with Britney and American Idol, for public consumption. We need to try harder.

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Society for Linguistic Anthropology
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Does the French Language Belong to France?

By Alexandre Enkerli

Praising Céline Dion, a French-speaking singer from Charlemagne, Quebec, France’s current president Nicolas Sarkozy revealed an interesting attitude toward the French language. On May 22, 2008, Céline Dion received the title of Knight of the Legion of Honour from Sarkozy’s hands. In a speech he gave on that occasion, Sarkozy seemed to imply that the French language is primarily associated with France as a nation. For instance, Sarkozy thanked Dion because she contributes to, “faire rayonner notre langue au-delà de nos frontières ... alors que la tendance partout dans le monde est de s’aplatir sur un seul modèle, une seule langue,” or in English (my translation), “making our language radiate beyond our borders ... while the tendency everywhere around the world is to flatten ourselves out on a single model, a single language.”

“Faire rayonner” is idiomatic. Its literal meaning is “to make radiate” but it usually refers to acts which “give exposure to” or “expand the horizons of” some social institution. Journalists have been translating this excerpt in different ways, including (emphasis mine) “the influence of French language has increased outside the nation’s borders” (IndiaServer.com) and “for spreading the French language beyond their borders” (Mister-info.com). In all versions, the association between the French language and the French territory (defined by national borders) remains intact. In this context, the nationalistic dimension of language ideology takes a neo-Herderian flavor.

The French = France association seems problematic given the fact that France does not include the majority of native and second-language speakers of the French language. Officially, there are 68 member states and over 4,000 US troops to date. Almost 200 million people died in wars in the twentieth century, most of them civilians. According to some estimates, by 2020 war will be the eighth leading cause of death in the world.

Between the dislocation of entire populations (as many as four million Iraqis since 2003), communicable diseases, gender-based violence and “gendercide,” landmines and military toxins like depleted uranium, casualties and disabilities like post-traumatic stress disorder (PTSD), to say nothing of the destruction of health care, social, economic and political infrastructures of societies around the world, many SMA members have been doing vital work in these areas, and many more are justifiably impatient to find more ways to better document, teach about, and write against state-sponsored violence. As a new member of the SMA Executive Board, I hope to expand how those of us who study health might incorporate militarization and war into our research and activism.

In the last two decades, studies have been published of war zones, armies, genocide, armed rebellion and war preparation from Rwanda to Guatemala to Ireland to Fort Bragg, North Carolina. Given the scale of the problem, we can devote even more resources and time to such efforts.

Expanding our attention to war, militarization and militaries also requires reframing the relationship between health and war. Take the example of PTSD. As we know, analysis of shell shock, battle fatigue, combat neurosis and war-zone stress reaction must be historically grounded. What does this mean today with respect to veterans returning from Iraq with PTSD? Over the last two years, Catherine Lutz and I have been grappling with this issue in writing a book based on the lives of five men and one woman who are antiwar Iraq War veterans. Their stories, we hope, will speak to concerns of a wide range of students and scholars, including medical anthropologists.

In Iraq, as in other wars, it is still common to hear the summary quip “War is hell!” from soldier and civilian alike. Yet a closer look shows that the conclusions of combat-experienced soldiers are far more contradictory. Although the notion is pervasive that everyone gets chewed up by war and has a single, universal human reaction to its violence, how a person reacts to war, in fact, depends in part on his or her politics and view of the purpose and conduct of the war. The medicalization of PTSD among Iraq veterans often takes the form of “locating” the site of their problems in brain structures alone, and is more pervasive today than ever before. In contrast, if not surprisingly, PTSD is never linked officially to the reactions of young men and women in the occupying US armed forces when confronted daily with widespread Iraqi civilian hostility and prevalent abuse and atrocity against those civilians.

Do the troops hunker down and learn contempt for the people they were supposed to