaginary, losing Kashmir would mean reliving the trauma of Partition, which for many remains an unassimilated loss. Today, the litmus test of Indian patriotism is the question, "Do you believe Kashmir is an integral part of India?" With the ascent of the right-wing Bharatiya Janata Party (BJP) government, there is little space for debate; the answer must be, unequivocally, "yes." Unlike other "marginal" places that struggle against abandonment or neglect, Kashmir is loved—too loved—by India and Pakistan.

But why is this love necessary? Loving Kashmir is critical to how Indian nationalism attains perfectibility.[63] Images of Kashmir's topographical beauty, honed during British/Dogra rule, also shaped postcolonial Indian libidinal overinvestments in the region. These images circulate in postcards, posters, and Bollywood films, producing a virulent libidinal economy and a favored honeymoon destination.[64] Through these acts of circulation and consumption, Kashmir's beauty becomes synecdochally linked to the Indian nation-state; its beauty is something that Indians can possess. Second, by loving the only Muslim-majority state in the country, India can claim that it has perfected a secular, liberal, multicultural identity, particularly against an Islamic Pakistani state. Third, and paradoxically, loving and caring for Kashmir is a thinly disguised and converted form of Islamophobia. Rather than "hating" Pakistan or Kashmiri Muslims, Indians can bond over "loving"

Kashmir.[65] In this libidinal logic, Kashmiri Muslims are injured and killed not because of discrimination, but for "the psychic health and well-being" of the Indian (Hindu) nation.[66] However, as we will see, this libidinal attachment is insatiable. Currents of resentment and anger from donor to recipient unsettle. After all they have been given, why are Kashmiris still dissatisfied?

Despite India's claims of magnanimity, Indian love and care for Kashmir has always been laden with expectations, despite its claims of magnanimity. In exchange, Kashmiris must give up aspirations for independence and self-determination. However, this bargain became increasingly fraught as decades of Indian rule progressed. During the 1970s, when Indian state control over the region was cemented, a vibrant culture of political satire simultaneously erupted, critiquing and mocking Sheikh Abdullah and the Indian government.[67] Several underground pro-independence revolutionary groups emerged during this period, including the JKLF, which would spearhead the armed struggle in the 1980s.[68] The 1970s and 1980s also saw major shifts in the Indian political mainstream, including the collapse of the Nehruvian compact, intensifying regional conflicts and demands for greater social and political rights across India.[69] In several Indian states, including Punjab, Manipur, and Nagaland, movements for self-determination flared up. Intellectuals, activists, and civil society actors were killed, arrested, censored, and silenced. While many of these states were also heavily militarized—and some, like Manipur and Nagaland, remain so today—they do not prompt the same affective intensity from Indian nationalists as Kashmir because they lack its particular history of overinvestment.

In 1987, reports that a Jammu and Kashmir state assembly election was rigged in favor of the pro–Indian National Conference sparked a mass movement against Indian rule. As one doctor I interviewed told me, the 1987 elections were the first and last in which he voted. Indeed, for many Kashmiris, 1987 represented the final crack in India's democratic apparatus, proving once and for all that Indian love had merely been a disguised iron fist. In 1988, the JKLF, an organization with secular, leftist roots, waged a guerrilla war against Indian armed forces with the slogan *Kashmir banega khudmukhtar* (Kashmir will be independent). Other organizations, such as the Jama'at Islami and Hizbul Mujahideen (HM), supported merging with Pakistan. In 1988, Kashmiris began an armed struggle to overthrow Indian rule. Because some armed groups received assistance from Pakistan, the Indian state glossed the movement as Pakistani-sponsored "cross-border terrorism," while erasing its own extralegal actions in the region. Part of India's claim over Kashmir rests on its self-image as a pluralistic, democratic, and secular

country. However, many Kashmiris feel they have never enjoyed the fruits of Indian democracy, as draconian laws have been in place for decades. Further, many see Indian rule as the latest in a long line of foreign colonial occupations.

Meanwhile, Pakistan, flush with arms and militants it was recruiting and training for the American-sponsored Afghani resistance against the Soviet Union, increased its support for the HM and provided weapons and ammunitions training in Pakistan-controlled Kashmir.[70] Thousands of Kashmiri youth crossed the treacherous Pir Panjal mountains into Pakistani-controlled Kashmir to train against the Indian army. The Afghan mujahideen's successful war against the Soviet Union also had a huge emotional effect on Kashmiris. If the Soviet army could be defeated, then why not India's? Many described the first months of the armed struggle as *junoon*—a collective state of passion, excitement, even madness. Slogans chanted during protests, which at times drew hundreds of thousands of people, emphasized that Kashmiri self-determination (*āzādī*) could not be bought through gifts of roads, economic relief or other humanitarian or development assistance: "No roads! Āzādī! No relief! Āzādī!"[71]

As the transnational circuit of militants, weapons, and training became clear, relations between India and Pakistan deteriorated further. As Seema Kazi notes, Pakistan's participation in the Kashmir uprising allowed the Indian military to collapse the goals of militarization for external defense and use the military for domestic repression.[72] India labeled the Kashmir armed uprising "cross-border terrorism," rather than a pro-independence movement. Both countries scaled up their military presence along the border. Between 1990 and 1994, 400,000 Indian troops were deployed to the region. In 1998, both India and Pakistan became nuclear powers, escalating the stakes of the Kashmir conflict. By 2015, India was the world's fourth largest defense spender, buying 50 percent of all Israeli weapons exports, many of which are "field tested," that is, were used to kill or maim Palestinians.[73] Many of these weapons are implicitly or explicitly imagined as necessary for Kashmir's protection. Kashmir keeps India's military-industrial-surveillance complex—worth US$62 billion in 2019—ticking.

In addition to sending half a million soldiers to fight the armed movement, the Indian army also deployed paramilitary troops and militarized the Jammu and Kashmir police. All these forces operate under the umbrella term *armed forces*. They include the Assam Rifles (a paramilitary force raised by the British colonial administration for policing northeastern India), the Border Security Force (BSF), the Central Reserve Police Force (CRPF), Rashtriya

Rifles (RR), Indian Reserve Police Force, and paramilitary forces like the Special Task Force (STF, later renamed the Special Operations Group [SOG]), ikhwāns (former militants recruited as counterinsurgents), and armed members of Village Defense Committees. Everyone in Kashmir is familiar with these acronyms—BSF, CRPF, SOG, RR. They roll off tongues.

Using mechanisms in the Indian constitution, Kashmir was declared—and remains today—in a "state of emergency." This categorization allows Indian armed forces to operate with extraordinary powers—such as "catch and kill" and shoot on suspicion—and be granted immunity from prosecution. These powers are seen as necessary for maintaining India's "national security" in the face of terrorism. Yet, extraordinary powers have also caused widespread human rights violations, including extrajudicial killings, rape, unlawful detention, torture, and enforced disappearances. Many Kashmiris call Indian armed forces "insecurity forces" because of their deplorable human rights record and the fact that state violence is overwhelmingly directed toward civilians, not armed fighters. The term *insecurity forces* reveals the ontological gulf that exists between Indian and Kashmiri perspectives on the conflict.

In the mid-1990s, the armed struggle fragmented along pro-independence and pro-Pakistan lines, a split in Kashmiri political subjectivity that has still not been reconciled.[74] Many Kashmiris critiqued the usurpation of their independence struggle by Pakistan, as the HM and other pro-Pakistan armed groups killed prominent independence activists, politicians, religious figures, and religious minorities. In 1990, thousands of Kashmiri Hindu (Pandit) families fled the region under duress, and many still live in refugee camps and have not returned. At the same time, many Kashmiris remained sympathetic to Pakistan's efforts to support Kashmiris against Indian aggression. These developments, often described as the "Islamicization" of the armed struggle, also worked in India's national self-interest by reducing Kashmir to a dispute between a secular, tolerant India and an intolerant and fundamentalist Pakistan.[75] Although most Kashmiri Muslims did not support violence against religious minorities, the exodus of Kashmiri Pandits (who are Hindus) and their unresolved status continues to be a pain often "weaponized" by the Indian state to cast Kashmiris Muslims as Islamic radicals.[76]

By the mid-2000s, the Indian military had mostly rooted out the armed insurgency by exploiting internal divisions in the movement between pro-Pakistan and pro-independence groups. Despite significant reductions in violent incidents and in the numbers of armed fighters, the Indian state has maintained its troop presence in Kashmir at approximately 500,000—an extraordinary ratio of a thousand troops for each insurgent. The Indian mili-

tary has also significantly reduced "infiltration"—the flow of armed fighters, weapons, and ammunition—from Pakistan. However, despite these changes, none of the emergency laws put in place in 1990 has been revoked. Emergency powers, typically conceptualized as temporary and reactive, have become part of a larger, more permanent "methodology of governance."[77] Kashmiris continue to live in a thoroughly militarized landscape, as if they are still in the depths of war. Everyday life remains structured by security checkpoints, soldiers, and bunkers in streets and neighborhoods; curfews block movement and regulate the times of travel; frequent and unpredictable internet and cell phone communication blackouts; cordon-and-search operations in homes, neighborhoods, and villages; highly regulated and securitized borders; and blocked roads and highways to prevent flows of food, medicine, essential goods, and trade.

Military victories did not root out desires for independence, although the movement changed form. While Pakistan continues to publicize human rights abuses in Indian-controlled Kashmir to the international community, the struggle has indigenized. Armed fighters remain a small, though psychically important part of the struggle, Kashmiris have developed a range of nonviolent and creative tactics of civil disobedience to protest militarization, including strikes (*hartāl*); shutdowns (*bandh*); mass, unarmed protests; and stone throwing (*sangbāz*) targeted at military infrastructures. As Sanjay Kak describes, the shift from armed to unarmed protest has been "nothing short of tectonic."[78] Political writings, journalism, art, poetry, graffiti, and online activism counter state violence in all its forms—from enforced disappearances to corruption in the public health system. As Mohamad Junaid notes, these tactics should not be considered "adaptation" or "resistance," which assume that subjects are merely reacting to state power. Instead, they "constitute Kashmiri youth as political subjects in their own right."[79]

The turn to nonviolent resistance has not improved the lives of Kashmiris, however. Rather, militarization and systematic human rights violations continue; India and Pakistan remain in a political stalemate, unwilling to give Kashmiris a seat at the table; and xenophobic, anti-Muslim, Hindu nationalism following the BJP's electoral victories in 2014 and 2019 has only gained virulence. These developments have solidified the Indian state's status as a "foreign occupier"—an occupier on which, given the few sources of stability in the region, many are forced to depend for material survival.

Meanwhile, the Indian state has responded to these developments with even more violence and care. Political agitations are (mis)read as disguised desires for aid. For example, after mass pro-independence protests broke

FIGURE INTRO.6.
Stencil graffiti of stone thrower in Srinagar. Photo by author

FIGURE INTRO.7. Line of No Control. Artist: Sandeep Adhwaryu.
Source: *Times of India*

out in 2016 (chapter 5), Indian Prime Minister Narendra Modi argued that Kashmiris needed "laptops, not stones," in their hands.[80] Similarly, after the region's autonomy was revoked in August 2019, Modi called for Indians to "hug each Kashmiri" to create "a new paradise."[81] Despite calls to care for Kashmiris, they have been met with gunfire, lead-coated pellets, and tear gas in every major protest since 2008, resulting in large numbers of deaths and injuries.[82] Figure Intro.7 shows a Kashmiri protestor's body ravaged by lead-coated pellets, satirizing how state violence toward Kashmiris is represented as love.

In recent years, Indian love for Kashmir has grown even more forceful. Kashmir's mental health crisis offered an opportunity to reestablish the Indian state's legitimacy. Trauma was rivaling terrorism as the most pressing governance concern.[83]

OCCUPYING THE CLINIC

What does it mean for trauma and mental health to emerge as "matters of care" in this moment and within this colonial genealogy?[84] Why would a militarized state assume responsibility for restoring the health of a war-weary population, and what does this commitment mean for medicine's assumed neutrality?

The Indian state's humanitarian impulses have taken increasingly medical, psychological, and therapeutic form since the turn of the century. In 2001, the Indian military launched "Operation Sadbhavana [goodwill]" to legitimize the military's role in governance and civil society by adopting development and humanitarian goals.[85] Today, militarized care efforts include mental health interventions by Indian armed forces and post-disaster emergency relief. For example, the Jammu and Kashmir police have set up inpatient and outpatient clinics across the state to address a burgeoning substance abuse epidemic. The police also regularly hire civilian mental health professionals, including child psychologists, to conduct workshops and camps on mental health in schools and communities, targeting, in the words of the inspector general, "young minds" to understand "why youth are resorting to violent means of protest [i.e., stone pelting]."[86]

While these explicit uses of humanitarianism are limited relative to the Indian military's overall budget, their effects on public health and medicine

are significant. Through them, the clinic has gradually become a "zone of mutual provocation" between military and humanitarian logics.[87] In addition to becoming an object of militarized care, mental health care has also become a priority for public health and for local and international NGOs (henceforth "NGO humanitarianism"). In NGO humanitarianism, subjects of care are seen as carrying a "capacity for ideological disposition that has to be cultivated in a particular direction," but these directions can be quite different.[88] For example, humanitarian NGOs encourage Kashmiris to imagine themselves as "patients" and "victims," rather than as political subjects (chapter 4). Meanwhile, sites of militarized care cultivate affective dispositions such as gratitude and obeisance in patients, which are closely linked to the state's counterinsurgency aims (chapter 5). While militarized care is a form of "political humanitarianism,"[89] NGO humanitarianism and public health interventions try to be neutral and apolitical.

Medicine and psychiatry have become sites of contestation, in which radically different social, political, and ideological projects intermingle. The effect is like a latticed window (*pinjakārī*)—an architectural feature still visible in Srinagar's Old City, where it adorns nineteenth-century wooden homes—where light mixes with dark and vegetal forms with empty space.

Similarly, the clinic becomes a latticed space where multiple projects and histories intersect: public mental health care, transnational psychiatric humanitarianism, counterinsurgency, and militarized care. The clinic—in the broad sense of the discourses, practices, and spaces of humanitarian, medical, psychiatric, and psychosocial care—thus becomes a critical site for witnessing the peculiar admixture of military and humanitarian aims. Cure converges with the violence it would seem to address.

One critical disruption of combining humanitarian, military-humanitarian, public health, and counterinsurgency aims—which can work at cross-purposes—is the steady erosion of international humanitarian tenets around neutrality, impartiality, and immunity. Typically, in war contexts, the clinic is a protected space. International humanitarian laws decree that the wounded must be treated regardless of their political affiliations, and health workers and the clinic should be shielded from the dangers of battle.[90] This is because medicine and humanitarianism are supposedly forms of ethical care distinct and apart from politics.[91] For example, when James Orbinski accepted the Nobel Peace Prize for MSF in 1999, he described the role of medical humanitarian organizations thus: "Humanitarian action is more than simple generosity, simple charity. *It aims to build spaces of normalcy in the midst of what is abnormal*" (emphasis mine). As Orbinski noted, humanitarian care does

FIGURE INTRO.8. Latticed windows in the old city. Courtesy Sanna Irshad Mattoo

not try to change the "abnormal," which is the work of politics, but provides a humane counterpoint to it: a refugee camp, a counseling office, a mobile clinic.

However, the clinic has been shown to be vulnerable to attack in politically unstable contexts, and providers routinely become embroiled in political struggles.[92] Despite commitments to neutrality, Kashmiri psychiatrists like Dr. Manzoor, with whom I began this introduction, worked in and against long histories of occupations, insurgency and counterinsurgency, intermediate crises such as chronic resource shortages, and immediate, short-term crises such as natural disasters and periods of political unrest. These political crises and their differing temporalities were not external to medicine, but were actively present *in* the clinic, unsettling "neutral" humanitarian care.

During my fieldwork, I noticed how care workers and patients (and anthropologist) expended much labor and energy trying to disentangle the "abnormal" (militarism or violence) from the "normal" (the humanitarianism and caring). Yet the best efforts of individual providers were sometimes overwhelmed by the broader milieu of mistrust and corruption that had encroached upon medicine as a result of military and counterinsurgency practices. For example, though Kashmiri psychiatrists tried to introduce more

ethical forms of psychiatric care into their practice, such as outpatient treatment rather than long hospitalizations, they could only achieve these goals through the "counter-protocol" use of electric shock, which was also a form of state torture (chapter 3).[93] Rather than the clean line separating the "abnormal" and "normal" in Orbinski's humanitarian fantasy, these conditions were frequently blurred in everyday clinical practices, presenting ambivalences and contradictions for experts and patients alike.

CONTESTATIONS

The clinic was also a contested space in another sense. While critiques of global medicine and humanitarianism often foreground their modes of systematic exclusion, the occupied clinic was a space where normative biomedical ethics were remade and subjectivities, relations, and hierarchies disrupted or overturned.[94] Contestations in medicine often derive from and respond to coloniality, but they also exceed it. Although psychiatry was not a significant "tool of empire" in British India, India's relation to Kashmir and the global rise of humanitarianism suggests a different dynamic.[95] In Kashmir, care in all its guises—militarized care, public health care, and NGO humanitarianism—was contested, both because of the infectious nature of militarism and because the forms of institutionalized care offered were meager.

Mental health care is particularly prone to contention because it is an unusual form of humanitarian relief. It is not curative, offering only temporary, and often politically compromised, relief. For example, affordable substance abuse treatment was available to patients, but only from the police; public health care consisted of limited access to psychopharmaceuticals; and NGO humanitarianism offered, at best, psychosocial counseling or emergency relief kits (a few kilos of rice, lentils, and cooking oil) after a traumatic event. Unlike access to clean water, food, or residency permits, none of these gifts made the difference between life and death for victims of trauma. They were "bare gifts" accompanying minimal biopolitics.[96] For many, these bare gifts were symptomatic of the state's anemic commitments to its humanitarian presence as compared with its military presence. This political economy of care made such gifts easier to refuse (chapter 5).[97]

Despite many efforts by the state and international organizations to transform Kashmir's political crisis into a public health crisis, in other words, to "medicalize" the occupation, these attempts were ultimately unsuccessful.

While trauma does important political work for Kashmiris, its significance lies not in the clinical and humanitarian notion of trauma as exception—as an unusual event that overtakes people's psychological capacities—but rather as a nebulous, constant disturbance that has spread through the social, impinging on people's capacities to dream, imagine, and act (chapter 1). Despite psychiatric and humanitarian attempts to localize trauma within specific incidents, Kashmiris understand violence as both a traumatic event *and* traumatic environment, "the atmosphere that shape[s] one's capacities to attach to the world" (chapter 1).[98] Instead of locating distress in individual bodies or specific events, Kashmiris semiologically locate trauma both externally and internally, through English words like *turmoil* and Kashmiri words like *mahaul* (atmosphere) and *hālāt* (situation), which connect bodily symptoms with social and political etiologies, casting the longue durée of colonial violence and the *moyen durée* of military occupation as deeply disrupted.[99]

While Kashmiris use discourses of trauma and PTSD toward certain political ends, there are ongoing debates about the extent to which Kashmiris should embrace an identity of collective victimhood. As medical anthropologists have shown, certain clinical diagnoses can be used to shore up racialized inequalities or other forms of structural or political violence.[100] Some see the label of "traumatized" as a continuation of discourses representing Kashmiri Muslims as mad, irrational, fundamentalist, and radical because they belong to a political community that seeks independence from a supposedly benevolent, secular, and tolerant nation-state. While humanitarian discourses of trauma might be well intentioned, they can establish Kashmiris as helpless victims unable to govern and care for themselves.

Rather than seeing Kashmir's "epidemic of trauma" as the product of some internal failing—whether religious identity or neurobiological malfunctioning—Kashmiris argue that mental illnesses and collective trauma have "political etiologies," that they are a direct product of colonial, social, economic, and political violence.[101] As Fanon similarly noted, the production of madness on a mass scale in colonial Algeria was "a *direct* product of oppression."[102] In this sense, Kashmiris insist that an epidemic of trauma is not merely a public health crisis, but a political crisis. This move resonates with how other communities that have suffered racism, colonization, and violence understand their distress. Indigenous scholars and activists, for example, have demanded greater attention to centuries of settler colonialism as a determinant of ill health among native populations today.[103]

How does a community then contest characterizations of collective disturbance and madness? How do they not only unsettle coloniality's nega-

tions, but create and cultivate "modes of life, existence, being and thought *otherwise*?"[104] There are flourishing counter-imaginaries of health and well-being in Kashmir, articulated through a decolonial lens that exceeds and precedes Kashmir's colonization (see the poem, "Before," chapter 1, and chapter 5). In some cases, the contestations are linguistic and overt—in language, protests, graffiti, and affectively charged encounters between aid workers and recipients. Many Kashmiris have proudly reclaimed the word "madness" (*mot*) as an ironic commentary on their own resistance movement, which confronts one of the largest armies in the world with little outside support. They place hope in what may seem to be an abstract futurity, even if it is read as "mad." Many told me, "We're in this for the long term. It may take 100, 150 years to get our freedom, but we don't mind." In Kashmir, embracing this long historical consciousness allows a person to remain patient, strong, and courageous—markers of a different kind of well-being and moral rectitude than what biomedical psychiatry or humanitarianism offer (chapters 1 and 5). Rather than the depoliticized term *mental health care*, they and I use the tropes of *madness* and *disturbance* to show how some social and political conditions are, indeed, maddening.

At other moments, contestations live beneath surfaces, behind language. This should not be surprising, given that existential, ethical, and social suffering are not fully graspable, knowable, or translatable experiences.[105] Beyond the irreducibility of pain and suffering, regimes of care and severe mental illness can both actively produce (il)legibility and (in)expressibility. Communication breakdowns in humanitarian and clinical encounters are intrinsic to knowledge-gathering processes, not incidental to them (chapter 4). This is not as simple as a dichotomy between speech and silence, but a more nuanced relation between individuals or groups who are not necessarily silent, but systematically *not heard* in that those hearing them "often can't bear to be changed by what they hear."[106] Modes of unintelligibility in the clinic must be nested in a political history of erasing Kashmiri voices and aspirations.

Yet there are modes of relating that exceed both militaristic and humanitarian impulses that bend care toward something other than indifference or displays of deservingness. Counterpoints to militarized care are found in poetry, art, and literature, as well as everyday practices such as hospitality (*mehmān nawāzī*) and duty. For these reasons, poems (both my own and others') pollinate this book. Unlike military or humanitarian care, hospitality and duty are meant to be given without expectation of return. While ephemeral, they reveal how Kashmiris are actively forging a poetics of self-determination in the present.

One of the most surprising aspects of militarization is that it produces its own undoing. Since occupation disrupts everyday life, communication, and temporality, it allows for in-between, liminal spaces and shadow sides to arise. Disturbance produces time and occasion for stories, reveries, and jokes that challenge it. Attending to these contestations required reaching beyond the conventional ethnographic tool kit and normative linguistic register. I oriented myself to poetry, disordered speech, embodiment, lamentation, dreams, and other elliptical communications that invited a different "politics of hearing."[107] These bridged somatic and existential pain and everyday traumas and spectacular violence. They resisted dominant anthropological impulses to capture reality and instead offered ethical and epistemological openings that help us see how violence makes its own sociality.

NOTES

LETTER TO NO ONE

1 An Urdu word that means "no one," a poetic reference.
2 August 5, 2019.

INTRODUCTION: CARE

1 IMHANS, henceforth the psychiatric hospital, is a 150-bed facility staffed by psychiatrists, clinical psychologists, postgraduates, interns, residents, and other support staff. Psychiatry was a highly gendered profession during my fieldwork—all psychiatrists were men, although today there are more female postgraduates than male. Psychiatrists attributed the gender disparity to the prevalence of stigma around mental health care.
2 Field notes written in November 2009. Fieldwork for this book was conducted between 2009 and 2011, and during the summers of 2013 and 2016.
3 All names, except those of public figures, are pseudonyms. In the psychiatric hospital and the substance abuse clinic (DDC), the two clinical settings in which I worked, I was given permission to observe and take written notes during OPD hours and group therapy sessions. I sought verbal consent for all interviews.
4 This book focuses on events in the Kashmir Valley (known henceforth as Kashmir), in the Indian-controlled state of Jammu and Kashmir. Jammu and Kashmir is composed of three regions: Jammu, the Kashmir Valley, and Ladakh.
5 The Indian nation-state operates through a federalist political structure, in which authority is shared across national, state, and local governments. When referring to the actions of the federal/union/central government that operates from New Delhi, I use the shorthand "Indian state" or the "central Indian government." When referring to the actions of the state government of Jammu and Kashmir—one of twenty-nine states in India until October 2019—I will refer to the "state government of Jammu and Kashmir." Meanwhile, the military and security apparatuses of the state—which include the Indian army, paramilitary and counterinsurgency forces, and intelligence agencies—are referred to as "Indian armed forces" or the "Indian military." The actions of

the Indian state are not singular or unified. Rather, this book examines the "diversity of its rationalities," including tensions between its militaristic and humanitarian tendencies. Didier Fassin, *At the Heart of the State: The Moral World of Institutions*, translated by Patrick Brown and Didier Fassin (New York: Pluto, 2015), ix.

6 Military occupation is a distinctly illiberal political arrangement, combining colonialism (foreign rule) and a state of emergency (martial law). Haley Duschinski and Mona Bhan, "Introduction: Law Containing Violence: Critical Ethnographies of Occupation and Resistance," *Journal of Legal Pluralism and Unofficial Law* 49, no. 3 (2017): 253–67; Lisa Hajjar, *Courting Conflict: The Israeli Military Court System in the West Bank and Gaza* (Berkeley: University of California Press, 2005). Occupations have traditionally been framed as military actions or control between separate sovereign states. As Benvenisti notes, in the post–World War II period, occupying powers have tended to deny the status of the regions they are occupying as "foreign soil," since this would mean applying international occupation law. As such, legal and political mechanisms of internal colonization, apartheid, emergency, counter-insurgency warfare, and proxy war are used instead. Eyal Benvenisti, *The International Law of Occupation* (Oxford: Oxford University Press, 2013). Haley Duschinski and Shrimoyee Nandini Ghosh, "Constituting the Occupation: Preventive Detention and Permanent Emergency in Kashmir," *Journal of Legal Pluralism and Unofficial Law* 49 (2017): 4. Beyond its legal definition, I understand occupation as a social, spatial, and phenomenological practice of asserting power through borders, jurisdictional claims, and other modes of "atmospheric violence" that create generalized disruptions and chronic crises. Salih Can Aciksoz, "Medical Humanitarianism under Atmospheric Violence: Healthcare Workers in the 2013 Gezi Protests in Turkey," *Culture, Medicine, and Psychiatry* 40, no. 2 (2016): 198–222; Duschinski and Ghosh, "Constituting the Occupation." My use of the terms *occupied* and *occupation* follows pro-independence Kashmiri scholars' uses of the terms. By this definition, Indian- and Pakistani-controlled Kashmir, as well as Aksai Chin (under Chinese control) are currently occupied.

7 These figures are estimates from the Jammu and Kashmir Coalition of Civil Society and are contested by the Indian government, which places the number of casualties at approximately 47,000.

8 M. A. Margoob, A. A. Beg, and K. S. Dutta, "Depressive Disorders in Kashmir; A Changing Sociodemographic and Clinical Profile of Patients over the Past Two Decades," *JK Practitioner* 2 (1993): 22–24.

9 Zafar Ali, Mushtaq Marghoob, M. M. Dar, and Abdul Hussain, "First Report of PTSD in Disturbed Kashmir: Characteristics of a Treatment-Seeking Sample" (paper presented at the 17th Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, 2001).

10 Médecins sans Frontières, "Kashmir: Violence and Health," November 2006, https://archive.crin.org/en/docs/msf_mental_health.pdf; M. A. Margoob et al., "Community Prevalence of Trauma in South Asia—Experience from Kash-

mir," *JK Practitioner* 13 (Supplement) (2006): S14–S17; Arooj Yaswi and Amber Haque, "Prevalence of PTSD Symptoms and Depression and Level of Coping among the Victims of the Kashmir Conflict," *Journal of Loss and Trauma* 13 (2008): 471–80.

11 For the history and expansion of PTSD as diagnostic, see Joshua Breslau, "Posttraumatic Stress Disorder in International Health," *Culture, Medicine and Psychiatry* 38 (2004): 113–26; Didier Fassin and Richard Rechtman, *The Empire of Trauma: An Inquiry into the Condition of Victimhood*, translated by Rachel Gomme (Princeton, NJ: Princeton University Press, 2009); Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton, NJ: Princeton University Press, 1995).

12 Sana Altaf, "800,000 Kashmiris Haunted by Horror," *Inter Press Service News*, February 7, 2012.

13 My fieldwork took place in three languages: Kashmiri, Urdu, and English. All conversations with patients and kin took place in Kashmiri and Urdu (I used the help of a translator for Kashmiri), while my conversations with doctors and other professionals took place in Urdu and English.

14 In 2013–14, India's government expenditures on health amounted to 1.15 percent of GDP, which is lower than average for middle-income countries. While in principle government health services are available to all citizens, in reality, bottlenecks and poor services compel households to seek private care. More than 80 percent of all health financing comes from out-of-pocket payments. Meanwhile, because of the poor quality of public health care in many parts of the country, more than 80 percent of all outpatient visits occur in the private sector, which is poorly regulated, with little or no government oversight. David H. Peters and V. R. Muraleedharan, "Regulating India's Health Services: To What End? What Future?," *Social Science and Medicine* 66 (2008): 2133–44. Mental health care has been a particularly low priority in the public health system. India has only thirty thousand inpatient beds and four thousand psychiatrists for a population of 1.2 billion people, and most of these resources are concentrated in urban areas. India's public health system exemplifies tensions between neoliberal fiscal conservatism and social welfare aspirations to create universal health coverage. For more see Abhay Shukla, "National Health Policy Reflects Conflicts between Public Health and Neoliberalism," *The Wire*, March 29, 2017.

15 In 1999, the National Human Rights Commission (NHRC) found systematic, gross human rights violations in most public psychiatric hospitals in India. The report led to banning "prison-like gate enclosures" and "cells" in all public psychiatric hospitals. National Quality Assurance in Mental Health (New Delhi: National Human Rights Commission, 1999).

16 In clinical and everyday settings, the terms *trauma*, *PTSD*, and increasingly *collective trauma* were used interchangeably to indicate unresolved wounds caused by long-term violence in individual and collective psyches. Following this norm, I use *trauma* to refer to a generalized sense in which the past or a past

event is conceptualized as a painful wrong that is both clinically identifiable and publicly recognizable.

17 Erna Hoch was a well-known Swiss Daseinsanalyst and psychiatrist who worked in India from 1956 to 1980. She transcribed some of Heidegger's seminars for Medard Boss and wrote many articles and books on Daseinsanalysis and Indian thought.

18 Because most of my fieldwork was conducted in bustling, crowded institutional settings, many of the patients I describe in this book appear only briefly (see chapter 3 for an exception). By contrast, psychiatrists and other expert interlocutors reappear throughout the chapters.

19 Buddhism was dominant in Kashmir during the third century BC. Though it subsequently declined in the Kashmir Valley, it remains the dominant religion in Ladakh. Suvir Kaul, *Of Gardens and Graves: Essays on Kashmir* (New Delhi: Three Essays Collective, 2015).

20 Mona Bhan and Nishita Trisal, "Fluid Landscapes, Sovereign Nature: Conservation and Counterinsurgency in Indian-controlled Kashmir," *Critique of Anthropology* 37, no. 1 (2017): 67–92.

21 Chi Huen, "What Is Context? An Ethnophilosophical Account," *Anthropological Theory* 9, no. 2 (2009): 149–69. For ethnography "inside out," see Annelise Riles, *The Network Inside Out* (Ann Arbor: University of Michigan Press, 2000).

22 Feisal Alkazi, *Srinagar: An Architectural Legacy* (New Delhi: Roli, 2014), 56–57.

23 Walter Roper Lawrence, *The Valley of Kashmir* (London: Henry Frowde, 1895), 194.

24 Cf. Frantz Fanon, *A Dying Colonialism*, translated by Haakon Chevalier (New York: Grove, 1965); Nancy Rose Hunt, *A Nervous State: Violence, Remedies and Reverie in Colonial Congo* (Durham, NC: Duke University Press, 2016); David Pederson, *American Value: Migrants, Money and Meaning in El Salvador and the United States* (Chicago: University of Chicago Press, 2013), 295.

25 See also Hunt, *A Nervous State*; Achille Mbembe, "Necropolitics," *Public Culture* 15 (2003): 11–40; Nadera Shalhoub-Kevorkian, *Security Theology, Surveillance and the Politics of Fear* (Cambridge: Cambridge University Press, 2015); Nitzan Shoshan, *The Management of Hate: Nation, Affect, and the Governance of Right-Wing Extremism in Germany* (Princeton, NJ: Princeton University Press, 2016). As Hunt (*A Nervous State*, 5) describes, "we have not thought enough . . . about colonies as nervous places, productive of *nervousness*, a kind of energy, taut and excitable." Nervousness, she notes, is not anxiety: "it suggests being on edge. Its semantics are unsettled, combining vigor, force, and determination with excitation, weakness, timidity. Nervousness yields disorderly, jittery states."

26 Miriam Ticktin, "Where Ethics and Politics Meet: The Violence of Humanitarianism in France," *American Ethnologist* 33, no. 1 (2006): 33–49. In recent years, anthropologists have published many excellent books on humanitarianism. To name just a few: Erica Bornstein, *Disquieting Gifts: Humanitarianism in New Delhi* (Palo Alto, CA: Stanford University Press, 2012); Erica Bornstein and Peter Redfield, eds., *Forces of Compassion: Humanitarianism between Ethics and Politics* (Santa Fe, NM: School of Advanced Research, 2011); Didier Fas-

sin, *Humanitarian Reason: A Moral History of the Present* (Berkeley: University of California Press, 2012); Ilana Feldman, "Looking for Humanitarian Purpose: Endurance and the Value of Lives in a Palestinian Refugee Camp," *Public Culture* 27, no. 3 (2015): 427–47; Ilana Feldman and Miriam Ticktin, eds., *In the Name of Humanity: The Government of Threat and Care* (Durham, NC: Duke University Press, 2010); Erica Caple James, "Ruptures, Rights and Repair: The Political Economy of Trauma in Haiti," *Social Science and Medicine* 70 (2010): 106–13; Erica Caple James, *Democratic Insecurities: Violence, Trauma and Intervention* (Oakland: University of California Press, 2010); Malkki, *The Need to Help*; Peter Redfield, *Life in Crisis: The Ethical Journey of Doctors Without Borders* (Berkeley: University of California Press, 2013); Ticktin, "Where Ethics and Politics Meet." However, these works almost all focus on Euro-American aid givers.

27 James, "Ruptures, Rights and Repair"; James, *Democratic Insecurities*. I borrow Fanon's famous statement: "medicine is one of the most tragic features of the colonial situation" (*A Dying Colonialism*, 121).

28 Didier Fassin and Mariella Pandolfi, eds., *Contemporary States of Emergency: The Politics of Military and Humanitarian Intervention* (New York: Zone, 2010), 16. See also Nitasha Kaul, "Rise of the Political Right in India: Hindutva-Development Mix, Modi Myth and Dualities," *Journal of Labor and Society* 20, no. 4 (2017): 523–48, for the intertwining of nationalism and development in Hindutva politics.

29 Arthur Kleinman, "Care: In Search of a Health Agenda," *The Lancet* 386 (2015): 240–41; Iain Wilkinson and Arthur Kleinman, *A Passion for Society: How We Think about Human Suffering* (Berkeley: University of California Press, 2016). Kleinman ("Care," 240) describes caring as related to "sensibilities of empathy, compassion, respect, and love" and caregiving as "relational and reciprocal."

30 A politics of unsettling challenges conventional affective and nationalist formulations of belonging, inclusion, and healing. See also Sara Ahmed, *The Promise of Happiness* (Durham, NC: Duke University Press, 2010); Sara Ahmed, *The Cultural Politics of Emotions* (New York: Routledge, 2013); Murphy, "Unsettling Care"; Jennifer Terry, *Attachments to War: Biomedical Logics and Violence in Twenty-First-Century America* (Durham, NC: Duke University Press, 2017).

31 See, for example, Veena Das, *Affliction: Health, Disease, Poverty* (New York: Fordham University Press, 2015); Angela Garcia, *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande* (Berkeley: University of California Press, 2010); Julie Livingston, *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic* (Durham, NC: Duke University Press. 2012); Sarah Pinto, *Daughters of Parvati: Women and Madness in Contemporary India* (Philadelphia: University of Pennsylvania Press, 2014); Lisa Stevenson, *Life beside Itself: Imagining Care in the Canadian Arctic* (Berkeley: University of California Press, 2014); Miriam Ticktin, *Casualties of Care: Immigration and the Politics of Humanitarianism in France* (Berkeley: University of California Press, 2011).

32 Sameena Mulla, *The Violence of Care: Rape Victims, Forensic Nurses and Sexual Assault Intervention* (New York: New York University Press, 2014); Ticktin, *Casu-*

alties of Care; Sarah Willen, "Darfur through a Shoah Lens: Sudanese Asylum Seekers, Unruly Biopolitical Dramas, and the Politics of Humanitarian Compassion in Israel," in *A Reader in Medical Anthropology: Theoretical Trajectories, Emergent Realities*, vol. 15, ed. B. J. Good, M. M. Fischer, S. S. Willen, and M. J. D. Good (New York: Wiley, 2010).

33 Kalindi Vora, *Life Support: Biocapital and the New History of Outsourced Labor* (Minneapolis: University of Minnesota Press, 2015), 1. See also Sara Ahmed, *The Promise of Happiness* (Durham, NC: Duke University Press, 2010); Sarah Dickey, "Permeable Homes: Domestic Service, Household Space and the Vulnerability of Class Boundaries in Urban India," *American Ethnologist* 27 (2000): 462–89; Barbara Ehrenreich and Arlie Russell Hochschild, eds., *Global Woman: Nannies, Maids and Sex Workers in the New Economy* (New York: Henry Holt, 2004); Michelle Murphy, "Unsettling Care: Troubling Transnational Itineraries of Care in Feminist Health Practices," *Social Studies of Science* 45, no. 5 (2015): 717–37.

34 Liisa Malkki, *The Need to Help: The Domestic Arts of International Humanitarianism* (Durham, NC: Duke University Press, 2015).

35 Pinto, *Daughters of Parvati*.

36 As Kaul notes, gendered representations enable, legitimize, and normalize Indian state violence in Kashmir. Nitasha Kaul, "India's Obsession with Kashmir: Democracy, Gender, (Anti-)Nationalism," *Feminist Review* 119 (2018): 127. See also Inshah Malik. "The Muslim Woman's Struggle for Justice," 2013, http://www.india-seminar.com/2013/643/643_inshah_malik.htm; Nadera Shalhoub-Kevorkian, "The Political Economy of Children's Trauma: A Case Study of House Demolition in Palestine," *Feminism and Psychology* 19, no. 3 (2009): 335–42.

37 The origins of modern counterinsurgency are explicitly antinationalist, designed to quash self-determination struggles. Nasser Hussain, "Counterinsurgency's Comeback: Can a Colonialist Strategy Be Reinvented?" *Boston Review*, January 1, 2010, http://bostonreview.net/world/counterinsurgency%E2%80%99s-comeback; David Kilcullen, *Counterinsurgency* (Oxford: Oxford University Press, 2010). The Indian army is one of the most experienced counterinsurgency forces in the world, conducting counterinsurgency against Nagas since 1956, Mizos from 1966 to 1986, Manipur and Tripura in the 1970s, and during the 1980s and 1990s against Sikhs, Tamils (Sri Lankans), and Kashmiris. Rajesh Rajagopalan, "'Restoring Normalcy': The Evolution of the Indian Army's Counterinsurgency Doctrine," *Small Wars and Insurgencies* 11, no. 1 (2000): 44–68. In 2006, the Indian military published a formal counterinsurgency doctrine that emphasized a "humane and people-centric approach, underscor[ing] the need for scrupulous upholding of the laws of the land, deep respect for Human Rights and minimum use of kinetic means, to create a secure environment, without causing any collateral damage." Ministry of Defence, "Doctrine for Sub-Conventional Operations. Headquarters Army Training Command: Shimla, India," 2006, http://indianstrategicknowledge

online.com/web/doctrine%20sub%20conv%20w.pdf, 3. While the payoffs of winning hearts and minds have been questionable in recent conflicts such as in Iraq and Afghanistan, in India, "Winning hearts and minds (WHAM) remains the primary component of CI [counterinsurgency] for the armed forces." Rahul Bhonsle, "Winning Hearts and Minds: Lessons from Jammu and Kashmir," Manekshaw Paper no. 14, Centre for Land Welfare Studies, New Delhi, 2009, 10. As Bhan has described, from 2006 on, the Indian army significantly increased its budget for WHAM projects, including civilian–military engagements, facilitating elections, reviving the tourist industry, and "countering negative propaganda." The military's justification for WHAM was that the absence of economic opportunities could breed future "antinationals." Mona Bhan, *Counterinsurgency, Democracy and the Politics of Identity in India: From Warfare to Welfare?* (London: Routledge, 2013).

38 Nils Gilman, "Militarism and Humanitarianism," *Humanity* 3, no. 2: 173–78, 174.

39 Rajagopalan, "'Restoring Normalcy,'" 51; Terry, *Attachments to War*, 27.

40 Terry, *Attachments to War*, 40.

41 For example, American psychologists played a critical role in developing torture techniques for US counterinsurgency efforts.

42 Ravina Aggarwal and Mona Bhan, "Disarming Violence: Development, Democracy and Security on the Borders of India," *Journal of Asian Studies* 68, no. 2 (2009): 519–42; Nosheen Ali, "Books vs Bombs? Humanitarian Development and the Narrative of Terror in Northern Pakistan," *Third World Quarterly* 31, no. 4 (2010): 541–59; and Bhan, *Counterinsurgency, Democracy and the Politics of Identity in India*, are notable exceptions.

43 Deepti Misri, "Showing Humanity: Violence and Visuality in Kashmir," *Cultural Studies* 33, no. 3 (2019): 527–49; Stefania Pandolfo, "The Knot of the Soul: Postcolonial Conundrums, Madness, and the Imagination," in *Postcolonial Disorders*, ed. Mary-Jo DelVecchio Good, Sandra Teresa Hyde, Sarah Pinto, and Byron J. Good (Berkeley: University of California Press, 2008).

44 Emma Varley and Saiba Varma, "Spectral Lines: Haunted Hospitals across the Line of Control," *Medical Anthropology* 37, no. 6 (2018): 1–15.

45 Ahmed, *The Cultural Politics of Emotions*, 39; William E. Connolly, "The Evangelical-Capitalist Resonance Machine," *Political Theory* 33, no. 6 (2005): 870.

46 Mohamad Junaid argues that many pro-independence activists view themselves as the proper heirs to Kashmiri protestors who died in the first pro-independence agitation against Dogra rule in 1931 (Junaid, "Youth Activists in Kashmir," 153).

47 Haley Duschinski, Mona Bhan, Ather Zia, and Cynthia Mahmood, eds., *Resisting Occupation in Kashmir* (Philadelphia: University of Pennsylvania Press, 2018).

48 Mridu Rai, *Hindu Rulers, Muslim Subjects: Islam, Rights, and the History of Kashmir* (Princeton, NJ: Princeton University Press, 2004).

49 Ananya Jahanara Kabir, *Territory of Desire: Representing the Valley of Kashmir* (Minneapolis: University of Minnesota Press, 2009), 74–75.

50 Chitralekha Zutshi, *Languages of Belonging: Islam, Regional Identity, and the Making of Kashmir* (Oxford: Oxford University Press, 2004), 308–10.

51 On the eve of independence, the Dogra maharaja requested standstill agreements with both India and Pakistan. In September–October 1947, the maharaja led a campaign of genocide, harassment, and violence against Kashmiri Muslims in Jammu, displacing about half a million people and killing up to 200,000. These events led to an all-out rebellion against the maharaja. As the maharaja escaped from Srinagar in October 1947, he sought military help from India and accepted the Indian demand that Kashmir accede to it. Junaid, "Youth Activists in Kashmir," 13–14; Alastair Lamb, *Kashmir: A Disputed Legacy 1846–1990* (Oxford: Oxford University Press, 1991). When it was incorporated into India, Jammu and Kashmir was granted some legal autonomy from the central government (Article 370 of the Indian constitution). Article 370 granted the state a "special autonomous status" within the Indian Union, but this was systematically eroded through a series of presidential orders and Supreme Court judgments. Mona Bhan, Haley Duschinski, and Ather Zia, "Introduction: 'Rebels of the Streets': Violence, Protest and Freedom in Kashmir," in *Resisting Occupation in Kashmir,* ed. Haley Duschinski, Mona Bhan, Ather Zia, and Cynthia Mahmood (Philadelphia: University of Pennsylvania Press, 2018). In August 2019, fulfilling a long-standing election promise, the nationalist BJP government ended Kashmir's autonomous status by presidential decree and divided the state into two union territories, bringing it under greater central government control.

52 Chitralekha Zutshi, "An Ongoing Partition: Histories, Borders and the Politics of Vivisection in Jammu and Kashmir," *Contemporary South Asia* 23, no. 3 (2015): 266–75.

53 The politics of AJK are beyond the scope of this book. Although the Pakistani state often uses people in AJK as a foil against the occupation of Jammu and Kashmir, there has been intense political repression of pro-freedom ideas in Pakistani-controlled Kashmir as well. Anam Zakaria, *Between the Great Divide: A Journey into Pakistan-Administered Kashmir* (Noida: HarperCollins India, 2018), xxv.

54 Bhan, Duschinski, and Zia, "Introduction," 20. The original UN-mediated plebiscite did not recognize the possibility of Kashmiri independence.

55 In 1962, the Indo-Chinese war over Aksai Chin resulted in the creation of another international border, the Line of Actual Control (LAC), codified by India and China in 1993.

56 Relatively little has been written about how Partition affected Kashmir, particularly when compared with the volumes of work on the Bengal and Punjab partitions. Zakaria, *Between the Great Divide* ; Ather Zia, "Postcolonial Nation-Making: Warfare, Jihad, Subjectivity and Compassion in the Region of Kashmir," *India Review* 13, no. 3 (2014): 300–311.

57 Bhan, Duschinski, and Zia, "Introduction," 22; Hafsa Kanjwal, "Building a New Kashmir: Bakshi Ghulam Muhammad and the Politics of State-Formation in a Disputed Territory (1953–1963)" (PhD dissertation, University of Michigan, 2017); Cabeiri deBergh Robinson, *Body of Victim, Body of Warrior: Refugee Families and the Making of Kashmiri Jihadists* (Berkeley: University of California Press, 2013).

58 Bornstein, *Disquieting Gifts*; Yogesh Joshi, "India, Libya and the Kashmir Paradox," *World Politics Review,* March 11, 2011, https://www.worldpoliticsreview.com/articles/8163/india-libya-and-the-kashmir-paradox.

59 A "postcolonial" lens does not sufficiently recognize the dynamics of incomplete decolonization in places such as Kashmir, Palestine, Kurdistan, or on native lands in settler colonial societies. In these places, decolonization did not mean the end of colonialism, but the transformation of anticolonial struggles into neocolonial ones (Ahmad, personal communication, June 28, 2019). See also Goldie Osuri, "Imperialism, Colonialism and Sovereignty in the (Post) Colony: India and Kashmir," *Third World Quarterly* 38, no. 11 (2017): 2428–43.

60 Kanjwal, "Building a New Kashmir," 89; Sharad Raghavan, "J&K Gets 10% of Central Funds with Only 1% of Population," *The Hindu,* July 24, 2016. https://www.thehindu.com/news/national/other-states/JampK-gets-10-of-Central-funds-with-only-1-of-population/article14506264.ece; Kashmir's much higher percentage of received grants in aid as compared with other Indian states is combined with significantly low public and private investment in the region—particularly in the areas of infrastructure, power, and connectivity. Kashmir received only US$5.5 million in foreign direct investment between April 2000 and March 2019, the lowest among Indian states. Archana Chaudhary and Bidhudatta Pradhan, "Modi's Options for Jammu and Kashmir's Economy Are Limited," *Economic Times*, August 14, 2019, https://economictimes.indiatimes.com/markets/stocks/news/modis-options-for-jammu-and-kashmirs-economy-are-limited/articleshow/70675008.cms?from=mdr; Nishita Trisal, "In Kashmir, Nehru's Golden Chains That He Hoped Would Bind the State to India Have Lost Their Lustre," *Scroll*, November 30, 2015.

61 Siddhartha Prakash, "Political Economy of Kashmir since 1947," *Economic and Political Weekly* 35, no. 24 (2000): 2051–60.

62 In a speech given in 1969 to the Plebiscite Front in Muzaffarabad, Bhat explained: "If you think that Kashmir's freedom struggle can be fought with the help of Pakistani money, Indian money, American money or any other country's resources, then you are only deluding yourself. Kashmir's is a war to reclaim the home of Kashmiris and it must be run with our own money. We cannot fight our war of freedom if we rely on the resources of others." Wajahat Ahmad, "'Our War of Liberation Cannot Be Fought by Beggars or by Those Who Seek Aid from Others': Maqbool Bhat," *Kashmir Ink*, February 11, 2018.

63 Ghassan Hage, "Hating Israel in the Field: On Ethnography and Political Emotions," *Anthropological Theory* 9, no. 1 (2009): 59–79.

64 Kabir, *Territory of Desire*.

65 Ahmed, *The Cultural Politics of Emotions*. Postindependence Indian nationalism inherited British assumptions of Muslims as "foreign invaders" and "oppressors who ultimately ushered in a period of decline." Barbara Metcalf, *Islamic Contestations: Essays on Muslims in India and Pakistan* (New Delhi: Oxford University Press, 2004), 195; Parvis Ghassem-Fachandi, *Pogrom in Gujarat: Hindu Nationalism and Anti-Muslim Violence in India* (Princeton, NJ: Princeton University Press, 2012).

66 Frank B. Wilderson, "'We're Trying to Destroy the World': Anti-Blackness and Police Violence after Ferguson," in *Shifting Corporealities in Contemporary Performance: Danger, Im/Mobility and Politics*, ed. Marina Gržinić and Aneta Stojnić, 45–59 (Cham, Switzerland: Palgrave Macmillan, 2015), 7.

67 Farrukh Faheem, "Interrogating the Ordinary: Everyday Politics and the Struggle for *Azadi* in Kashmir," in *Resisting Occupation in Kashmir*, ed. Mona Bhan, Haley Duschinski, Ather Zia, and Cynthia Mahmood, 230–47 (Philadelphia: University of Pennsylvania Press, 2018).

68 Junaid, "Youth Activists in Kashmir," 20.

69 Seema Kazi, *In Kashmir: Gender, Militarization and the Modern Nation State* (London: South End, 2009), xxv.

70 Sumantra Bose, *Contested Lands: Israel-Palestine, Kashmir, Bosnia, Cyprus and Sri Lanka* (Cambridge, MA: Harvard University Press, 2007). The rise of the Hizb-ul-Mujahideen was due not only to Pakistan's influence, but also due to the popularity of the Jama'at-e-Islami within Kashmir (Kazi, *In Kashmir*, 168).

71 There are multiple meanings and nuances in the call for freedom, or āzādī. At a formal political level, āzādī means independence from Indian rule, "a voluntary separation from a forced union." Mohamad Junaid, "A Letter to Fellow Kashmiris," in *Until My Freedom Has Come: The New Intifada in Kashmir*, ed. Sanjay Kak (New Delhi: Penguin, 2011), 284. In poetic and literary discourse, āzādī also signifies an existential cry for justice. Rashmi Luthra, "Perils of Translation in a Conflict Situation: Lessons from Kashmir," *International Journal of Communication* 10 (2016): 1097–115.

72 Kazi, *In Kashmir*, xv.

73 While India buys most of its arms from Russia and the United States, it purchases drones, electronic fences, and crowd dispersal tactics from Israel and has also conducted joined security trainings with Israeli defense forces.

74 Junaid, "Youth Activists in Kashmir," 29.

75 Kazi, *In Kashmir*, 94; Rai, *Hindu Rulers, Muslim Subjects*, 297. Although the Kashmir Valley is predominantly Muslim (97 percent) and India is predominantly Hindu, the Indian state and Hindu nationalist organizations have exaggerated the religious dimensions of the Kashmir conflict to mark the dispute as driven by radical Islam, rather than a political movement for self-determination.

76 Nishita Trisal, "India Must Stop Weaponizing the Pain of Kashmiri Pandits," *Washington Post*, August 22, 2019.

77 See also Haley Duschinski, "Destiny Effects: Militarization, State Power, and Punitive Containment in Kashmir Valley," *Anthropological Quarterly* 82, no. 3

(2009): 691–717; Haley Duschinski, "Fake Encounters and the Informalization of Everyday Violence in Kashmir Valley," *Cultural Studies* 24, no. 1 (2010): 110–32; Nasser Hussain, "Hyperlegality," *New Criminal Law Review* 10, no. 4 (2007): 514–31; Mohamad Junaid, "Death and Life under Occupation: Space, Violence, and Memory in Kashmir," in *Everyday Occupations: Experiencing Militarism in South Asia and the Middle East*, ed. Kamala Visweswaran (Philadelphia: University of Pennsylvania Press, 2013); Kazi, *In Kashmir*; Kamala Visweswaran, "Introduction: Geographies of Everyday Occupation," in *Everyday Occupations: Experiencing Militarism in South Asia and the Middle East* (Philadelphia: University of Pennsylvania Press, 2013).

78 Sanjay Kak, ed., *Until My Freedom Has Come: The New Intifada in Kashmir* (New Delhi: Penguin, 2011), xv.

79 Junaid, "Youth Activists in Kashmir," 123. Rather than a posture that associates "social movements with social and cultural resistance, and resistance as an end goal," scholars of decolonization emphasize the importance of discourses and theories of decolonization emerging from practice. Silvia Rivera Cusicanqui, "*Ch'ixinakax utxiwa*: A Reflection on the Practices and Discourses of Decolonization," translated by Brenda Baletti, *South Atlantic Quarterly* 111, no. 1 (2012): 95–109.

80 Niharika Mandhana, "Modi Says Kashmiri Youths Should Have Laptops, Not Stones, in Their Hands," *Wall Street Journal,* August 10, 2016.

81 "'We Have to Hug Each Kashmiri, Create New Paradise,' Says Modi at Nashik Rally," *The Wire*, September 19, 2019, https://thewire.in/politics/we-have-to-hug-each-kashmiri-create-new-paradise-says-modi-at-nashik-rally. The decision to revoke Kashmir's autonomy was also articulated as a form of care, as a way to end "violence, terrorism, separatism and corruption."

82 Between April 2018 and May 2019, approximately 160 civilians were killed, the highest number in a decade. Many commentators worry that the excessive force used on unarmed protestors will lead people in Kashmir to return to armed violence. Office of the UN High Commissioner for Human Rights, "Updates of the Situation of Human Rights in Indian-Administered Kashmir and Pakistan-Administered Kashmir from May 2018 to April 2019," United Nations Human Rights Office of the High Commissioner, July 8, 2019, https://www.ohchr.org/Documents/Countries/IN/KashmirUpdateReport_8July2019.pdf.

83 Saiba Varma, "From 'Terrorist' to 'Terrorized': How Trauma Became the Language of Suffering in Kashmir," in *Resisting Occupation in Kashmir*, ed. Haley Duschinski, Mona Bhan, Ather Zia, and Cynthia Mahmood (Philadelphia: University of Pennsylvania Press, 2018). The use of care, medicine, and psychiatry in colonial and imperialistic projects is not new, though it has come to the fore in a post-9/11 context. See Fanon, *A Dying Colonialism*.

84 Puig de la Bellacasa, drawing on Bruno Latour's notion of "matters of concern," argues that "matters of care" amplify the affective entanglements through which things come to matter and draw attention to marginalized, in-

visibilized, and neglected elements, experiences, and relations. I use this term to critically question the state's interest in the mental health and psychic well-being of its occupied subjects. Maria Puig de la Bellacasa, "Matters of Care in Technoscience: Assembling Neglected Things," *Social Studies of Science* 41, no. 1 (2011): 85–106.

85 Aggarwal and Bhan, "Disarming Violence"; Arpita Anant, *Counterinsurgency and "*Op Sadhbhavana*" in Jammu and Kashmir* (New Delhi: Institute for Defense Studies and Analyses, 2011).

86 Abid Bashir, "Police Use Psychologists to Control Kashmir Streets," *Greater Kashmir*, accessed May 3, 2018, http://m.greaterkashmir.com/news/kashmir/police-use-psychologists-to-control-kashmir-streets/283940.html.

87 Terry, *Attachments to War*.

88 Chetan Bhatt, "Frontlines and Interstices in the Global War on Terror," *Development and Change* 38, no. 6 (2007): 1081.

89 Marla Framke, "Political Humanitarianism in the 1930s: Indian Aid for Republican Spain," *European Review of History* 23, nos. 1–2 (2016): 63–81. "Political humanitarianism" is humanitarianism in which political motivations are always already explicit. Unlike NGO humanitarianism, which is usually done in the name of a universal humanity, political humanitarianism is tied into nationalist ideals of assimilation, power projections, and national security.

90 Aciksoz, "Medical Humanitarianism under Atmospheric Violence"; Adia Benton and Sa'ed Atshan, "'Even War Has Rules': On Medical Neutrality and Legitimate Non-Violence," *Culture, Medicine and Psychiatry* 40 (2016): 151–58; Omar Dewachi, *Ungovernable Life: Mandatory Medicine and Statecraft in Iraq* (Stanford, CA: Stanford University Press, 2017); Sherine Hamdy and Soha Bayoumi, "Egypt's Popular Uprising and the Stakes of Medical Neutrality," *Culture, Medicine and Psychiatry* 40, no. 2 (2016): 223–41; Emma Varley, "Abandonments, Solidarities and Logics of Care: Hospitals as Sites of Sectarian Conflict in Gilgit-Baltistan," *Culture, Medicine and Psychiatry* 40, no. 2 (2016): 159–80; Varley and Varma, "Spectral Lines." Hospitals and medical professionals have directly suffered the effects of violence through bombings, targeted attacks, kidnappings, and killings of patients and providers. Dewachi has also shown how medicine is not just a target, but a *tactic* of war. Omar Dewachi, "Blurred Lines: Warfare and Health Care," *Medical Anthropology Theory* 2, no. 2 (2015): 95–101.

91 Ticktin, "Where Ethics and Politics Meet"; Ticktin, *Casualties of Care*.

92 Benton and Atshan, "'Even War Has Rules.'"

93 Emma Varley, "Against Protocol: The Politics and Perils of Oxytocin (Mis)Use in a Pakistani Labour Room," *Purusārtha* (2019). In chapter 3, I describe the use of electroconvulsive therapy in the clinic in relation to the use of electric shock as a form of torture.

94 Didier Fassin, "Inequality of Lives, Hierarchies of Humanity: Moral Commitments and Ethical Dilemmas of Humanitarianism," in *In the Name of Humanity: The Government of Threat and Care*, ed. Ilana Feldman and Miriam Iris

Ticktin (Durham, NC: Duke University Press, 2010); Ilana Feldman, *Life Lived in Relief: Humanitarian Predicaments and Palestinian Refugee Politics* (Oakland: University of California Press, 2018), 126; Brian Larkin, "The Politics and Poetics of Infrastructure," *Annual Review of Anthropology* 42 (2013): 327–43; Sherine Hamdy, "When the State and Your Kidneys Fail," *American Ethnologist* 35, no. 4 (2008): 553–69; Pinto, *Daughters of Parvati*, 4; Catherine Smith, "Doctors That Harm, Doctors That Heal: Reimagining Medicine in Post-Conflict Aceh, Indonesia," *Ethnos: Journal of Anthropology* 80, no. 2 (2013): 1–20; Alice Street, *Biomedicine in an Unstable Place* (Durham, NC: Duke University Press, 2012); Livia Wick, "Building the Infrastructure, Modeling the Nation: The Case of Birth in Palestine," *Culture, Medicine and Psychiatry* 32 (2008): 328–57; Varley, "Abandonments, Solidarities and Logics of Care."

95 Waltraud Ernst, "Idioms of Madness and Colonial Boundaries: The Case of the European and 'Native' Mentally Ill in Early Nineteenth Century British India," *Comparative Studies in Society and History* 39, no. 1 (1997): 153–81; Waltraud Ernst, "Crossing the Boundaries of 'Colonial Psychiatry': Reflections on the Development of Psychiatry in British India, c. 1870–1940," *Culture, Medicine and Psychiatry* 35 (2011): 536–45.

96 Peter Redfield, "Doctors, Borders, and Life in Crisis," *Cultural Anthropology* 20, no. 3 (2005): 328–61, 344. See also Feldman, "Looking for Humanitarian Purpose"; Feldman, *Life Lived in Relief*; Ramah McKay, *Medicine in the Meantime: The Work of Care in Mozambique* (Durham, NC: Duke University Press, 2018).

97 Feldman, "Looking for Humanitarian Purpose."

98 Brad Evans interviews Lauren Berlant, "Without Exceptions: On the Ordinariness of Violence," *Los Angeles Review of Books*, July 30, 2018.

99 There seems to be a generalized, indirect way of speaking about violence in ongoing conflict. Mahaul and hālāt are like the Spanish word *la situación*, used in war-torn settings in Latin America. Cf. Janis H. Jenkins, "The State Construction of Affect: Political Ethos and Mental Health among Salvadoran Refugees," *Culture, Medicine and Psychiatry* 15 (1991): 139–65; Emma Varley, "'Hallat Kharab'/Tension Times: The Maternal Health Costs of Gilgit's Sunni-Shia Conflict," in *Missing Links in Sustainable Development: South Asian Perspectives* (Islamabad: Sustainable Development Policy Institute, 2008).

100 For example, Metzl shows how schizophrenia—historically a nonthreatening disease that primarily targeted white, middle-class women—became associated with the perceived hostility, rebellion, mistrust, and violence of black men during the civil rights movement. Jonathan M. Metzl, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon, 2009).

101 Hamdy, "When the State and Your Kidneys Fail."

102 Fanon, *A Dying Colonialism*, 250–51. In contrast to Foucault, who endowed criminals, but not the mentally ill, with political subjectivities, Fanon articulates an intimate connection between psychic distress and colonialism. For Fanon, colonialism produces existential crises for both the colonizer and colonized.

103 Karina Czyzewski, "Colonialism as a Broader Social Determinant of Health," *International Indigenous Policy Journal* 2, no. 1 (2011): 4; Per Axelsson, Tahu Kukutai, and Rebecca Kippen, "The Field of Indigenous Health and the Role of Colonization and History," *Journal of Population Research* 33, no. 1 (2016): 1–7.

104 Catherine E. Walsh, "The Decolonial *For:* Resurgences, Shifts, and Movements," in *On Decoloniality: Concepts, Analytics, Praxis*, ed. Walter D. Mignolo and Catherine E. Walsh, 15–33 (Durham, NC: Duke University Press, 2018).

105 Elaine Scarry, *The Body in Pain: The Making and the Unmaking of the World* (New York: Oxford University Press, 1987).

106 Berlant, "Without Exceptions: On the Ordinariness of Violence." Similarly, Spivak affirms that the silence or absent voice of the sexed subaltern subject can only be amplified by someone else's attempt to represent her from their own perspective. Gayatri Chakravorty Spivak, "'Draupadi' by Mahasveta Devi," *Critical Inquiry* 8, no. 2 (1981): 381–402.

107 Lawrence Cohen, *No Aging in India* (Berkeley: University of California Press, 1998), 176. See also Kaul, *Of Gardens and Graves*. "Poetry and culture brim with indirection, ambiguity, lacunae, indeed, with downright silence." Kent Maynard, "The Poetic Turn of Culture, or the 'Resistances of Structure,'" *Anthropology and Humanism* 33 (2008): 66–84. See also Kent Maynard and Melisa Cahnmann, "Anthropology at the Edge of Words: Where Poetry and Ethnography Meet," *Anthropology and Humanism* 35 (2010): 2–19; T. Minh-ha Trinh, *Woman/Native/Other* (Bloomington: Indiana University Press, 1989).

CHAPTER 1: SIEGE

1 Doctor (*tabeeb* in the original) refers to a person who cures spiritual diseases.

2 "Gulrez" is a well-known Kashmiri love poem.

3 Field notes written in 2010.

4 According to the Inter-Agency Standing Committee (IASC) guidelines, psychosocial care or psychosocial support refers to "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders." Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (Geneva: IASC, 2007).

5 Gujars are a pastoral agricultural ethnic group in India, Pakistan, and northeastern Afghanistan. In Jammu and Kashmir, Gujars are Muslims and are classified as Scheduled Tribes (ST) in the Indian constitution. Aparna Rao, "The Many Sources of Identity: An Example of Changing Affiliations in Rural Jammu and Kashmir," *Ethnic and Racial Studies* 22, no. 1 (1999): 56–91.

6 Unani medicine is a system of healing and health maintenance observed in South Asia, particularly, but not exclusively, among Muslim communities. Its origins lie in ancient Greek, Arabic, and Persian humoral medicine. Diseases result from an imbalance of the four humors, the four qualities in the body, and from the external environment. Helen E. Sheehan and S. J. Hussain,