



Revolution as a care plan: Ethnography, nursing and somatic solidarity in Honduras



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ARTICLE INFO

Article history:
Available online 12 July 2013

Keywords:
Honduras
Nursing
Violence
Solidarity
Ethnography
Social change
Resistance

ABSTRACT

While diagnosis is not within the biomedical scope of a nurse's work, assessment—an inherently ethnographic exercise—is. In Honduras, as in the United States, nurses' proximity with patients, in terms of both time spent at the bedside and shared class identification (embodied as habitus), mean that nurses are often more effective than physicians in assessment and healing. Following the 2009 coup that brought a violently repressive regime to power in Honduras, subjectivation as citizen healers brought many nurses to assess patient health as a function of neoliberal and political violence. This assessment framed radical struggle that required nurses to block political violence with their own bodies as being a necessary part of patient care. Similarly, as ethnographer, I came to share with nurses and other Hondurans certain violent processes of subjectivation (albeit from a privileged subject position) that strengthened my solidarity with them as well as my deeply embodied investment in their care plan of organizing for radical social change. This paper examines the politicizing impact of the 2009 coup on Honduran auxiliary and professional nurses and the ways in which nurse assessment and ethnographic analysis can overlap and combine in somatic and political solidarity with patients and others resisting state and political violence through their bodies.

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Introduction

The role of the ethnographer working toward social change is akin to that of a movement or union organizer. Anthropologists who teach or write engage in organizing their students or readers toward a particular interpretation of the world that leads to certain actions (or inactions). Conversely, the work of the organizer requires a profound cultural understanding of the people organizing together (or “being organized”), and often incorporates the sorts of pedagogy and writing employed by critical medical anthropologists. Participant-observation is at the core of the ethnographic method, and for anthropologists working self-consciously toward social change, that participation—especially when studying people self-consciously engaged in social change themselves—requires more than speaking the language or disinterestedly learning to outwardly perform the habitus of the Other in the field. It is, rather, a holistic, thoughtful and intentionally *embodied* participation in society with solidarity at its core.

For the ethnographer and organizer, critical analysis is indispensable to radical praxis. This is both because an accurate

assessment of empirical data makes for more effective organizing and because our ethical duty extends beyond the culture(s) being studied (especially when studying up). Joining a struggle as a medical anthropologist does not mean “going native,” especially if the model at hand is to become a soldier in an unthinking cause, but rather becoming what Sartre called a “radical companion of the masses.” (1974, 227) Today we are afforded many models of radically engaged fieldwork that employ political economic analysis of neoliberal capitalism to work toward anti-hierarchical models of ethnographic *compañerismo* (being a companion in struggle), (Graeber, 2009; Juris, 2008; Scheper-Hughes, 1995) themselves building on the work radically engaged intellectuals of previous generations (Basaglia, Scheper-Hughes, Lovell & Shtob, 1987; Fanon, 1963; Powdermaker, 1966).

My objective for this paper is twofold: First, I will describe and analyze the impact of an abrupt breach in the social contract on the everyday and everynight work (Rankin & Campbell, 2009; Smith 1992) of Honduran public sector nurses, through which many of them came to re-assess their caring work as part and parcel of a struggle for democracy and justice. Numerous scholars have examined whether, how, and under what circumstances nurses develop empathy with their patients; what care means to nurses and how they enact it; how nurses are emotionally affected by the stress imposed by the organization of hospital work; speed-up and

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intensification of nurses' work under neoliberal restructuring; the undervaluation of nurses' contributions; and the conditions under which nurses become militant; all within a context of neoliberal restructuring. (DeMoro, 2000; Gass & Vladeck, 2004; Gordon, 2005; Kowalchuk, 2011; Lopez 2006; McGibbon, Peter & Gallop 2010; Mesa Melgarejo & Romero Ballen 2011; Rankin & Campbell, 2009; Smith-Nonini, 2010; Weinberg, 2003) My work builds on these studies by introducing and exploring the phenomenon of somatic solidarity that many nurses in Honduras developed with their patients through shared embodiment of and resistance to the 2009 military coup in that country and of regime violence safeguarding the coup's neoliberal agenda. This somatic solidarity has reinforced the interlinkage of nurses' own well-being with that of their patients.

Secondly, I aim to provide an example of radical ethnographic praxis based in my own participant observation work among Honduran nurses following the 2009 coup. Through my doctoral research with nurses and others in Honduras at a time when most of my interlocutors were not engaged in self-conscious political struggle (1997–2004), it became clear to me that my primary identification as anthropologist required of me a commitment to ethnography as radical change both in Honduras and the United States (an economic and military occupying force in Honduras). My three years of post-doctoral work as an educator/organizer with the California Nurses Association/National Nurses United (CNA/NNU) (2004–2007) made clear the inverse: that my identification as organizer required I engage nurses ethnographically, working to achieve a dispositional solidarity in order to more successfully comprehend their struggle and organize with them for social change.

Since 2009, I have worked alongside nurses and other members of the vast Honduran Resistance movement (capitalized in Honduras to differentiate the movement from other expressions of resistance) that arose in response to the coup that took place that year. The coup and its prolonged aftermath have exacerbated the violence of pre-existing forms of neoliberal governance that concentrate wealth (and with it, access to health and healthcare) into a few hands, but the Resistance movement helped to expose that violence, interrupting the symbolic violence and misidentification that characterize hegemonic understandings of health. Working with Nurses in Resistance provided me an opportunity to think and strategize anew—as medical anthropologist and *compañera*—about the collaborative and revolutionary potentials of ethnographic work.

Methods

This study is part of a much larger ethnographic project. Between 2009 and 2012 I made 10 trips totaling 6 months to Honduras (building on ongoing fieldwork since 1997), with ethical approval obtained by American University's Institutional Review Board. I wrote thousands of pages of fieldnotes, many of which I have published on my blog, *quotha.net*, with the aim of making my ethnographic work more public and accountable to its subjects. In addition to dozens of interviews with Resistance members, I carried out extensive fieldwork with nurses I met through my large network of friends and colleagues in Honduras, as well as through seminars I offered and snowball sampling. I carried out six formal group interviews (ranging from three to fifteen people) and three individual interviews with public-sector professional nurses (approximately equivalent to registered nurses in the U.S.) and auxiliary nurses (approximately equivalent to licensed professional and vocational nurses in the U.S.) during that period. These took place at workplaces, union halls, malls—the privatized gathering spaces that have largely replaced “public” venues in

Honduras—and in still-public plazas. Three of those interviews were audiotaped and transcribed; the others I recorded by hand, in accordance with my interviewees' preference.

I also participated in several Resistance marches with Nurses in Resistance, and carried out participant-observation fieldwork with nurses. In 2010 I gave five separate workshops presenting a political economic analysis of health and examples of cross-cultural organizing, for Honduran healthcare workers in Resistance, including professional and auxiliary nurses and doctors. These took place in hospitals, union buildings and NGO offices. I also taught five formal presentations to registered nurses and nursing students at CNA/NNU conventions and union headquarters in the United States, focusing on the political economy of post-coup health and nurse leadership in Honduras. Additionally, I have given invited lectures on the same topics to nursing students in the DC metropolitan region. The interactive and problem-posing design of my presentations has made them a rich Freirean source for ethnographic data as well as an organizing tool.

Following the coup, gaining ethnographic access to the subjects who mattered the most to me—the Hondurans I had been living among and writing about for a dozen years—required actively demonstrating solidarity with their cause. Many subjects of anthropological inquiry are well aware of the similarities and all-too-frequent overlap between anthropology and espionage. (Boas, 1919; González, 2009; Nader, 1997; Price, 2000) In a Honduran context that included U.S. military occupation and support for the usurping coup regime, gringo researchers who did not engage in active and unflagging public solidarity were (and still often are) swiftly accused of being CIA operatives, and were shunned in online fora and bodily excluded from spaces of resistance. More importantly, the ethical imperative to act in solidarity with Hondurans resisting a U.S.-backed coup regime derived from my own ethnographic analysis (Frank 2011; Pine 2010b).

As a critical medical anthropologist who understands neoliberal violence in its myriad forms as destructive to health, my “participation” has meant collaborating to protect the bodily and broader metaphorical health of the *pueblo* (to borrow the Spanish term encompassing the English-language concepts of people, community and nation) in the United States and in Honduras by fighting for democracy, justice, and freedom from State violence. This commitment has extended for me beyond the professional requirements of teaching, writing and service to incorporate (and embody) solidarity. From my home in Washington, DC, I dedicated myself to the ethnographic work of translation (Maranhão & Streck, 2003). In particular, I spent several hours per day during the six months following the coup translating the critically ethnographic articles published by filmmaker, journalist, and lawyer Oscar Estrada (Estrada, 2013; Estrada, forthcoming). My ethnographic methodology has also incorporated disseminating original and translated primary sources and articles; at other times it has meant issuing press releases, giving interviews, and writing articles myself (e.g., Pine 2009a, 2009c, 2009d, 2010a, 2010b, 2010c, 2010d, 2010e, 2010f, 2011b, Pine & Vivar 2010, 2011; Vivar & Pine 2010); at yet other times it has meant organizing protests to put pressure on the agents of violence in Washington and elsewhere. In participant-observing revolutionary struggle, I have taken cues from other recent ethnographies of organized movements (e.g., Ganz, 2010) and from Honduran Nurses in Resistance, who have themselves articulated to me parallel conclusions about the ethics of their work based on patient health assessments during periods of acute state and neoliberal violence. To maintain healthy bodies and a healthy society—they tell me—we must disassemble structures of violence and remove from power those responsible for killing and maiming our bodies and our democracies.

Blood of Isy, embodiment of a coup

On June 28, 2009, Honduran president Manuel “Mel” Zelaya and his family were awoken by armed military officers who fired their way into his home and abducted him. The presidential plane, which was used to transport the president, stopped at the U.S. military base Soto Cano in nearby Comayagua for a full 15 min before flying him to Costa Rica, raising suspicions that certain elements of the U.S. government had knowledge of and possible involvement in the planning of the coup. The primary threat that Zelaya posed to the Honduran elite backers of the coup was his support for a series of mild regulatory pushbacks against the most extreme effects of neoliberal policy (minimum wage, healthcare, pensions, food assistance programs, etc.) and for the convening of a representative constituent assembly to rewrite the profoundly anti-democratic 1982 constitution (Pastor Fasquelle 2011).

Honduras, unlike its Central American neighbors, did not have a recent history of revolutionary mobilization prior to 2009 (Boyer, 2010). Despite that, popular response to the usurpation of Hondurans’ electoral democracy was swift and massive. The day of the coup, thousands of citizens spontaneously gathered outside the presidential palace to protest, facing tanks, tear gas, and guns of the military and police. Without training or organization as an armed movement, Hondurans seemed to recognize that the symbolic power and materiality of their bodies was their most powerful weapon against the new regime. Street protests were organized daily throughout the country for over 160 consecutive days, with crowds that on some days swelled to hundreds of thousands of people (Estrada, 2013, 30–32,105). Some of the marchers were members of pre-existing organizations (e.g., unions, indigenous rights organizations), but many more came out by themselves. New affinity groups formed spontaneously along political, gender, work and other lines. Groups like Feminists in Resistance; the LGBT Movement for Diversity in Resistance (MDR); Artists in Resistance; Lawyers in Resistance and Nurses in Resistance challenged previous models of identity-based reform by foregrounding political-economic analysis and linking their various struggles together, just as they intermingled their bodies on the streets.

On July 5th, the date of Zelaya’s first attempted return to Honduras, Honduran security forces killed Isy Obed Murillo, a teenager who became the first widely-recognized martyr of the resistance. The following is excerpted from my translation of Oscar Estrada’s account of the events of that day:

Shit I am sad. It’s hard for me to not start to cry as I write this. We really thought that we would be able to recover our democracy without blood, with the song and dance that up until now has made up the Resistance. But that’s not how it was. The army shot at us and killed, injured, and profoundly wounded this nation. As the cardinal [pro-coup Catholic Cardinal Oscar Rodríguez Maradiaga] said, there will be bloodshed, and despite his threat we fight on. Having courage does not mean having no fear; it means having fear and going forth anyway.

Nobody listens anymore to any “authority” figure because we have all discovered that they are now the enemy.

...

Try to imagine, thousands of people, hundreds of thousands of people fleeing from the bullets and the gas. I was up front, I videotaped the soldiers shooting and I saw their faces of hate, of rage. The women at my side cried, helplessly shouting: “We don’t have weapons, stop shooting!” But they continued shooting. At some point someone shouted that they were firing blanks, and people believed it and went forward, but they were real, and they killed. Isy Obed Murillo Mencías, 19 years old, is proof of that.

Gathered around his blood, people began to sing the national anthem and I can assure you that I had never felt it resonate so deeply. “Oh Honduras your dead will be many, but they will all fall with honor.”(Estrada, 2013, forthcoming, 32–33)

Jorge Canahuati is a Honduran newspaper, prescription drug and firearm magnate who footed the bill for lobbyist Lanny Davis to advocate for the usurping Honduran government in Washington. Canahuati understood the symbolic power of Isy’s blood as it breached the boundary of his body, flowing onto other protestors and the ground, marking the nation itself. In a photograph published in his *La Prensa* newspaper the following day of Isy being carried off by fellow protestors, the blood gushing out of the young man’s head was neatly photoshopped away.

In my 2008 book *Working Hard, Drinking Hard: On Violence and Survival in Honduras*, I wrote about how “death porn”—the publication for voyeuristic consumption of endless scenes of gory death as mainstream news—fostered an embodiment of what Taussig calls terror-as-usual and of neoliberal logics (Pine, 2008, 30; Taussig 1989). I argued that the embodiment of fear and the prevalence of self-blame for gang and everyday violence—which can be traced to economic violence perpetrated by U.S. and Honduran corporations and government policy backed up by U.S. and Honduran military force—served to justify the imposition of violent neoliberal forms of crime control and economic policy (Pine, 2008).

Writing about the embodiment of terror prior to the coup, I discussed the embodied and misrecognized violence of neoliberalism in terms of Bourdieu’s concept of symbolic violence. The erasure of Isy’s blood in *La Prensa* showed a keen awareness on the part of its editors of the symbolic power of the image of a death in which the newspaper’s owner Canahuati was complicit. It also made evident a certain ignorance on the part of Canahuati and his editorial staff of a changing media landscape, in which the symbolism of bodies can be effectively contested through citizen media. The original bloody picture of Isy Obed, widely circulated side-by-side with the photoshopped bloodless newspaper version, prompted an official apology from *La Prensa* for the “mistake” of the missing blood. Media falsehoods in coverage of live Resistant bodies were effectively contested through citizen journalism as well; pictures of protests clearly showing tens of thousands of protesters at marches that coup-supporting newspapers described as being attended by “dozens” served as a corrective, as did video recordings of marchers chanting “*No somos cinco, no somos cien, prensa vendida, cuentanos bien*” (“We aren’t just five, we aren’t just ten, sold-out press, count us well”), posted on YouTube.

Honduran nurses, already accustomed to treating the bodies of Hondurans suffering secondary effects of neoliberal structural violence, formed the receiving line for bodies directly attacked for putting themselves in the way of a de facto military regime. Tear gas, water cannons, Long Range Acoustic Devices (LRADs), police batons and firearms were deployed against protestors. As the repression intensified, injured protestor bodies flowed in to hospitals and clinics, sometimes at a rate of dozens (and occasionally hundreds) per day (Amnesty International, 2009; Comisión de Verdad, 2012; Estrada, 2013).

In a July 2010 group interview at the headquarters of the Colegio de Profesionales de Enfermería de Honduras (Honduran Professional Nurses Association/CPEH), board members recounted to me their various experiences of the events of July 5, 2009, the day Isy Obed Murillo was killed. Two of those accounts follow here.

Eugenia:

I was in front of the airport and when the shots began, we all went off running. I went with my flag, and at a certain point I had to throw it aside because I was hurting people with it. Because everyone was running this way and that, so I had to

throw out my Liberal Party flag—I was still a Liberal at that time. [laughs heartily] When we heard the burst of gunfire we thought it was just blanks, but when we saw the teargas canisters and all, I did become afraid and ran. Afterward I gathered my courage and returned to the place where we had been, that was when the president wanted to land and they didn't let him land in his plane.

Sarahi:

On July 5th we had a planning meeting in Hospital Escuela [the largest national teaching hospital, affiliated with the National Autonomous University of Honduras, UNAH] with our colleagues...because we had a feeling that something would happen during that march...when Mel Zelaya was coming. So around one in the afternoon when the thing with Isy Obed had already happened, a colleague and I received him in the emergency room, but he was dead on arrival. We had feared that something bad would happen and it did, but after that we took in ten more patients who had been beaten up at the same time and that was when we began to coordinate between our colleagues who were out on the streets and those of us who were in the hospital. And there was a group of us...we started this up and I think we did well, very well. You get so much satisfaction from serving your *pueblo*, because we are part of this *pueblo*. And even though the police would come to the hospital, I would keep doing my [Resistance] work in secret. And I remember I would call Eugenia and say “Eugenia, I don't know how I can leave the hospital” because I felt afraid because the police were there.

Resisting coup-related violence in spite of clear danger to their own bodies is central to nurse narratives of resistance both inside and outside the hospital. Indeed, this pivotal event in Resistance history—the taking of the Resistance movement's first recognized martyr—becomes a key moment in both Eugenia's and Sarahi's proud self-realization as Nurses in Resistance.

Healing the bodies of Resistance members was seen by police and soldiers as well as by nurses as an act of resistance. During the Micheletti regime, hospitals around the country were militarized, and patients were regularly abducted from their hospital beds by military and police for interrogation, which usually resulted in further injury and sometimes death to the patients (see *Comisión de Verdad*, 2012 for numerous examples). Nurses told me of being harassed by state security forces at their workplaces, and at times being prevented from entering. Stories circulated of nurses being gang raped by police while defying the emergency curfew imposed by the Micheletti administration to go to work. Indeed, sexual violence was frequently used as a torture tactic used by police and military forces protecting the coup regime (*ibid*).

Nurses attending a workshop I gave in July 2010 described bodily consequences of belonging to the Resistance movement as *nurses*. In the prolonged, highly polarized period following the coup, Resistance was not confined to “Resistance” spaces (i.e., streets during protests, union halls) and necessarily spilled over into workplaces and homes. In my fieldnotes I wrote:

They told me about how once, in the hospital, an administrator called the cops on them. “They beat us up,” one of the nurses said. “For example, I received death threats.” ... Another nurse added that it's a constant struggle. “It's a struggle with our co-workers, a struggle against our bosses, even sometimes with our own children.”

In addition to harassment, beatings and targeted rape, nurses have suffered other violent repercussions for their resistance activities. For example, on September 30, 2009, nurse Olga Osiris Úcles died from direct inhalation of teargas while marching as an

enfermera en resistencia (*Unión de escritores y artistas de Honduras*, 2010). Hospital militarization and targeted police attacks on nurses and other healthcare workers in resistance have continued under the coup successor government of Porfirio Lobo. On February 3rd, 2010, 29-year old nurse Vanessa Yamileth Zepeda, an active member of her union (SITRAIHSS) and resistance leader, was abducted and killed upon leaving a union meeting. On September 17, 2010, SITRAIHSS president and resistance movement leader Juana Bustillo was killed in another targeted assassination.

On the streets and in hospitals the coup provided an example of what Foucault called “desubjectivation”—dramatic events through which the normally invisible process of subjectivation (the violent and structured process through which individual subjectivities are shaped) is made visible (Bourdieu & Wacquant, 1992; Das, 2000; Foucault, 2000, 241–42). Hondurans in Resistance coined sayings like “The masks have come off,” expressing the new popular understanding that the rich and powerful were the enemy of the *pueblo*, and that the majority poor should recognize each other as *compañeros*. The saying “*La conciencia me nació de golpe*” (“My consciousness was born *de golpe*”) employs the triple entendre of the phrase *de golpe*, meaning “from a coup,” “from a violent blow,” and “all of a sudden.” The coup made state violence and anti-democratic practice visible to hundreds of thousands of Hondurans who had not previously engaged in organized liberatory political struggle, exposing (in a necessarily partial and incomplete fashion) the symbolically violent processes of subjectivation at play long before June 28, 2009. At the same time, it unmasked the potentially revolutionary nature of healthcare.

To be fair, many nurses understood the political economic nature of health prior to the coup, as did many of the communities of struggle organized primarily along lines of ethnicity, gender, sexuality, and employment sector. Scholars (including myself) have found there to be a close relationship between nursing practice and forms of state rule—democratic, socialist, fascist and otherwise (Holmes, Murray, Perron & Rail, 2006; Pine 2011a; Rankin & Campbell, 2009). I have argued previously that nurses are well-positioned to perceive this normally obfuscated relationship. (Pine, 2009b, 2011a)

In 2008, auxiliary nurses at the National Auxiliary Nurse Association of Honduras (*Asociación Nacional de Enfermeras y Enfermeros Auxiliares de Honduras/ANEEAH*) told me that by virtue of their class position, greater proximity with patients and non-managerial status, they were better advocates for patients than professional nurses both at the bedside and in the public realm (Pine, 2009b). Whereas the national professional nurse organization, CPEH, allied itself with healthcare-privatizing politicians and identified members as professionals *and not workers*, auxiliary nurse organizations identified their members as healthcare workers, organized as unions, and framed their primary struggle as a fight against the privatization of healthcare—a fight that they said was the only way they could protect both patients' and their own interests. While there were clear exceptions to this claim among both auxiliary and professional nurses before and after the coup, the political bent of the major nurse organizations prior to the coup did support the ANEEAH members' argument. However, as we shall see below, this configuration changed dramatically in response to the coup.

There are other pre-coup examples of revolutionary healthcare in Honduras. Far from the nation's urban centers, local healthcare workers and community organizers run the Garifuna Hospital in Ciriboya—an ongoing experiment in free, quality healthcare with support from Cuban doctors, nurses and technicians. Cuban doctors providing free care to Hondurans are portrayed alternately as heroes and villains in the media, and were temporarily kicked out of the country following the coup when the threat they posed to neoliberal hegemony became too explicit (the Ciriboya hospital was

ransacked by soldiers around the same time, and for the same reason). I have attended workshops with prisoners' families at the anti-torture organization CPTRT in Tegucigalpa, in which psychologist facilitators help family members' experiences of depression as inherently political, and as a basis for collective organizing for justice. But despite the explicit links between health and revolutionary healthcare praxis being drawn by auxiliary nurse unions and groups organized by and/or working with people marginalized by the Honduran state, and despite the centrality of such understandings to discourses of health in neighboring Nicaragua and El Salvador (corresponding to recent decades of cross-sector revolutionary organizing, struggle and war) (Kowalchuk, 2011; Smith-Nonini, 2010), they had not been the norm among nurses in pre-coup Honduras.

Bourdieu called neoliberalism "a programme of the methodical destruction of collectives." (1998) State security forces destroyed Honduran bodies in order to crush the newfound collectivity of the Resistance threatening the neoliberal coup regime. For nurses, the regime's brutality made it impossible to carry out patient assessments that did not foreground the role of political violence. This was especially true given that many nurses were putting their own bodies at risk in defiant resistance to the sickening effects of the coup regime, and as such, had developed a somatic and dispositional solidarity with their patients.

Suffering as empathy, empathy as healing

The suffering of Honduran bodies caused by the coup was not limited to the effects of police batons, bullets and teargas. In the months and years following the coup, Hondurans suffered bodily from its violence in indirect and empathetic ways. After President Zelaya snuck back into Honduras on September 21, 2009, he and his family spent four months holed up in the Brazilian embassy, subjected to noise and psychological torture. The siege of the embassy and bodily vulnerability of the beloved president and his family were symbolic of the siege of the nation itself during the months of the Micheletti dictatorship. Although the Resistance movement did not initially recognize Micheletti's successor Porfirio Lobo (who came to power through militarized elections riddled by fraud), Lobo's inaugural day was cause for celebration for the Resistance movement because with it came Zelaya's freedom to fly to a now voluntary exile. Months later I recorded in my fieldnotes how my friend Mario, who had been a member of Zelaya's cabinet, described the impact of that day for him.

Mario squinted at the menu. He couldn't see out of his right eye these days, he told me. It happened on January 27th, just after Mel's plane took off. He had thought his vision was going and was going to just get some glasses, but his wife urged him to get another opinion. He went to a specialist, who explained to him that there was some sort of lubricating sack behind the eyeball, and when there is a prolonged period of stress and adrenaline excess, and when suddenly that relaxes, the sack can explode, causing temporary blindness or extreme loss of vision in the eye. Because his biological reaction to the stress was so strong (as well as symbolic), the eye doctor sent Mario to a psychiatrist. He didn't want to go, he would have done anything to avoid it—only crazy people go to psychiatrists, he said. But then he spoke with a friend who was a shrink, and he reassured him that only a tiny minority of his patients were really crazy. The rest were just sad, or stressed out like him.

Mario read his eye trouble as an embodied manifestation of his empathy with the president, a sort of somatic solidarity. His psychiatrist friend also helped him to destigmatize and politicize an embodied response that he otherwise might have understood in

negative terms as stemming from mental illness, following a Cartesian logic of mind-body dualism.

In 2010 and 2011, I sat in on many conversations in which my Honduran interlocutors shared stories like Mario's of how the coup had affected their health. Depression was an ailment commonly attributed to the coup among my interlocutors as well as in the analyses of human rights investigators (e.g., *Comisión de Verdad*, 2012). In a May 2010 conversation with a group of auxiliary nurses in San Pedro, a nurse named Susy told me:

We were in the marches. I fell into a serious depression for three months after what they did to the president, I felt as if they had done it to my own son.

Nurses who supported Zelaya often used embodied metaphors of family and flesh to explain the basis of their solidarity, as above. In the same conversation, another nurse noted

We have lived this in the flesh [*en carne propia*], he is our president – the president of the poor – we are poor. And yes, he is *still* our president.

My field notes from that conversation continue:

The nurses discussed how the long marches had affected their health. They laughed at how they all turned "black" from the sun (except for the light-skinned *chela*, who turned red), at the blisters on their feet, at various other related health conditions that arose, primarily exhaustion. They spoke also of the police rape of women in the resistance. "It's not so much the rape," one of them said, talking like a nurse, "but everything that comes afterward: the HPV, AIDS, syphilis, etcetera." Agustina chimed in with the observation that there had also been a lot of sodomizing of male resistance members by the police, but that the men don't report it.

[...] One nurse mentioned that the stress of the coup caused her heart trouble, laughing at the doctor who told her to avoid stress. And still, she said, "seeing the *pueblo* wake up made us cry; it made us laugh for joy."

Hondurans forged a somatic solidarity in Resistance, and the embodiment of resistance to the physical violence accompanying the coup came to be expressed as a sort of symbolic capital for serious Resisters. My Honduran interlocutors described "Resistance kits"—backpacks they would pack every morning to wear to the day's anti-coup march. These kits included bandanas (usually red), vinegar in which the bandanas could be soaked to mitigate the effects of teargas, water to prevent dehydration, an extra shirt with no Resistance slogan or symbol on it in case they got separated from the march and risked targeted attack by soldiers or police, and a hat to protect against the sun (although these were harder to hide from police, so some resistance members made a conscious decision to get sunburnt instead). Comfortable shoes were also *de rigueur*. Members of one feminist organization told me that they always carried a supply of tampons, toilet paper and pain pills to ensure that women marchers would not be hindered or left behind if they experienced complications related to menstruation.

Even among many Hondurans who were not active in the Resistance movement, serious respiratory ailments from exposure to teargas and hearing problems from LRADs or proximity to police and military gunfire were understood not primarily as biomedical illness but rather as political effects of the coup. The ubiquitousness of state repression made it difficult for people to remove their bodies from harm's way, regardless of political stance (see, e.g., *Castro*, 2011). Impoverishment and thus hunger was another consequence for many Hondurans of the repeated state-imposed curfews—at time lasting for days on end—that prevented people

from going to work or even to corner stores to buy food or medicine. In any case, stores more often than not were bare-shelved, unstocked by vendors as a result of the same curfews that kept most people from going to them.

At marches, enterprising Resistance vendors provided a broad spectrum of Honduran foods to hungry Resistance members, but many marchers, including my nurse compañeras, also spoke proudly of the weight they lost from lack of food and all the exercise of marching. Like more dramatic injuries, even temporarily embodied marks of Resistance were worn like scars of pride.

For Nurses in Resistance, even illness events like the spring 2010 hemorrhagic dengue epidemic were embodied effects of the coup. The rationing and shutting off of water and other basic services, a so-called “austerity” measure they saw as a punitive policy targeting resistant neighborhoods while millions were spent by coup leaders on high-tech crowd control equipment used to destroy resistant bodies, meant a greater reliance on standing water tanks that attract the mosquitoes that spread dengue. Nurses told me that prior to the coup the public fumigation programs had also been better-administered, which meant there were more disease-carrying mosquitoes after the coup. Nurses and other healthcare workers attending a workshop I gave in July 2010 (without having been exposed to any of the literature on disaster capitalism, e.g., Gunewardena & Schuller 2008; Klein, 2007) pointed out how the ongoing dengue epidemic both originated in the coup and served to intensify the neoliberal practices at its core. In my fieldnotes I wrote:

They said the Lobo government’s response to the global increase in dengue as it manifested itself in Honduras was too little, too late. They called it trying to block out the sun by holding up a finger. Since January they had seen an increase in dengue cases, and explained, “you can’t wait to fight it until it’s already on top of you.”

“They take advantage of the situation to do what they want,” the nurses told me. They called Lobo’s government “*the government of emergencies*.” The government is employing many more contract employees in the health sector, they noted. And contract employees can’t unionize under current law. This dengue emergency meant that governments could hire many more people, but who are they hiring? Not a single qualified auxiliary or professional nurse. They hired their friends or people who worked on their party-based political campaigns, to do administrative work, which actually means sitting around doing nothing. This year there were 120 administrative posts, triple the previous year. It’s political patronage. In all governments it’s the same thing, they admitted, but “this is the worst one we’ve had.” In addition to adding useless administrators with the excuse of the dengue emergency, they were also cutting technical personnel to add even more administration.

They claimed that the government was using dengue to stop the increase in the minimum salary, and that the timing of Lobo’s emergency announcement was particularly intended to hurt the contract negotiations underway with the health sector and other unions.

When Mario recognized an eyesight problem as his embodiment of specific violations of democracy, and when Susy assessed her depression in the same way, they provided new avenues for thinking about and embodying resistance. Similarly, when tanned skin or weight loss from marching, respiratory problems and scars from police beatings become marks of proud defiance, they deepen the possibilities for a resistance based not in vanguardist theory and rhetoric, but in the solidarity that can arise from shared subjectivation born of injustice and state violence. And for nurses, who

experience these insults both as human beings with bodies, and as healthcare workers caring for other human bodies, an assessment of a dengue epidemic that points to the neoliberal coup as the primary pathogen threatening both the health of the *pueblo* and their profession leads—as we shall see below—to a care plan of radical solidarity.

Ethnographic embodiment of empathy

The 2009 coup was accompanied by an abrupt increase in both state and generalized violence, earning Honduras the dubious title of most dangerous country in the world (United Nations Office on Drugs and Crime, 2011). It also precipitated a sea change in popular discourses and embodied understandings of the relationship between the *pueblo* and the state. Although I have argued here that the coup had a limited desubjectivating effect, it was carried out in the interest of implementing policies that did not mark a radical change. President Zelaya had pushed back against some of the extremes of neoliberal economic policy, but he was fundamentally a neoliberal executive like his predecessors. In terms of health, neoliberalism in Honduras has manifested itself in the proliferation of private hospitals and clinics that profit from the defunding of the public healthcare sector, and in unrelenting union-busting efforts by the state. The result of these and other attacks on the public sector and democratic processes over the course of recent decades have included increasingly limited access to care, greater income disparity, and threats to public health along the same lines articulated by nurses to me in describing the 2010 dengue epidemic (Pine, 2009b).

The enthusiasm with which successive Honduran governments have embraced neoliberal reforms stems in part from the country’s historic dependency on the United States, which in recent decades has relentlessly promoted free trade policies that benefit U.S. corporations. Through political, military, U.S.-led international lending and “civil society” initiatives including USAID grants promoting the privatization of healthcare, the neoliberal “Washington Consensus” has become enshrined in Honduran policy and everyday embodied practices.

Following Porfirio Lobo’s installation as president, USAID funded “Honduras is Open For Business,” (HOB) an international conference held in industrial capital San Pedro Sula epitomizing the Obama and Lobo administrations’ joint dedication to sale of the country’s resources and labor to private investors (Colectivo Morazán, 2011). The health implications of the conference’s message were highlighted in a series of slick posters distributed by the FRACC (*Frente Revolucionario Artístico Contra Cultural*—Artistic Counter-Cultural Revolutionary Front) collective, themed “Honduras is Open for Sickness”. With graphics depicting a shadowy Uncle Sam figure holding a marionette of a Honduran businessman, one of the series of five posters (each stamped with a “Honduras is Open for Sickness” logo in English, mimicking the official HOB logo) read:

¡For Sale!

Laws benefiting foreign investment exploitation

Working to undo Labor Rights (Fig. 1)

Another poster, depicting the same shadowy Uncle Sam holding a street vendor’s tray full of dying and dead green bodies, read:

For Sale:

Workers/Slaves

They eat little

They’re obedient

They have no other choice



Fig. 1. FRACC “Honduras is Open For Sickness” poster satirizing the Honduras is Open For Business conference that is “Working to undo Labor Rights”.

They're illiterate

They don't go to the bathroom!! (Fig. 2)

The claim of the FRACC collective was unambiguous: neoliberal policies stemming from the coup and supported by an imperialist



Fig. 2. FRACC “Honduras is Open For Sickness” poster satirizing the Honduras is Open For Business conference and accusing it of marketing enslaved workers who “don’t go to the bathroom!!”.

U.S. government are creating the conditions, both immediate and long term, for the destruction of Honduran bodies.

The Lobo administration was quick to try to silence resistance to the HOB conference. I became aware of police repression of protestors quite by chance. On May 6, 2011, I was attending a sociology conference at the San Pedro Sula campus of the National Autonomous University of Honduras (UNAH-VS), when suddenly I saw students running, crying and covering their faces. I ran and jumped into a friend's car, managing to escape the worst of it. I was furious at the conference and Lobo security forces for having subjected me to a teargas attack that day. I was four months pregnant at the time, and fearful about the effect of the gas on my pregnancy. During the protest itself, which took place outside the university gates, police shot TV *Globo* cameraman Uriel Rodríguez in his head with a tear gas bomb, and then brutally beat him with their batons. The attack on Rodríguez, which landed him in the emergency room (and as the video of the attack shows, would have been worse had it not been for the intervention of a large number of protestors), was part of a pattern of violence against journalists investigating coup-derived policies under president Lobo's administration (Golpiza a Camarografo de Globo Tv Uriel Rodriguez, 2011).

When I discovered in October 2011 that HOB conference headliner Carlos Slim was advertising eponymous prizes for health research of \$100,000 each, my fieldnotes reflected the very visceral, embodied fury I still felt from my teargassing:

Carlos Slim was present the first of the three times I've been teargassed so far this year in the service of neoliberalism and the war machine. That was back in May, when I was at a sociology conference at UNAH-VS. One minute I'm watching a lecture, the next, everybody's running. And the police are busy smashing journalist skulls outside the U gates, defending the right of the *Honduras is Open for Business* conference to not be protested, even off-site. Slim was a keynote at HOB. So here's my idea for healthcare, Carlos Slim: don't support conferences that can only prosper by smashing journalists' skulls. Smashed skulls are very bad for health.

Despite my sarcasm, I was deadly serious. My embodied terror, which I blamed on the coup and its neoliberal policies (supported by my government and by my tax dollars) mobilized me on a deeper level than I had felt previously.

The next teargassing I suffered was on the second anniversary of the coup (six months into my pregnancy) while at a peaceful march outside Soto Cano, the U.S. military base that had been used during the coup and which supplies and trains Honduran soldiers. I suffered serious respiratory problems and was bedridden for two weeks afterward.

In subsequent conversations with Hondurans who had themselves experienced the violence of teargas and other forms of police and military repression, I tried to put into words my embodied rage and feelings of helplessness. I was able, then, to participant-observe in conversations about health in a more genuinely ethnographic sense; I felt that my participation arose from a deeper phenomenological empathy. This sense was heightened during a terrifying experience as a patient in a public Honduran hospital in which I felt my own life and the survival of my gestating fetus to be in imminent iatrogenic danger (Pine 2011c). In that case I ended up “going fugitive,” the term Hondurans use for leaving against medical advice (AMA); taking advantage of my privileges of class, race and nationality to flee the hospital and shortly thereafter the country. I was helped by an auxiliary nurse union leader I had met on a bus a month earlier. Her colleagues lent her a hospital uniform and badge and snuck her into the ICU to visit me; once there she gave me invaluable advice and support. Still, the privilege I was able to assert with her and others' help to (as I experienced it) save my daughter's

life and my own gave the lie to my feeling of shared subjectivity with other patients who did not have that option.

My experience of subjectivation was different from that of my Honduran interlocutors due to my position of privilege. But something greater than Farmer's pragmatic solidarity was made possible through our mutual embodiment of political violence (Farmer, 2005). Neither was this Rabinow's biosociality based in constructed notions of shared genetics, moving toward biomedical cures (Rabinow, 1992); it was the somatic solidarity of the body politic: common material processes of subjectivation (not to be confused with common subjectivity) that brought me closer to my interlocutors in an ever-shifting community of embodied indignation, with potential for radical anti-capitalist mobilization.

Revolution as an ethnographic care plan

Bedside nurses (professional and auxiliary) are ideally positioned to understand the radical potential of shared experiences of bodily harm. Writing in 2008, I described the how the notion of patient care was central to Honduran auxiliary nurses' militant struggles against healthcare privatization involving lengthy, contentious strikes (Pine, 2009b). The 2009 coup enabled the wider transformation of political economic analyses of health into a care plan (*plan de cuidado*). Since neoliberalism is pathogenic and disfiguring to Honduran bodies, and since—as both professional and auxiliary nurses told me—it also prevented them from exercising their vocation even in a limited “apolitical” way at the bedside, they had no option but to fight it in the streets as part of the Resistance. This transformation accompanied a shift toward assessments as radical mobilizing tools requiring a collective response rather than leading to individualized care plans. That, in turn, corresponded to many nurses coming to redefine themselves in the context of the coup as health *solidarity* workers—in contrast to an isolating neoliberal model of biomedical professionals.

One dramatic example of this change in nurse ethos was among professional nurses, whose national association had always taken a more conservative stance than the organizations of their more militant auxiliary nurse colleagues. In an interview with the newly-elected executive board of the CPEH, the president told me how their wish to resist the coup *as nurses* had brought them into conflict with their organization's previous leadership. She stated, “our association turned its back on us, they said we couldn't use our blue and white uniform [to Resistance marches].” But the solidarity that Nurses in Resistance found was greater, she said: “We always met up in the streets, we were all over the place but we'd always end up finding each other...Let me tell you that in addition to that experience, we found doctors too, it wasn't just us nurses; we were a family where it was so beautiful to see each other, to embrace.”

The new board members told me that when the previous leadership of CPEH repeatedly blocked them from tying bedside advocacy to liberatory political action, they chose to run an opposition slate in internal elections and take over the organization themselves. One nurse described the excitement among nurses about having a Resistance option on their ballot:

The other slate was *golpista* [coup mongers]- I'll call them that because I can't think of another word to describe them. They thought they were going to win because according to them, since they had denigrated us for being with the Resistance, they thought that worked against us. And in reality, it was the exact opposite. Thanks to that, it was the election with the highest voter turnout in the history of nursing. Everyone was calling us, worried that they didn't have their voter IDs, because having current membership and an up-to-date ID was a requirement to vote. There were many who came to pay—I'm talking in [U.S.]

dollars—a thousand dollars, money they couldn't afford, to be able to vote for us...They came to pay their past membership dues to the association in order to be able to vote for us.

The Resistance slate, the first explicitly anti-establishment slate in the professional nurse association's history and the first that did not identify primarily with management, won with 75% of the vote even after a large number of votes (nearly 80% of which—the new board members claimed—came from their side) were annulled.

Nurses' symbolic capital gave weight to their embrace of the Resistance. This was evident in the organizational battle around the question of nurses' right to wear their blue and white uniforms to marches, in the cheers nurses in uniform received from fellow marchers, and in the targeting of nurses who were active in the Resistance for intimidation and assassination by state security forces. A radical embodied (and inherently ethnographic) solidarity was born for nurses in Resistance, who brought their assessment skills, honed at the bedside, to the streets. One group of San Pedro auxiliary nurses went every day after work in 2010 to the city's central plaza, where crowds of Resistance members regularly gathered. In my fieldnotes I wrote: “I asked what they were doing there. ‘Vamos a escuchar,’ (‘we're going to listen’), one of them answered mischievously, winking and putting her hand to her ear.” When nurse assessments led to care plans that included hiding their patients to protect them from militarized police inside the hospital, their somatic solidarity had a desubjectivating and politicizing effect. A logical conclusion of post-coup patient assessment for many nurses was that they needed to put their own bodies on the line to protect not just their current patients, but the metaphorical health of the embodied nation—*el pueblo*—from dictatorship.

Ethnography as organizing

Professional nurses' identification as workers, arrived at through their own participant-observation in Resistance, brings them closer to their auxiliary nurse colleagues (and structural subordinates) and has facilitated solidarity with teachers and other unionized sectors fighting privatization and deregulation. It has also made possible solidarity with international RN unions. I have had numerous formal opportunities to relate the stories that Honduran nurses have told me about their experiences in Resistance to nurses and nursing students in the United States, in workshops and lectures given through CNA/NUU and in other venues. I have found that ethnographic analysis and description can form a bridge between nurses separated by geography, culture and language, and can be a powerful organizing tool in the absence of a desubjectivating event (like a coup) that might create a more immediate somatic solidarity. To nurses in the United States—accustomed to risking far less than their lives in fighting to defend their patients—hearing stories about the bravery and solidarity of their colleagues to the South is humbling and inspirational. To nurses in Honduras, hearing about nurse/patient ratios, mandated breaks and other conditions U.S. nurses have won through militant union struggle (albeit not usually facing the barrel of a gun), is nothing short of astounding. Ethnographic case studies highlighting the damaging effects of neoliberalism on human bodies bring distant nurses closer together in their apparently disparate struggles.

Conclusion

The assessment work of nurses is inherently political. In Honduras as in the United States, nurses have greater proximity to patients than doctors and other healthcare providers, both in terms of time spent at the bedside and shared class identification. For many auxiliary and professional nurses, violent post-coup

subjectivation produced a somatic solidarity with the broader Resistance movement. The coup and accompanying processes also brought nurses to (re-)assess patient health as a function of neoliberal and political violence, requiring them to frame patient care as only possible through radical political struggle, including blocking political and other forms of violence with *their own bodies*. Similarly, as ethnographer, I came to share with nurses and other Hondurans certain violent processes of subjectivation that created a feeling of dispositional solidarity with them (despite my relatively privileged subjectivity and habitus) and a more deeply embodied investment in their societal care plan. Somatic solidarity and desubjectivation cannot be more than fleeting processes unless accompanied by ongoing collective organizing for radical social change. While somatic solidarity cannot persist without mobilization to create ongoing political solidarity in the struggle to change the material conditions and violent processes that brought it about in the first place, it nonetheless provides an ideal foundation for the latter.

Acknowledgments

I wish to thank Seth Holmes, Danielle Lindemann, and Helena Hansen for all their work on this special issue. Thanks also to Cliff Ross and Marcy Rein, Don DeMoro, Camille Collins Lovell, Oscar Estrada, David Vine, Lisa Kowalchuk, Ana Lucia Pérez Armijo, Karla Lara, Asís Castellanos, Ariel Sosa, FRACC, and my two anonymous reviewers. And my deepest gratitude goes to the *Enfermeras en Resistencia*, to whom I promise my ongoing solidarity.

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