

Here is the final title and the paper.

Rewriting the poisoned body: beyond victimhood

The study of endosulfan and its effects on the human body are put forward by experts and activists who rely on scientific data and other forms that highlight the narratives of abnormality. While the rationality of this kinds of discourse may at least affect the policy and legal issues related to the environment, this perspective is limited. When it comes to addressing the core issue at stake, both affect and effect of the chemical on the bodies of Human beings matters. This paper will centre the concerns of the already affected people and their narratives of poisoned bodies. Such narratives which form a living history of such environmental damages are central to understanding the larger concept of the 'unnatural' and how we as human beings in constructing abnormal narratives of victimhood are denying ourselves and the affected people our most precious value, that of being human.

The environmental disaster in which a poison called endosulpan was introduced into the bodies of the people and its effects that persist in the environment are well documented. Such documentation takes the form of medical reports, recorded narratives and testimonies of people affected by the pesticides, media articles, news and visual recordings. Such narratives directly and indirectly identify the effects of the toxic substances on people's bodies by comparing them to a 'normal' body. There is already a standard discourse about what a normal body is, what a normal life should be like and what constitutes a normal livelihood. Always articulated against a body-efficient, productive, cognitively efficient member of a society the poisoned body is constructed in these cases as deficient, disfigured, unproductive and cognitively challenged. The underlying presumption of these narratives is that the body of the Endosulphan affected person (henceforth EAP)* is a deviation from the socio-biological normal. Further to this presumption is also the emphasis on the use of certain kind of emotionally charged language that is used to describe the state of EAPs in order to evoke certain sympathy in the reader or the public. Not only are the bodies subject to a medical gaze, but they are also written about or written of as deviate.

Take for instance, the medical reports on EAPs. The biomedical assessment measures not only of the trace of such a chemical poison but also the intensity of the effect in a body. They measure the amount of toxicity that is embedded in the body by quantifying it and record the intensity of deviation from the normal by using terms like 'severely affected' or 'mildly affected' in their reports. On the other hand other, fact- finding reports highlight the deviations from the normal by evoking a sense of horror and the very helpless state of the EAPs. The writing of such reports and narratives, including the media articles that try to portray the injustice or seriousness of the environmental disaster tend to reduce the affected person's life and their future to the disabilities and difficulties

caused by the toxin. Sometimes the EAPs are described using metaphors that highlight their deviant life or disfigurement and construct them as passive recipients of an injustice with no recourse to any form of adaptation or restitution.

Here I am interested in unpacking a hidden and subliminal construction of the poisoned body that is portrayed as 'unnatural.' These narratives that emphasize the abnormal turn the poisoned bodies of the EAPs who are constructed as victims. The very body of the EAP becomes a site for the discourse of wastage. Implicit in this discourse is the idea that the body of the EAP is unadaptive, and irrecoverable. There occurs an objectification, of the EAPs, aesthetisation of the abnormal and the portrayal of such bodies as exhibits of social injustice. The EAP's body becomes a spectacle for both the medical gaze and the socio- legal gaze. I am not claiming that such a measure to claim compensation and social justice for endosulfan victims should not be undertaken or that the larger project of activists may be diluted by such a move. Instead, I am arguing that it is now time to go beyond the finality of the discourse of victimhood and look at how the poisoned body can be restituted from its abnormal condition. In fact the more the people are entangled in the discourse of the poisoned body, the more likely they are pushed into an isolated place of victimhood. They are featured as traumatized by their own being, incomplete as human beings, labeled as an unnatural. The narrative almost constructs the EAPs as burden to others, dependent and incapable of understanding or communicating their body.

Body is subjected to abjection within the bio medical gaze. The medical objectification of the body through the discourses and practices of clinical medicine was seen to deny people agency and medicine and position them as medical objects.

This process excludes the narratives of how people manage illness in the context of their own life and the kinds of emotional and affective experiences produced by the poisoned body. The narratives of the body as constructed by the dominant discourse of medicine, labels and measures the disability and the intensity of damage using various factors such as age, movement and cognitive skills. All this is based on an image of a normal human being who has to be productive, should communicate with the world on its terms. When EAPs are tested through these parameters and found wanting, they are declared abnormal or even subhuman. Human beings who have such bodies are marginalised as having less than human ability thereby denying them autonomy to construct their own stories in their own voices. A 'happy' EAP would thus be an anomaly whose voice would be silenced by dominating narratives of victimhood. An EAP who adapts to her state of less than perfect body and achieves education would be lauded not for her own efforts but for achieving something despite her pitiable state. The narratives instead would continue to emphasize on the deviance.

The second kind of objectification occurs through the very act that gives recompose to the affected people. A kind of passive victimhood is assigned to the EAPs during the process of soci- legal testimony. While many caretakers do have a voice that narrates their difficulty and pain at dealing with an EAP, sometimes the voice of the person who has been directly impacted is marginalised once more by denying it autonomy and agency beyond its role as a testimonial to the environmental disaster, an object of judicial medical and social enquiry. This is almost a second poisoning that isolates the victims from the other normal people around them, giving them no chance beyond

being the measure of the judicial or economic compensation. Though this is a necessary part of the process in obtaining socio- legal justice, the EAPs themselves are denied any role or agency in constructing their own testimony. Apart from actual testimonials of the voices of EAPs, photographic and video evidences are also used where the language of exaggeration is used to create images of helplessness and loss of quality of life, deformities. Often in meetings and public enthusiastic activists and well-wishers invoke metaphors of damage of Endosulphan, describing EAPs as being reduced to animal states or vegetative conditions. One cannot blame the documenters and activists for this construct. The body of an EAP is required to be constructed as wasted away and irrecoverable. In fact the more such narratives evoke horrors of such damages, the more are possibilities of justice and public support.

Is it possible philosophically to re-understand the concept of the normal itself as not so perfect and not so normal narratives. It is. I draw here a parallel from a tradition that is familiar to the people of this regions. In Indian intellectual rendering of the idea of the body, particularly from the Ayurvedic tradition one may follow a particular sense of naturalising the imbalanced body or naturalising the unnatural. The concept of health in Ayurveda is not that of an ideal-type or ideal productive individual but from the perspective of doṣa, loosely translated as vitiating elements. In this view of the body all individuals are subjected to some form of imbalance and none of bodies are truly always healthy. The inclusivity of the abnormal and the incapable arises from normalising the unadaptive body, because all bodies are naturally always in a state of dynamic adaptation to the environment. All bodies are not therefore subjected to the same standards of physical or even cognitive abilities. It is possible for us to argue that such an interpretation will result in a fatalistic view of disease and disability. But in actuality, the acceptance of the capabilities of body allow for a deeper sense of comfort both socially and emotionally. I have seen this particularly when Ayurvedic doctors have nothing to say about my bulk or fat. In fact they say “your kapha doṣa causes you to be fat.” In this sense, a normal body is not normal. The idealized biological body that is fit and free of all problems is at best an ideal to be realized. This body is subjected to pain, variations of various affective states and obstacles of adaptation.

The body itself is not a singular entity but is a body multiple. This body is porous to the environment and other bodies. Acknowledgement of this will allow us to treat the poisoned body not as an object but as a human being who is in interaction with a hostile environment. Understanding the body without the framework of the normal allows us to actually create an ethical stance where during the construction of these dominant narratives we pay attention to counter narratives of the body and the EAP. Our commitment shifts from highlighting the victim's plight to actually recognising the EAP and their humanness. The narratives become dignified with recognition of their reductive nature. On the other hand, EAPs who are forced to follow a tragic narrative or a heroic narrative of overcoming their condition will be allowed to document their everyday experiences that includes pain and pleasure. This recognition would allow them the freedom to form their own narratives. Rather than constructing the narrative of normal body we have to look beyond to normalising narratives of the EAPs as human beings. Out of that newer practices and ideas of restitution can be evolved. Detailed account of such practices would be a different presentation but let me give an

example. One instance is how one can communicate with someone who has no language ability. Through touch and synchronised breathing with such a person one establishes a one to one connectedness with individuals. This is also a form of connection and care. A caring touch also conveys much more than words. Why should not EAPs experience the same kind of care?

There are many ways of caring that create environments where the bodies of these EAPs can be considered normal. Opportunities for such bodies to lead lives that are not measured by the productive standards of the world can be created. Tying shoelaces cannot be a standard for wearing shoes; one can create shoes with Velcro. There are no measures for being human. I end my short piece here asking everyone to develop reflexive thinking when we create narratives of EAPs and not dehumanise them in their representations. All human beings have a right to their life without imposing our measures of quality of pain and pleasure on them.

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