



**'Fictions
of (In)Dignity': Graphic Public Health from India**

It is hard to imagine a viable approach to social justice today that does not rely on the language of human rights.

Elizabeth S. Anker (2012)

In this essay, I examine two graphic narratives collected in Vidyun Sabhaney's edited anthology, *First Hand Graphic Narratives from India: Volume II Exclusion*, that describe the impact of systemic injustice on healthcare. The question of access to basic healthcare raised by these comics

and their contribution to health literacy situate them in the human rights discourse. These texts expose our existential condition of precarity through the recognition of vulnerability and interdependence (Butler 2019, 14). These narratives employ the language and conditions of vulnerability as caused or accentuated by systemic violence, a precariat characterized by uncertainty and an environment that promotes ill health. The access to or the denial of healthcare to the vulnerable depends on the state's welfare schemes, the availability of an adequate number of public hospitals/clinics and doctors, and vulnerable lifestyles impacted by poverty. These comics do not merely or directly deal with subjective experiences of specific illness, which usually serve as the central concerns in graphic medicine, but are instead an important means of acknowledging the factors that bind together the ideas of health, vulnerability, and human rights, more readily taking on activist agendas. Reading these healthcare-narratives under the framework of human rights falls squarely within the methods of the critical medical humanities. Further, such a reading *expands* the practice of narrative medicine to include those situations and processes that impact health and well-being and which exist long before the temporality of a diagnosis comes into the picture, sharing space with the goals of, for example, a discipline like “future-oriented ecocriticism” (Slovic et al, 2022).

The two-part structure of the narratives compiled in *First Hand* describes the vulnerable first as characters of a fictional tale and then, using the visual mode of infographics to examine its salient features, as the ‘subject’ of the India Exclusion Report 2015. This description allows the reader to clearly understand and place the character against the report, such that a combination of the two may now serve as a pedagogical tool and be used in public health discourse. As narratives (both fictionalised and explanatory) that stem from the findings of the IXR 2015, these comics are, in a manner of speaking, adaptations (Sarma 18), joining only a handful of others such as *The 9/11 report: A graphic adaptation* (Jacobson & Colón 2006) and *The torture report: a graphic adaptation* (Jacobson & Colón 2017). The comics make a case for the use of the form in public health discourse in the following ways. The extant use of policy reports and statistics is adapted to the visual form—which itself narrates via metaphors, symbols, and other figurative devices—humanising these numbers with stories that present to us characters whose lived experiences are sometimes forgotten in the face of statistics that seem too impersonal to grapple with. Ironically, the humanisation of these statistics only reveals the dehumanization of vulnerable bodies in need of and denied primary healthcare. Finally, the comics expose the entanglements between human and nonhuman vulnerabilities, especially in the sections that talk of ecological factors that impact healthcare.

“In the Shadow of a Building” tackles the issues raised by IXR’s section on urban health. It presents a straightforward narrative: Ashok, a farmer, arrives in the city for a job that could help raise money for his daughter’s TB treatment. Ostracised by everyone due to the fear of contagion, he joins other daily-wage labourers working at a hospital’s construction site in the city and becomes witness to other stories of illness on the construction site, caused both by lifestyle choices (such as the use of tobacco causing oral cancer) and the lack of access to healthcare (such as the spread of dengue fever in construction sites due to inadequate treatment facilities). The title of the story is ironic: while it could signify protection, reading it as “under the shadow” would mean *in the pretext of*, indicating how injustice passes in the name of healthcare [1]. Right from the title page, where a hospital’s construction site is symbolised by a snake (as opposed to a staff and a snake), injustice in healthcare is a symbol that occurs throughout the narrative. In the mostly wordless “Without Permit, Entry Prohibited,” Vidyun Sabhaney et al. create a fictional narrative that is “true-to-life” about the Jarawa tribes of Andaman, showing the impact of friendly contact missions, encroachment, and the building of the Andaman Trunk Road through the reserves on the lives of the Jarawas. Of special interest here is a section of the narrative that deals with how ecological intervention—and contamination—exposes these vulnerable bodies to disease, but, at the same time, how the presence of medical centres at the outposts in the Andaman reserves might have an overall positive impact on the tribals’ health (reiterated in the explanatory narrative based on the IXR that follows the fictionalised tale). The narrative is a response to policies of integration and assimilation, and ‘development’ agendas.

In the *Human Rights Graphic Novel*, Nayar studies graphic narratives for their construction of vulnerabilities in terms of processes and situations that constitute dehumanization and the loss of dignity. He then turns to witnessing, and identifies the textual space of the “panel-as-witness” as an element that allows witnessing to play out both at a diegetic level and at the level of the reader,

evoking a certain 'response-ability' from us (121). This aesthetic-analytical framework is also easily identifiable in graphic medicine aimed towards health literacy.

The construction of the stranger as the *other* is the onset of dehumanization in both narratives. In "The Shadow...", Ashok, a migrant labourer, recognizes his dehumanized self when, after a few days of working in the city, he dreams that his reflection disappears from the mirror. The idea of disidentification reappears when another labourer is refused treatment because of the lack of official papers of identification. Dehumanization begins with their condition of poverty and is exacerbated by a system that refuses to recognize or treat them. Another major motif that runs through the story is the depiction of time, already a major theme in graphic medicine. Nancy Miller, for example, posits Cancer Time as a combination of biological time—where cancer is growing rapidly, the cells multiplying, what appears like the slowing down of the brain during chemo, processes like ageing; clock time, which is the objective passing of actual fabula time; and social time, time spent in social etiquettes (207-14). However, for Miller, this juxtaposition occurs *after* the diagnosis, when the disease ushers in a temporality of its own. In contrast, most of the time spent by the ill characters in the story is wasted in long crowded queues in government hospitals, trying to get a consult with the doctors. The long years of labouring in dangerous work environments that lead to chronic conditions and bodily injury are juxtaposed with the long waiting times that only end in disappointment when the doctor refuses to treat those with no papers of identification. These *waiting times* result in the loss of real time wages for these daily labourers, who choose to avoid treatment for this same reason, for, as one of them says in the story, "who can afford to lose a day's work?" (n.p.).

"Without Permit, Entry Prohibited" shifts perspectives between the Jarawas, the settlers, and the Intruders from the mainland, giving us different points of view about who a stranger could be. The conditions under which the ecosystem of the Jarawa tribes is threatened become clear as we see people felling trees and polluting land during the construction of the Andaman Trunk Road. The comic establishes a unique grammar of *witnessing and storytelling* that places the vulnerable and dehumanised body at the centre of its preoccupations. The sharp contrast between the representation of communication among the settlers/outsideers on the one hand, and the Jarawas on the other, is a depiction of embodied knowledge that is primarily phenomenological. While the settlers communicate in English, the language used in the newspapers and research reports, the Jarawas use the language of experience represented by images and sequences that are drawn inside their mouths, a variation of the *droste effect*, as testimonial language. As Anker's reading of Merleau-Ponty goes, "semantic experience remains to a degree secondary and subordinate to embodied cognition, causing those dual registers of experience to interact in a relay wherein embodied perception can creatively intervene within discourse" (49). The body here is rendered the ground zero of vulnerable experience, communicating its suffering via itself.

Two kinds of Jarawa perspectives are brought to the fore: that of a youth captured for research and that of an injured youth treated at a medical outpost. We switch between the perspective of the researcher who captures a Jarawa youth—dehumanized in panels that first show his entrapment through nets doubling as gutters and then behind bars, like a criminal—and the youth himself, who, through the bars, sees his island caged and suffering the deforestation and pollution the outsiders have caused. In a second kind of experience, another Jarawa youth contracts a disease from an outsider who shakes hands with him, and soon there is an outbreak among the tribals. The process of dehumanization reappears as a tourist's eyes peer at the tribal youth through binoculars, rendering them an exotic species under surveillance. The young man is taken to a hospital when he suffers a bad fall, and the doctors there treat him with kindness, helping him heal. As he gets better, we see how photographs of him in the hospital are used to announce the success of "friendly missions", while in the background the road continues being built. When the youth returns, he narrates—using the same unique grammar established in the previous sections—to the others how the outsiders helped him heal, at the same time witnessing in return that the road has only worsened the states of pollution, deforestation, and poaching in his own land. It is striking that the only sections of the narrative that provide an affective account of the Jarawa are the tears that tumble down their cheeks when they see their own—both the natural landscape's and the people's—suffering at the consequences of encroachment, highlighting the interdependence and the porosity of the borders of human and nonhuman vulnerabilities.

There is a pressing need to break down policies and policy reports about healthcare to the lay person in a country that has, year after year, seen failure in the implementation of healthcare schemes. For example, while the recently announced budget (2023) aims to eradicate sickle cell anaemia from India by 2047, similar elimination targets have already failed in the past: such as that for Kala Azar, which the National Health Policy has been seeking to eliminate since 2002, revising the elimination year to 2010, then 2013, 2017 and now 2023. Orijit Sen et al's serialized comic, *Indian Agriculture and Food Security*, at the heart of which lie concerns of hunger and the right to food, dwells on the history of the development of agriculture post-independence in India, including the Green Revolution, farmer's rights, and the development of the Public Distribution System (PDS). It examines in detail the measures the government is taking to eradicate anaemia, such as the fortification of rice grains, and brings to light the research that deems this a health hazard in poverty ridden spaces, serving as an excellent public health resource that questions policy.

Globally, Meredith Li-Vollmer's *Graphic Public Health* has compiled different kinds of public health graphic narratives—such as comics for health literacy, risk communication, health promotion, and advocacy and activism—into one volume, giving us an idea about the voices, audiences, and objectives in comics that tackle the subject of healthcare. Anthologies such as *First Hand Comics* or Sen et al.'s historicization of hunger in India seek a more research-based approach, aiming to foster health literacy and bring to light systemic inequalities. As comics that “provoke the reader to contemplate, critically evaluate, or even recognize a public health issue”, these work in the “service of health literacy” (Li-Vollmer 15). If public health is intended as a means to promote healthcare equity, quality, and accessibility, then both narratives tap into the potential of the comics medium to do so.

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[1] To some, this may also invoke *In the Shadow of No Towers*, Spiegelman's way of referring to the absence of the World Trade Centre after 9/11. The building in Sabhaney's comic is under construction and hence also absent, both literally and as a symbolic representation of a partially serving healthcare system.

Header Image: Native wearing jaw of dead relative, Andaman Islands. Wellcome Collection.
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