Arc

of

João Biehl & Vincanne Adams EDITORS

with a foreword by Paul Farmer

Interference

Arc *of* Interference

Medical Anthropology
for Worlds on Edge

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To our mentor Arthur Kleinman
And in memory of Paul Farmer

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A deadly pestilence is in our town, strikes us and spares not, and the house of Cadmus is emptied of its people while Black Death grows rich in groaning and lamentation. . . . Raise up our city, save it and raise it up. . . . If you rule this land . . . better to rule it full of people than empty. For neither tower nor ship is anything when . . . none live in it together.—SOPHOCLES, *OEDIPUS THE KING*

Me and you, we got more yesterday than anybody. We need some kind of tomorrow.
—TONI MORRISON, *BELOVED*

Our time is specialized in producing absences. . . . My provocation about postponing the end of the world is exactly to always be able to tell one more story.—AILTON KRENAK, *IDEAS TO POSTPONE THE END OF THE WORLD*

THAT WE LIVE IN WORLDS ON EDGE has served as a premise for much of the past decades of anthropology, in which inequality, violence, and uncertainty have been pervasive, exhausting social lives but still sometimes harboring visions of surprising escapes. Anxiety and anomie have been deeply felt on the edges of autocracy and predatory capitalism, of disintegrating cultures

and forced migration, of infrastructural breakdown and abrupt climate change—mediated by extreme populism, war, disinformation, and state and corporate efforts to dismantle piecemeal, though meaningful, agendas of socioeconomic rights. Meanwhile, the "ethnographic sensorium" has also kept eliciting peoples' plasticity and desires for self-determination and things to be otherwise.[1]

Today, we find ourselves past that stage of foreboding, and this writing, too, takes place at an edge of calamity's unfolding. While Russia wages a brutal neocolonial war against Ukraine and democracy itself, the COVID-19 pandemic continues to rage across the world, undoing taken-for-granted ways of knowing and acting and revealing the thorough impotence of social safety nets, health-care systems, and hoped-for bonds of solidarity.

Amid rippling health, economic, and political damage we are forced to reckon with the deadly impact of environmental decline; the utter fragility of our systems of preparedness; and the entrenched forms of structural violence that exacerbate vulnerability, mortality rates, mental illness, and disparities in care. These collective disasters affect and kill unevenly along the vectors of race, gender, class, nation and region.[2]

Social media-saturated and divided as ever, necropolitical scenarios ask us to put what remains of our faith in the virologists, epidemiologists, vaccine developers, climate planners, governments, nonprofit organizations, and other technocratic solutions to restore some sense of normality to social and economic life. But these, too, may fall short, reconfiguring and reinforcing inequities and control systems even after stimulus packages are unleashed and anticipated lifesaving technologies become available.[3]

Meanwhile, Black Americans have reached a tipping point brought on by the white supremacy and systemic racism that, for centuries, have constrained their lives and foreclosed the life chances of people of color, often under the guise of a liberal political order, humanism, and fallacious systems of accountability. The police violence that has brutally marked the daily experiences of entire communities is, at long last, at the fore of political discourse around the world. The horrors of the killing of George Floyd on May 25, 2020, have also prompted a recalling of generations of murdered Black citizens and unprecedented displays of activism and imagination for what could replace unjust modes of governance and oppressive dynamics of inclusion and exclusion, here and elsewhere.[4]

Amid this general sense of vertigo and facing the fleeting promise of repair and abolition, we know that the pandemic, planetary demise, injustice, inequality, and health collapse are connected: not wanting to discount one

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as the product of any other, we can still see how the cumulative effects give rise to a sense of possibility for a refashioned world in their wake. What, then, does the present moment ask of anthropology—of our listening and evidence making and of our own "response-ability" toward practical solidarity in the face of so much that is on edge?[5] How do we write about these times and thus take a leap toward interfering in their course, attentive not only to the massive scale of vulnerability, affliction, and death that has come into view but also to the "active will to [create] community" and insurgencies therein?[6]

Alternative forms of intentionality and conviviality emerge alongside newfangled scales of harm and caregiving. People the world over are propelled by this unparalleled state of urgency into rethinking the architectures and assumptions of medical capitalism, political power, and social and economic life. And we, too, are thrust into recasting our disciplinary bequest, research foci, and public roles as scholars.

As we ponder what and who needs our work, we must appraise with humility anthropology's origins and entanglements in colonialism, environmental imperialism, and systemic racism. But we also must maintain a commitment to the empirical potentials that interlocution opens up and to learning from human ingenuities, plasticities, and fugitivities in the face of death in all its forms. For the discipline has also thrived from relational and situated knowledge making that has tried to destabilize hierarchies of expertise; from historically attuned analysis and an openness to insurgent archives; and from reflexive engagement as diverse practitioners have sought to unsettle hierarchies in the category of the human and established forms of thought about the ethical and the political.

If *intervention* signifies a mode of technical and political fix, constrained by certain temporalities and geographies of scope and scale, anthropology, at best, should afford alternate modes of *interference*: interrupting ideals of naturalness, breaking open commonsense understandings and technical assessments that inform "which kinds of lives societies support," and summoning intellectual and political engagements and a "will to live" that go beyond one-off humanitarian rescues tethered to supposedly isolated events.[7] Through all this, *interference* calls for a disrupting and moving along the discipline's taken-for-granted concepts and commitments. Attentive to both the longue durée of chronic precariousness (aggravated by emergencies) and the unanticipated dynamisms and trajectories of local worlds, we can collaborate in opening up new vistas into today's shifting grounds of the biosocial, the material, and the politico-economic. In the process, ethnographic creations

may themselves emerge along *arcs of interference*—conceptual and political projects whose endpoints remain always out of view, but which, in beckoning us to intellectual work, solidarity, and commitments to justice, may enlarge our sense of what is possible and activate a sharper "horizoning" capacity, as Adriana Petryna puts it.

Against the backdrop of tipping points and the heightened struggle against systemic racism, we thus ask: How can anthropology track the circuitous pathways—the arcs of historical and political possibilities that remain ever in view—that may guide us as we find ourselves refashioning a world not just in COVID-19's wake but in the wake of the multiple precipitous worlds on edge that we have created?[8] How can we best approximate the ruinations, survivals, and technological reinventions of today's lifeworlds—these ongoing worldly fabrications and the unresolved lives therein? How might the *ethnographic open* animate the imagination of new worlds and possibilities of justice, equality, and freedom?

The challenge is to work toward an attuning of the social sciences to the restlessness and sense of moral purpose that animate critical thought and social action in the local worlds that we learn from, write about, and think with. As Angela Davis powerfully says, "The refusal or inability *to do something, say something,* when a thing needed doing or saying, [is] unbearable."[9] To calibrate our efforts might mean to embrace silence as much as the demand to speak, to sit with our interlocutors in solidarity, not always knowing for certain how exactly to act.

Our effort in *Arc of Interference* emanates from a shared trust that critical medical anthropology might be uniquely equipped to interfere in our embattled present, given its long-standing and particular commitments to ethnographic engagement with the distinct human conditions of our times and to the articulation of theoretical and practical contributions to health and care, as well as to the ways these core subjects are, for better or worse, studied. The work of ethnography pushes us to think against the grain, with and through difference, attentive to the nonteleological ways that social and political forces unfold, the uncertain and unexpected in the world, and to care for the as-yet-unthought that keeps modes of existence and knowledge making open to extemporization and constant recalibration.

In trespassing disciplinary boundaries and challenging methodologically authorized analytical distance among medicine, health, and the social, the field of medical anthropology has long illuminated the dynamic interplay

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of the human and the material, the cultural and the biological, technology and affect, the clinic and the home, and the local and the planetary. Medical anthropologists have, almost routinely, demonstrated how local and global studies can rise above their delineated confines to create a stronger kind of hybrid, crossover knowledge. All the while, scholars have striven to balance critical social inquiry and critiques of knowledge with a responsiveness (with all its double binds and limits) to the lived experience of affliction and an attentiveness to the micro, meso, and macro ways suffering and injustice are resisted.[10]

The COVID-19 pandemic and the turbulent forces unfolding as a result have shown the marked relevance of central medical anthropological insights and concepts today. Just as *structural vulnerability* is a critical lens to explain why a respiratory virus so disproportionately spreads among minority groups and along other lines of social stratification, so, too, is *racialization* key to making sense of inequities in death rates and their codification in medical literature and, in so doing, breaking open regimes of systemic violence, invisibilization, and disregard.[11] Reigning paradigms for fragmented public health systems are revealed as wholly inadequate to handle the many facets of an epidemic response—logistics, contact tracing, outreach, and community engagement, not to mention surge hospital capacity for supportive care—and yet a *pharmaceuticalized pandemic-industrial complex* capitalizes from the chaos with salvific promises of unleashing economies of technocratic, market-based, magic-bullet solutions—even while, from other sites, the neoliberal biopolitical order seems increasingly called into question.[12] At the same time, timeworn concepts such as structure are shown to be more complex in the present than their past uses allowed, beckoning for new models such as toxicity, the commons, speculation, and multispecies cohabitation.

Importantly, medical anthropologists have also concerned themselves with the everyday, lived effects of these political-economic decisions. Their work has been attuned, for instance, to the labor regimes that subtend normative conceptions of health, determining what is deemed essential to life, whose lives are paramount to save, and who is destined to die, in hospitals or at home. Ethnographic care and attention to the making and remaking of lifeworlds under these conditions has thus revealed many novel attempts at living and "house-ing" under duress that can take center stage and speak back to policy and public debates.[13] At a more personal level, reflecting on the possibilities of care in this bizarre, atomized, and constrained present, we see how contemporary crises can serve as renewed opportunities for each one of us

to "learn how to endure with purpose and make this a period of emotional and moral transformation," in Arthur Kleinman's words.[14]

As the movements of the day and the senses of dread and foreboding—but also hope that comes with them—grab our attention, we find ourselves asking: What space remains for considering the work of the anthropological imagination that predates the moment we live in? How might medical anthropological engagements with other worlds, and other problems, be brought along in this work and still speak in potent ways to current urgencies?

Arc of Interference is a stocktaking of contemporary, humanist medical anthropology: its influence on ethical debates and social theory and the ways it is continuously transforming the stakes of critique and public discourse in our times. It is guided by a return to the work and legacies of Arthur Kleinman, one of the most important figures in medical anthropology.[15] We find *arc* an appropriate term to evoke Kleinman's influence on the field, as his seminal contributions to cultural psychiatry, social medicine, global health, medical humanities, Asian studies, and many intersecting fields continue to inspire students, conceptual and empirical work, and critical political and intellectual debates in medical anthropology today. Kleinman's specific modes of inquiry are, of course, one among many critical approaches to medical anthropology, but his commitments to questions of experience and intersubjectivity amid accelerated social and politico-economic transformation and to envisioning ethnographic engagement as a work of care have served as conceptual springboards for the vibrant and diverse debates, methods, orientations, and theoretical commitments that continue to define the field.[16]

We are inspired by Lawrence Cohen's insight about Kleinman's career and relentless studying, theorizing, and reflecting on care as itself one of *interfering* in both commonsense and technical expertise at various levels: "from the enactment of a form of clinical practice that works otherwise to the production of a form of speech or writing that does not complain (and thus merely reinstantiate competing moral demands as an unending contest) but interferes in this oppositional terrain" (see chapter 7).

The term *arc of interference* thus evokes the intellectual and professional tasks that have guided Kleinman's career since the early 1970s, when, as a young physician just out of public health service and research in Taiwan,

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he came to Harvard University to work across history of science and anthropology on the comparative study of medical systems. In 1973, Kleinman published a set of essays that contained the ethnographic seeds of the concepts he would continue to trace over his fifty-year career.[17] The most seminal of these articles, "Medicine's Symbolic Reality," probed the philosophy of medicine and questioned how biomedical knowledge was culturally constructed. Another essay pointed out the blindness of public health when it came to modeling health care in society. Left out of these analyses were family relations and nonprofessional healing, Kleinman noted, the most important source of caregiving (both personally and quantitatively) for many patients. In an additional text, Kleinman drew from his pioneering ethnographic work in China and Taiwan and critiqued scholars of China for effacing questions of health, emotions, and values. In contrast, Kleinman indicated how a study of medicine and health more generally were crucial to understanding the historical transformation China was experiencing at the time.

In these essays and the many that would follow, Kleinman would bring ethnographic knowledges and sensibilities to bear on various aspects of biomedicine's commonsense orientations to illness and disease, health systems, and mental illness and care and unsettled them, modeling a kind of productive interference that in turn shaped his own theory-making within anthropology. For instance, *Patients and Healers in the Context of Culture*, Kleinman's first single-authored ethnography, set out to articulate an approach to medical anthropology that would emphasize the work of caregivers and privilege people-centered ethnography as a mode of theory making. The book offered a new way to conceive of the field that until then had been closely linked to public health, with its temporal and epistemological commitments to certain kinds of intervention. He would go on to call for an ethnographic approach centered on the human experience of suffering as a means of liberating ethnographic subjects from the reductive and dominant medical and social-welfare categories of analysis; to study the cross-cultural experience of bereavement and depression in ways that challenged psychiatric categories of mental illness; and to write about illness narratives as entry points into the primary grounds of care and caregiving.

Through the arc of his work, Kleinman would keep social experience and the question of the moral ever in view. Indeed, his career has been shaped by the visceral desire to fashion a more resonantly human understanding of the experiences of illness and treatment, cultural and socioeconomic influences on

therapeutic relationships and outcomes, the construction (and limitations) of bioethics, and the social processes that underlie biomedical knowledge production. These commitments to comparative work on the place of values in professional practice and in everyday life—always attentive to *category fallacies*, *illness narratives*, *social suffering*, and the *arts of caregiving*—arrived at a critical juncture in anthropology. As poststructuralist and postmodern critiques were chiefly redirecting anthropologists' attention to destabilizations of truth and power, Kleinman's work would inspire the discipline to maintain an ethnographic practice attuned to diverse institutional realities and intellectual traditions and to the personal stakes of these endeavors.

This is the central argument in Kleinman's more recent book, *A Passion for Society* (coauthored with Iain Wilkinson), which explored a longer lineage of critical thinkers, such as Max Weber and Hannah Arendt, whose *life of the mind* and *amor mundi* rejected the idea of "objective" social science divorced from practical solidarities. Throughout his career, Kleinman has consistently advanced this commitment to ethnography as much as an art of living as a vehicle for knowledge production: "What really matters" is the exercise of "presence, openness, listening, doing, enduring, and the cherishing of people and memories" and the enduring social bonds of care that hold things together.[18]

The essays in *Arc of Interference* continue to engage these central concerns. The chapters open up Kleinman's enduring influences through the lens of ethnographic and theoretical engagements with issues of key social, medical, and political import in the context of the far-right turmoil and inequality we see across the planet. An agonistic critique pulsating through all of Kleinman's work also permeates the chapters in this book, grappling not only with how geopolitical structures of violence, impoverishment, ecocide, and affliction actually work, but also with new ways to break open the political imagination through ethnographic storytelling.

What does it mean to interfere in the medical and political realms of today's preposterous social orders, when ethnographic insights bring into view, with increasing nuance, the displacement of taken-for-granted subject positions and the ambiguities of moral calculations? What opportunities for clinical and policy engagement remain as the horizons of calculability disappear and ethnographic evidence continues to both displace and inform them? And how can this productive tension that ethnography generates when put into conversation with other forms of social-science expertise and knowledge disrupt and refigure our intellectual and political responses to contemporary predicaments, from the COVID-19 pandemic and its aftermath to

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ongoing racialized violence and the multiple fiscal and environmental crises that loom ahead?

Arc of Interference frames Kleinman's work (and, by extension, medical anthropology) as a means to a situated practice of critical thinking and engagement with the actual and the otherwise in three senses. The first is vis-à-vis the ethnographic, capturing the longevity of the anthropologist's contributions that have opened up space for exploring health as a construction and a contested way of being, local moral worlds and human conditions, and the arts of caregiving. The second is conceptual, as an intellectual practice that interferes with or bends our thinking about what remains as a concern for (and means of attending to) "modes of being human" and the ethical, and the political amid all kinds of posthuman turns in anthropology and critical theory.[19] And the third is vis-à-vis the possibilities for a publicly engaged anthropology: innovating new spaces for scholarship, calling on social scientists to seek broader audiences, and working to transcend the gaps between positions of empirical rigor and critique—spaces of interference—to cultivate what Kleinman calls a moral movement for social change that can inspire new arts of living.

As scholars aware of the limits of reasoned discourse in interfering in profiteering machineries and exclusionary worldviews, yet also inspired by emancipatory ideas, we wonder for whom we should be writing and the forms of understanding and doing our storytelling might unleash. Facing unmoored social and ever more complex human health predicaments, how might a *care-ful* anthropology encompass radically divergent forms and definitions of living and dying? And how might a concern with "what really matters" to peoples attend to issues in beyond-human, beyond-material realms (ecological, religious, and so on)?[20]

Ethnographically attentive to the interdependence and plasticity of life-forms across scales, the contributors to this volume place themselves in dialogue with Kleinman's multiple interferences by weaving together the affective trajectories of singular lives and "tiny solidarities" with large-scale political-economic, technological, medical, and environmental dynamics.[21] As Judith Butler notes, "Perhaps the human is the name we give to this very negotiation that emerges from a living creature among creatures and in the midst of forms of living that exceed us."[22] But tracking such negotiations over the figuring, disfiguring, and refiguring of human conditions is never only the prerogative of the social scientist.

Throughout *Arc of Interference*, we engage and write *with* people and their beleaguered lifeworlds. Aware that "history is literally present in all that we do" (in the words of James Baldwin), we seek to learn how vulnerable peoples understand and conceptualize their plight and do the work of scaling, healing, and inventing in everyday interactions.[23] People, the worlds they navigate, and the outlooks they articulate are more compounding, incomplete, and multiplying than dominant analytical schemes tend to account for, or are even capable of conceptualizing. These essays offer a thought space for their survivals and horizon making and for a theorizing that is never detached from praxis.

Arc of Interference is organized into four parts, each clustered around a concept, theory, or problem space addressed by Arthur Kleinman over his professional and intellectual arc. The ethnographic foci of these chapters span histories to the present and engage Kleinman's work with various degrees of explicitness while cross-pollinating multiple intellectual traditions. These encounters with Kleinman's empirical and theoretical contributions circumvent reification and, instead, attend to their open-endedness and ongoing influences on medical anthropology.

In "Part I: Traversing Imperiled Worlds and Envisaging Human Futures," we are immersed in a series of dystopic worlds marked by uncontrolled wildfires, border violence, and suicide by self-immolation. These are contexts in which the reconsideration of the prospects for survivability and caregiving feel more urgent than ever, but where the moral certainty that could drive that survival and care has become inextricably entwined with racial and nationalist politics, a grievous politics of exclusion, and the onset of paralysis in the face of environmental destruction by an overheating planet and the demise of conventional forms of expertise.

The chapters by Vincanne Adams, Davíd Carrasco, and Adriana Petryna bring into stark relief the question of what prospects remain for the figure of the human and for action under these conditions of duress. How might an anthropology that is committed to the work of rectifying social suffering, moral clarity, and care—themes for which Kleinman was a trailblazer throughout his career—best attend to the specter and evidence of demise? How, in other words, might our very assumptions about how best to do a contemporary moral anthropology be shaped by sustained ethnographic immersion in how people the world over are reckoning with the possibilities of interference, even as moral certainty and imaginable futures increasingly recede from view?

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In "Part II: The Category Fallacy and Care amid the Experts," we are asked to consider how the ethnographic archive might serve as a critical interference in the field of medical innovation and in improving forms of clinical care. Kleinman's extensive legacy sits squarely in this terrain, where the insights of the anthropological imagination recalibrate, or even unseat, presumed architectures of diagnosis and response. Early on, Kleinman noted that cross-cultural health researchers must keep in mind that culture does more than merely color the experience of illness; it actually informs the very categories by which illness is understood and through which certain forms of intervention are deemed possible. Kleinman termed the failure to recognize the foundationally cultural constructions of illness as the "category fallacy."[24] Initially levied at transcultural psychiatry, this critique has shaped an entire school of thought in medical anthropology.

Here, Salmaan Keshavjee, David S. Jones, and Janis H. Jenkins draw from their inceptions in the worlds of global health, social medicine, anthropology, and the history of science to reveal how the social construction of diagnostic categories and therapeutic possibilities for tuberculosis, heart disease, and mental health across diverse settings—from India to the American Southwest—can have profound implications for health policy and caregiving, caught as they are between injunctions to amplify the realm of the possible and to settle for the "appropriate" or "sustainable." Interference here takes the form of decolonizing global health via unsettling its most common senses, highlighting the fallibility of assumptions surrounding scarcity and the affliction and death those assumptions ensure and calling to task regimes of care that are premised on institutionalized inequities.

In "Part III: Worlds of Biotechnological Promise and the Plasticity of Self and Power," Lawrence Cohen, Marcia C. Inhorn, and Margaret Lock explore the possibilities and perils of new regimes of knowledge and care that are emerging around biometrics, reproductive health, and epigenetics as they impinge on self-fashioning, the body politic, and "the art of living socially."[25] Their essays consider the world-making capacities of technological innovations in computer science, experimental medicine, and the life sciences and their multifarious impacts on vulnerable human populations. We see these projects and their ambivalent effects at play in the promises of biometrics to maximize welfare and health-care inclusion in India; the use of reproductive technologies as inter-Asian opportunities for family making; and the use of epigenetic technologies to map human life under conditions of environmental decline and historical trauma vis-à-vis settler colonialism.

Collectively, the chapters in part III show how science and technology are integral to the restructuring of power relations and bodily experience. Highlighting the plasticity of both biopolitical governance and human aspiration, the authors refute tacit and coherent notions of the self, biology, and the social. All the while, they remind us that the stakes of categories such as "progress" and "innovation" in times of such accelerated technocapitalist reformulations are not just alignments of culture and expectation, but also a consideration of technologies' moral and political wakes. Interference here comes not in the form of directing clinical care, but in recalibrating our certainty around who the figure of the self or human is at the center of technological progress and in crafting an ethnographic sensibility that is closely attentive to peoples' own "bricolage."[26]

In "Part IV: Tracing Arts of Living (or, Anthropologies after Hope Has Departed)," Robert Desjarlais, João Biehl, and Jean Comaroff reflect on caregiving, anthropological thought, and writing in the face of death and the world's fundamental contingency. Drawing from their long-term relations with their ethnographic interlocutors in Nepal and Brazil, respectively, Desjarlais and Biehl explore the moral and emotional dynamics and mutual gift giving at work in caring for the afflicted—the relational "now of cognizability," in Walter Benjamin's words—and think through the spectral care for those absent or faintly present, pondering how these memorials both inform and exceed peoples' ongoing arts of existence.[27] Comaroff extends these intimate meditations by brainstorming the role of social thought "on borrowed time." Taking into account anthropology's historical reckonings with the figure of the human, as well as core insights from this volume's critical essays, she offers us a newly humanist ethical compass in the midst of the Anthropocene.

These meditations on the practical wisdom of caregiving and healing that traverses and transcends individual lives, symptoms and their schemes, and the chaotic present, then, also provoke a more nuanced way to understand the simultaneous relationship of the anthropologist—as caregiver, as scholar, as activist, as storyteller—to broader arcs of history and the unknown. Here the authors find common ground on the idea of the *ethnographic open*, which forces us to think about the human figures that are crafted, persist, and reemerge through multigenerational bonds of affect, love, and ethnographic relationality—call it ethical immanence.

In an afterword to the volume, Arthur Kleinman reflects on the preceding chapters in relation to his own experiences as an anthropologist and caregiver, particularly for his late wife and lifelong collaborator, Joan Kleinman.

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"The soul of care," as he poignantly notes, lies in its irreducible sociality, efforts at presence, and persistent moral obligations.

And so we return to the imperiled present and the particular ethics of care to which we are called. For it may be this *ethnographic open* that will enable us to remain attuned to the overwhelming forces of inequality, structural violence, and myopic politics that have now accumulated to what seems a breaking point, but also to the plasticity of people enacting moments of transformation and to the unfinished nature of what may yet unfold—to what may transcend this vertiginous moment and our social ills.

There is indeed a great deal of demise going on, from the utter impotence of dismantled welfare systems to new scales of police brutality and health inequities, cultures and discourses of appalling exclusion and silencing—but there is also a great deal of envisaging and working for; of tinkering, creativity, and previously unimagined coalitions of solidarity emerging.[28] New conceptions of and modes of engendering security proliferate; new systems of mutual aid abound in communities; and efforts to secure some basic universal access to care seem more urgent, as well as more possible, than ever before.

How we maintain a state of wonder at the radical unpredictability of social and political trajectories while calling to account that which must be named is the question at hand. It resembles the intentionalities and commitments not unlike that of ethnographic research with its perils (the foreclosure of analytic opportunities under the weight of already sedimented theory) and possibilities (interfering with new forms of thinking, acting, politics and caring emerging from the lifeworlds and imagination of real people navigating fraught conditions).[29] Wonder, after all, is not just wishful thinking. It has its etymological roots in astonishment, suggesting an unfamiliar orientation to social and political realities and to ideals of well-being. To be committed to this astonishment is to invite, as ethnography does, contradictions and unknowns as interferences in our everyday knowledge and practice. In considering and advancing medical anthropology's long *arc of interference*, the essays assembled here provide us with a provisional map of dispositions to adopt as we live, study, write about, and interfere always open to both what is immanent and unthought within and what may be beyond these worlds on edge.

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Notes

1 | Biehl and Locke, "Ethnographic Sensorium." See also Adams, *Markets of Sorrow, Labors of Faith*; Allison, *Precarious Japan*; Garcia, *The Pastoral Clinic*; Livingston, *Improvising Medicine*; Malabou, *Plasticity at the Dusk of Writing*; Miyazaki, *The Method of Hope*; Pandian, *A Possible Anthropology*; Povinelli, "The Will to Be Otherwise/The Effort of Endurance"; Simpson, *Mohawk Interruptus*; Stewart, *Ordinary Affects*; Thomas, *Political Life in the Wake of the Plantation*.

2 | Biehl and Günay, "How to Teach Anthropology in a Pandemic?"

3 | Greene and Vargha, "How Epidemics End."

4 | Campt, *Listening to Images*; Davis, *Are Prisons Obsolete?*; Gilmore, *Golden Gulag*; Glaude, *Begin Again*; Ralph, *The Torture Letters*; Shange, *Progressive Dystopia*; Taylor, *From #BlackLivesMatter to Black Liberation*; Vitale, *The End of Policing*; Williams, *The Pursuit of Happiness*.

5 | Haraway, *When Species Meet*, 89.

6 | Mbembe, *Out of the Dark Night*, 2.

7 | Biehl, *Will to Live*; Biehl and Petryna, *When People Come First*; Geertz, "Common Sense as a Cultural System"; Mbembe, *Out of the Dark Night*.

8 | Petryna, "Horizoning"; Petryna, "Wildfires at the Edges of Science."

9 | Davis, *With My Mind on Freedom*, 93–94.

10 | See, for example, Bourgois and Schonberg, *Righteous Dopefiend*; Briggs and Mantini-Briggs, *Tell Me Why My Children Died*; Farmer, *Pathologies of Power*; Fassin, *When Bodies Remember*; Holmes, *Fresh Fruit, Broken Bodies*; Knight, *Addicted. Pregnant. Poor*; Whyte, *Second Chances*.

11 | On structural vulnerability, see, for example, Farmer, "Never Again?"; Metzl and Hansen, "Structural Competency"; Quesada et al., "Structural Vulnerability and Health." On racialization, see, for example, Hansen, "Pharmaceutical Prosthesis and White Racial Rescue in the Prescription Opioid 'Epidemic'"; Hansen and Netherland, "Is the Prescription Opioid Epidemic a White Problem?"; Rouse, *Uncertain Suffering*.

12 | Adams, "Disasters and Capitalism . . . and COVID-19"; Biehl, "Pharmaceuticalization"; Biehl, "The Pharmaceuticalization and Judicialization of Health"; Caduff, "The Semiotics of Security"; Fassin, "Another Politics of Life Is Possible"; Mbembe, "Necropolitics"; Rose, "Biopolitics in the Twenty-First Century"; Stevenson, "The Psychic Life of Biopolitics"; Ticktin, "Where Ethics and Politics Meet"; Willse and Clough, *Beyond Biopolitics*. The pandemic is thus also a test case for the epistemes, institutions, and architectures of global health and particular strategies for security and financing, which have proliferated in recent decades and all emerge out their own particular histories, political economies, and ideologies, beckoning for critical analyses that provincialize singular narratives while also enabling granular insights into the contingencies that lead to particular institutional failings, even for seemingly universal and historic epidemics: see, for example, Farmer

et al., *Reimagining Global Health*; Adams, *Metrics*; Biehl and Petryna, *When People Come First*; Frankfurter, "Conjuring Biosecurity in the Post-Ebola Kissi Triangle"; Lakoff, *Unprepared*; Richardson, "On the Coloniality of Global Public Heath"; Richardson et al., "Ebola and the Nature of Mistrust."

13 | Biehl and Neiburg, "Oikography." See also Marcelin, "A linguagem da casa entre os negros no Recôncavo Baiano."

14 | Kleinman, "How Rituals and Focus Can Turn Isolation Into a Time for Growth."

15 | In his total corpus of seven single-author books, four multiauthor books, twenty-nine coedited volumes, and hundreds of journal articles and book chapters, Arthur Kleinman has devoted himself to exploring the social and structural predicaments of suffering, creating a whole genre of philosophical study aimed at grasping the nuances of psychic and social distress. His edited collections have covered the ground from global mental health, violence, and social suffering to global pharmaceuticals and subjectivity. For a complete list of his publications, see Kleinman's Harvard University faculty webpage at https://anthropology.fas.harvard.edu/people/arthur-kleinman.

16 | See, for example, Nichter, *Global Health*; Scheper-Hughes, "The Primacy of the Ethical"; Singer, "Critical Medical Anthropology"; Singer et al., "Syndemics and the Biosocial Conception of Health," and any number of the critical science studies inflected critiques of medical knowledge, including, among others, Kaufman, *The Ageless Self*; Kaufman, *Ordinary Medicine*; Latour and Woolgar, *Laboratory Life*; Lock, *Encounters with Aging*; Mol, *The Body Multiple*; Young, *The Harmony of Illusions*.

17 | Kleinman, "The Background and Development of Public Health in China"; Kleinman, "Medicine's Symbolic Reality"; Kleinman, "Some Issues for a Comparative Study of Medical Healing"; Kleinman, "Toward a Comparative Study of Medical Systems."

18 | Kleinman, *The Soul of Care*, 236.

19 | Winter, "Un-settling the Coloniality of Being/Power/Truth/Freedom," 264.

20 | Kleinman, *What Really Matters*.

21 | Lévi-Strauss, *The View from Afar*, 287.

22 | Butler, *Notes Toward a Performative Theory of Assembly*, 43.

23 | Baldwin, "The White Man's Guilt," 723.

24 | Kleinman, *Rethinking Psychiatry*, 14–15.

25 | Wilkinson and Kleinman, *A Passion for Society*, 163.

26 | Lévi-Strauss, *The Savage Mind*, 17.

27 | Benjamin, *The Arcades Project*, 591–92.

28 | Moten, *Black and Blur*, 33.

29 | Stainova, "Enchantment as Method."