

# Disrupted Care: War, Unorganized Healing, and the Absence of Drug Delivery Systems in Tahmima Anam's First Two Novels

Afrin Jahan <sup>1\*</sup>, Dr. Ipsita Nayak <sup>2</sup>

<sup>1</sup> Doctoral Research Scholar, KIIT Deemed to be University, Odisha, India ORCID 0009-0007-4251-3145

<sup>2</sup> Assistant Professor, KIIT Deemed to be University, Odisha, India ORCID 0000-0002-4584-7470

**Abstract:-** This study explores the disintegration of the healthcare system and the shortage of medicines in Tahmima Anam's novels, *A Golden Age* and *The Good Muslim*. These novels depict events that occurred during the Liberation War of Bangladesh in 1971 and the period following it (1972-1984). The notion of therapeutic absence is defined as a crisis where illnesses, wounds, and injuries are prevalent without any clinical treatment or medication. Based on a multi-disciplinary approach that integrates literature, the United Nations Sustainable Development Goal 3 (Good Health and Well-being), and the resilience and adaptation theory, this paper discusses how the interruption of the distribution of medicines and medical equipment leads to a shift towards unorthodox, gendered care. The narratives highlight the resilience of communities and the adaptive capacity of informal caregiving networks through literary techniques. For policymakers and local actors, these impoverished strategies can serve as enablers for designing more inclusive drug delivery systems, strengthening community-based health responses, and advancing the goals of SDG 3. At the same time, they serve as reminders of the need for stronger drug delivery systems in the conflict zones.

**Keywords:** Conflict healthcare, Drug delivery systems, Informal care, Pharmaceutical access, SDG 3, Tahmima Anam.

## 1. Introduction

While many works of literature related to war depict violent scenes and traumas of its participants, seldom do they focus on how war affected the state of their healthcare systems and drug supply. However, while reading Tahmima Anam's fiction, it can be noticed that the lack of medicine and medical assistance is among the focused themes explored in her narratives. For instance, in *The Good Muslim* (2011), the aftermath of the war is introduced through the description of the protagonist's survival without any involvement of healthcare facilities: "he has eaten banana leaves and drunk from ponds", which describes survival without any sanitary standards, proper nutrition, or medical assistance (Anam, 2011, p. 3).

A critical framework has been introduced for understanding access to healthcare in Sustainable Development Goal 3 (Good Health and Well-being) through specific Targets and Indicators, which are functionally related to drug delivery and the healthcare system. Particularly, Target 3.8 includes the healthcare services, access to essential medicines, while emphasizing coverage of universal health. Indicator 3.8.1 (coverage of essential health services) and Indicator 3.b.3 (availability of essential medicines in health facilities) are also operationalized with this. Also, Target 3.1 (maternal health) and Target 3.4 (mental health) are strengthened by Indicators 3.1.1 (maternal mortality) and 3.1.2 (skilled birth attendance), along with positive outcomes of mental health. These indicators collaboratively highlight that the effective healthcare system is not only dependent on the presence of care practices but also on the existence of structured systems that are capable of trained personnel, clinical interventions, and delivering medicines. In crisis settings, like War, where healthcare

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infrastructure and pharmaceutical supply chains are disrupted, simultaneously, these indicators fail in producing conditions of systemic therapeutic absence. This framework is useful, particularly to analyze the literary representation of war, where formal healthcare structures and the absence of drug delivery systems become central to suffering and surviving at the same time.

## 2. Literature Review

Tahmima Anam's fictions have many scholarly engagements, but most of them are focused on themes like gender, nationalism, memory, and post-war identity. Critics found that *A Golden Age* and *The Good Muslim* have largely emphasized female subjectivity, domestic spaces, and social setting during and after the Liberation War of Bangladesh. For example, surveys on war narratives examined how the memory of a war-survivor intersects with social or national trauma, highlighting the role of women as "emotional and social anchors" during crisis (Kabir, 2013; Ghosh, 2011).

Caregiving is examined as a gendered responsibility in feminist studies of *A Golden Age* and *The Good Muslim*, as scholars interpret Rehana and Maya as embodiments of "ethics of care" grounded in "rational responsibilities rather than institutional authority" (Gilligan, 1982).

Post-colonial analyses, similarly, have explored how structural inequalities shape access to resources in war-torn societies like shelter, food, etc., aligning with the concept of "structural violence" (Farmer, 2003).

The impact of armed conflict, war, and other crises on healthcare systems has been extensively documented in global health research, parallel to literary scholarship. The conflict settings are largely affected by "disruptions in access to breakdown of healthcare infrastructure, essential medicines, and displacement of medical personnel" (WHO, 2022).

Studies indicate that conflict-affected, fragile regions experience "severe limitations in pharmaceutical supply chains", which results in "increased mortality from otherwise treatable conditions" (Patel, 2018).

In some studies, the medical humanities establish a connection between literature and healthcare by considering narratives as reflections of lived experiences of systemic negligence of illness. Scholars explore that literary texts can reveal the "impact of suffering and violence embedded in everyday life", particularly in the absence of institutional care (Das, 2007). However, the intersection between drug delivery systems and literary representation remains underexplored despite these developments.

## 3. Research Gap

Despite substantial work in global health research and literary studies, a critical gap exists in the intersection of these fields. Existing literary analyses focus predominantly on gender, identity, war, and memory in Anam's novels, mostly overlooking the pharmaceutical availability and material realities of healthcare access. Studies on global healthcare, conversely, provide empirical data on failures of the healthcare system in conflict zones without engaging literary narratives as sites of socio-medical insight.

More specifically, there is a lack of studies that explore literary texts as representing drug delivery systems, the impact of pharmaceutical absence, and the failure of systemic healthcare to ensure survival. Also, the rescue effect of informal caregiving as an effort to manage survival has been acknowledged in a limited number of studies. For example, nanoparticles that transport medicine within the body, whereas this paper uses it to describe macro-logistical supply chains. It includes transportation, storage, and distribution, which together constitute the systemic transformation and logical pathways.

Systematically, no existing study connects Anam's novels with UN SDG 3, particularly mentioning access to maternal health, essential medicines, and mental health. The gap is significant for interdisciplinary studies such as global health and drug delivery, where understanding the socio-cultural dimensions of healthcare access is crucial for designing resilient systems.

## 4. Research Objectives

In addressing the gaps, this study aims to:

1. Analyze the representation of the collapsed healthcare system in *A Golden Age* and *The Good Muslim*, with proper priority to the disruption of required pharmaceutical access.
2. Examine the urgency of practicing informal healthcare systems, including gendered caregiving and community-based settings, as adaptive responses in the absence of a formal healthcare system, such as the failure of drug delivery.
3. Setting up a connection between literary representation and SDG 3 targets and indicators, specifically, Target 3.1 (Maternal health), 3.4 (Mental health), and 3.8 (Access to essential medicines)
4. Elucidating the formula of illuminating systemic failures and demonstrating informed policy perspectives to establish the significance of literary analysis in global health research, particularly in drug delivery systems.

## 5. Methodology

This interdisciplinary study combines:

**Close Textual Analysis:** This study closely analyzes all excerpts from *A Golden Age* (2007) and *The Good Muslim* (2011), which portray illnesses, injuries, caregiving, or the absence of healthcare access during the Liberation War of Bangladesh and the following decade. Quotes have been selected from these texts to explain how people survived without access to official health services.

The specific codes are:

- i. Direct mention of physical or psychological illness
- ii. Scenes of health, seeking behavior, or instances where characters attempt to procure medicine or care.

**A study in Medical Humanities:** Literary scenes in this research are considered as “narrative data”, which reflect social reality (Das, 2007). This corresponds to the methodology used by medical humanities scholars who analyze fiction texts to inform “understanding of lived experience and determinants” of patients' well-being (Farmer, 2003). However, in pharmaceutical and technical articles, “Drug Delivery System” may differ from the mechanism.

## 6. Conceptual Framework

### SDG 3 and Drug Delivery Systems:

This analysis is conducted in the context of SDG 3 targets and current literature on health in conflict zones. There are two specific coding in narrative data which can be interpreted based on specific SDG 3 targets and indicators such as maternal mortality, mental health, health coverage in relation to existing data from the WHO and the UN about health in fragile contexts. The framework is pertinent to the analysis of the collapse of healthcare during wartime, as it comprises multiple targets that relate directly to the topic along with exact formulations by the UN (United Nations, 2015):

**Target 3.1 (Maternal mortality):** "By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births" (United Nations, 2015). In conflict settings, the maternal mortality rates are compromised to shoot up as a consequence of the collapse of the health care system, reflecting the failure of Indicators 3.1.1, and 3.1.2.

**Target 3.2 (Child mortality):** “By 2030, end preventable deaths of newborns and children under 5 years of age...” (United Nations, 2015). The breakdown of drug delivery systems leads to dehydration, and untreated infections in conflict setting, which directly increases the mortality rate for children under-five. This crisis connects the concern of Indicator 3.2.1.

**Target 3.4 (Mental health and NCDs):** "By 2030, reduce by one third premature mortality from non-communicable diseases... and promote mental health and well-being." (United Nations, 2015). The absence of

psychiatric treatment, and mental healthcare services leaves traumas as undiagnosed and under treatment. This reflects the gap in mental health coverage, connecting Indicator 3.4.2.

**Target 3.7 (Sexual and reproductive healthcare):** “By 2030, ensure universal access to sexual and reproductive health-care services...” (United Nations, 2015). The absence of essential medicines and healthcare infrastructure in crisis like war results in lack of fulfilment to reproductive health need, which reflects the failure of Indicator 3.7.1.

**Target 3.8 (Universal health coverage):** "Achieve UHC, including... access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all" (United Nations, 2015). This associates Indicators 3.8.1, and 3.8.2. Both measures fall through the cracks in conflict settings due to failures in logistics and payment systems. It is explicitly noted by the UN progress report that current efforts are targeted at "fragile, conflict-affected regions" (United Nations, 2015).

**Target 3.9 (Environmental health risks):** “By 2030, substantially reduce deaths and illness from hazardous chemicals and unsafe water and sanitation...” (United Nations, 2015). In conflict zones, lack of medical treatment and scarcity of clean water increases the burden of disease, which corresponds to Indicator 3.9.2.

**Target 3.b (Access to medicines and vaccines):** "Support the research and development of vaccines and medicines... and provide access to affordable essential medicines and vaccines..." (United Nations, 2015). In conflict settings, disruption or limitation in pharmaceutical supply chains disables the availability of essential medicines, which reflects the failure of Indicator 3.b.1.

### War-time Collapse of Drug Delivery Systems

Both novels show that the formal healthcare system is nonexistent in wartime. In *A Golden Age*, there were no formal hospitals, and professional doctors were in action. Rather, Rehana’s household serves as an improvised setting of treatment, but without medication or proper treatment. Moreover, this lack of resources extends to the broader society, where Sohail says, “We grow the rice, we make the jute, and yet we get nothing – no schools, no hospitals, no army. We can’t even speak our own bloody language!” (Anam, 2007, p. 29) The phrase “no hospitals” in the speech clearly indicates the widespread neglect of the population in East Pakistan under the rule of West Pakistan (Anam, 2007, p. 29).

The post-conflict condition of the war in *The Good Muslim* is characterized by a destroyed infrastructure. The author describes Sohail’s return to his village with the image of scorched land and people starving. For instance, Sohail drinks water from ponds and filters moss through his teeth. There was a scene that exemplifies scarcity, “food that left them weak, shitting, dehydrated” (Anam, 2007, p.4). This especially happens in the case of the deserted military barracks, which lack both medical officers and medication and are comprised of “plates, stacked... uniforms,” and hateful graffiti on the walls (Anam, 2007, p.4).

In this way, the narrative presents an account of institutional withdrawal without continuous medical care; the military leaves behind physical remains, but not medical supplies.

This is corroborated by the WHO, which states that war leads to the collapse of “essential medical supply chains” and the departure of medical staff (WHO, 2022). In fact, in Sudan (2023), due to armed conflict, about 70% of health facilities were shut down, much like the “therapeutic void” in Anam’s Bengal (WHO, 2022).

### Informal Healthcare as an Adaptive Mechanism

When formal systems falter, people improvise. Maya (Sohail’s sister) works as a local health practitioner in *The Good Muslim*. She trains the villagers to prepare the solution for oral rehydration therapy from household ingredients: “a handful of molasses, a pinch of salt, a jug of boiled water” (Anam, 2011, p.11). This act saves many children’s lives: “without a single dead child” during that season (Anam, 2011, p.11). This is an advanced illustration of how community-level intervention serves as a replacement for nonexistent pharmaceutical products.

The improvised treatment method reflects the reality, where this treatment strategy is widely applied (WHO recommends oral rehydration therapy in emergencies). It is evident that such practice is both knowledge- and action-oriented: the process described above was called “knowledge-dependent, not system-dependent” (for example, the presence of a nurse is required) (Farmer, 2003). As mentioned in the text, after years had passed, and a tube well was constructed, Maya believed that she had won the villagers’ hearts. And there was no emergency anymore.

Furthermore, the novels hint at the limitations of such adaptive caregiving. In *A Golden Age*, Rehana nourishes and shelters the refugees and the militants, but cannot offer medical assistance. In *The Good Muslim*, Maya gives birth to children and sutures wounds, but does not provide any medicine. This caregiving by Rehana and Maya is indeed a “feminist act of caring,” but it also points to the limitation of adaptive caregiving (Gilligan, 1982), because Maya’s care is knowledge or experience-driven and not system-driven. The absence of oxytocin or sterile surgical tools for deliveries in the texts represents failure of SDG Target 3.1 (maternal mortality), which cannot be fully mitigated by “unorganized healing” alone.

### **Gendered Healthcare and Structural Limitations**

Caregiving responsibilities in both books have been left in the hands of women, underscoring gender roles in health care. Maya makes this clear by asserting, to become a “doctor for women, and deliver their babies, I will stitch their wounds, teach them about birth control” (Anam, 2011, p.11). The urgency of this situation can be explained by a lack of adequate maternal health systems. From the SDG perspective, this issue relates to Goal 3.1 (maternal health) (United Nations, 2015). Indeed, Maya's care covers aspects of prenatal care and delivery at a grassroots level.

Maya's position as a "doctor for women" is entirely informal, as she was not engaged with any formal healthcare organization. She does not have a hospital or an operating theater, nor does she have medications. Thus, her role can only provide partially effective care. The story does not describe Maya giving prescriptions, administering antibiotic therapy, or even performing blood transfusions. However, care is "relational" (ethics of care) (Gilligan, 1982). Indeed, Maya's involvement has empowered the local community. Still, without adequate surgery or medicines, this kind of care cannot be called therapeutic. As a principle of global health puts it, the maternal mortality rate cannot be reduced without hospitals and medicine. This point of view highlights how state failure forces women into risky caregiving roles. By mentioning such topics in her novels, Anam makes a critique of this imbalance: care in its essence can be enough, yet in the situation when “there is no infrastructure of maternal health services,” caregiving appears heroic, yet underprivileged (WHO, 2022).

### **Psychological Disorder and Therapeutic Negligence**

The psychological disorders come after the war. Trauma is a significant theme in *The Good Muslim*. Sohail suffers from his wartime experiences, “met with a sight that will continue to suck the breath out of him for a lifetime to come.” (Anam, 2011, p.2). This phrase turns trauma into physiological problems, as “he decides to lie down on one of the bunks with a half-smoked cigarette.” (Anam, 2011, p.2). However, there is no sign of a therapist or psychologist helping Sohail overcome his trauma.

It ties into SDG Target 3.4 (mental health). War-induced trauma becomes pathological without intervention. Sohail’s shift towards religious extremism can be seen as an attempt to cope with “unresolved trauma” (despite the focus on ideological differences, the issue at hand is untreated PTSD) (WHO, 2022). There is no therapy or treatment through psychiatric medications; there is only individual and spiritual pain. Such silence in the plot reflects the real world: “one in five people in conflict zones have a mental illness”, yet help is unavailable (WHO, 2022). The novels imply that recovery must happen socially through religious belief (Sohail) or political activism (Maya).

Thus, *The Good Muslim* depicts the absence of treatment in terms of mental health issues. It indirectly highlights SDG 3.4 by implying that instead of fostering mental wellness, we need to deal with untreated trauma resulting in social dysfunction. Global health research suggests that unattended conflict-related trauma contributes to ongoing instability. For instance, highlighted in the prevalence of “persistent mental illnesses among war-

impacted groups” presented in the UN Mental Health Commission 2018 (Patel, 2018). This theme is anticipated in Anam’s book, where trauma is “untreated, unresolved, and generative of new conflicts” (WHO, 2022).

### **Drug Delivery Crisis as Structural Collapse**

Anam’s narrative world is one of the absence of medicines, clinics, and a cure. Indeed, absence is the key structural feature that determines the plots. There are:

*A Golden Age* reflects the scenery of the Salt Lake Refugee Camp, where insufficient antibiotics and vaccines, along with unprofessional caregivers, resulted in characters getting sick with fever, getting infections from physical injury, or suffering from diarrhea without access to proper medical aid. The narrative shows, “At the head of the queue, on a fold- out table, a sandy-haired man in a coat plunged needles into spindly baby arms” (Anam, 2007, p.219).

Another scene shows how newborn babies were kept in an unhygienic space, inside cement pipes, without any professional support and mandatory vaccination, “...discarded cement pipes were stacked three or four high. “This is where they bring the newcomers,’ Maya said, pointing to the pipes.

‘Where?’

‘Over there.’

There weren’t any buildings, only the pipes.

‘I can’t see any- thing.’ ‘Inside the pipes, Ma, look’” (Anam, 2007, p.219).

Diseases that spread in gatherings like refugee camps can be long-lasting. From the beginning, if the symptoms are ignored and the patient is untreated, that illness usually turns into a chronic state. As the first book shows, “Rehana slipped out of Maya’s grip.... she let go, falling into the throng, strange, icy hands gripping her shoulders, raising her up, her arms flopping like fish fins, and then darkness.” (Anam, 2007, p.235). Later on, in *The Good Muslim*, the result of those symptoms turned out to be severe cancer: “Rehana would need chemotherapy, powerful poisons that would kill the cancer. But they might kill her too.” (Anam, 2011, p.131)

From a biomedical perspective, the novels demonstrate that without antibiotics, the risk of infection increases. The absence of proper medication exacerbates health risks significantly. Due to injuries and a lack of analgesics, patients may suffer from constant pain.

Overall, it may be said that the pharmaceutical supply system mostly collapses in Anam’s novels. In the era of “therapeutic void,” survival becomes physical, yet does not mean well-being (Farmer, 2003).

This fictive image reflects real-life scenarios. For instance, in a study done in Sudan, the war situation ensured that most supplies to hospitals were shut off, which resulted in “higher deaths” caused by conditions that could have been cured if supplies had been available (WHO, 2022). It is evident that without means of transportation for drugs, there is prolonged suffering and death. Therefore, Bengal, portrayed by Anam, represents the vulnerability of a nation in the face of complete failure in the drug delivery system.

### **7. Analysis of Key Findings**

The narratives in the two literary texts selected for this study reflect complete failure in achieving SDG 3 Indicators. In these two novels, the shortcomings can be clearly identified – difficult motherhood (3.1) increased child preventable mortality, and vulnerability (3.2), prolonged mental disorders (3.4), lack of reproductive healthcare access (3.7), necessary medicines (3.8), and discriminated exposure to disease due to unsafe environmental conditions (3.9).

On the basis of these discoveries, there are three interrelated key findings of the study: (1) the breakdown of medical institutions and formal drug distribution in times of war, (2) the emergence of alternative care models provided informally which are far from being optimal, (3) untreated physical and psychological trauma associated with the aforementioned therapeutic vacuum. All of these are connected with SDG 3, specifically with Targets 3.1, 3.2, 3.4, 3.7, 3.8, 3.9 and 3.b. The corresponding Indicators are mentioned in Table No.1.

**Table No. 1: SDG 3 Targets and Indicators located in *A Golden Age* and *The Good Muslim***

Cases and instances	Novel	SDG 3 Targets	SDG 3 Indicators
Childbirth without assistance or professional support	<i>The Good Muslim</i>	3.1, 3.2	3.1.1, 3.1.2, 3.2.2
Absence of structured hospitals, professional doctors, and prescribed medicines during war	<i>A Golden Age</i>	3.2, 3.8	3.2.1 3.8.1
Long-term psychological trauma of Sohail and absence of clinical counselling leading to suicidal urge	<i>The Good Muslim</i>	3.4	3.4.2
Considering religious extremism as a coping mechanism for trauma	<i>The Good Muslim</i>	3.4	3.4.2
The rape victims of the war struggling with mental health issues	<i>A Golden Age</i> and <i>The Good Muslim</i>	3.4	3.4.2
Maternal care (lack of reproductive guidance)	<i>The Good Muslim</i>	3.7	3.7.1
Survival without clean water, food, and medical care during wartime (Sohail drank water from a pond and ate leaves)	<i>The Good Muslim</i>	3.8, 3.9	3.8.1 3.9.2
Maya's oral rehydration solution was made from household ingredients	<i>The Good Muslim</i>	3.8	3.8.1
Rehana's informal caregiving (food, shelter, but no medical treatment)	<i>A Golden Age</i>	3.8	3.8.1
Untreated physical injuries (surgery, analgesics, lack of antibiotics)	<i>A Golden Age</i> and <i>The Good Muslim</i>	3.8	3.8.1
Dependency of the community on non-institutional, informal healthcare systems	<i>A Golden Age</i> and <i>The Good Muslim</i>	3.8	3.8.1
Post-war persistence of illness, and lack of recovery due to poor air quality and lack of clean water and hygiene	<i>A Golden Age</i> and <i>The Good Muslim</i>	3.9	3.9.1, 3.9.2
Immunity gaps among war refugees leading with spread of diarrhea	<i>A Golden Age</i>	3.b	3.b.1

### Contemporary Relevance

As pointed out by the WHO, “one in four people globally lives in conflict-affected or fragile settings,” which are major reasons for epidemic outbreaks and maternal and infant deaths (WHO, 2022). Cases like Syria and Sudan demonstrate these problems as well – destruction of roads and borders leads to scarcity of drugs not just in the area of conflict. The ongoing war between Iran, Israel, and Palestine has even forced NATO to divert

medication supplies away from the Middle East. 70 percent of health facilities in war-prone areas remain ineffective.

Although written about the 1971 Liberation War of Bangladesh, Anam's novels remain relevant even today. Some modern conflicts, such as Syria, Yemen, Sudan, and Gaza, have similar examples: Bombs or blockage destroy medicine warehouses and delivery systems. Increased rate of infant and maternal deaths as a result of attacks or blockade of medical facilities. Delay in vaccination programs during wars lead to epidemics.

## 8. Suggestions for Reformation in Policies

**Emergency Maternal Health Services:** War-specific solutions for pregnancy and childbirth (e.g., establishing field hospitals with OB/GYN capabilities). Such policies would mobilize midwife teams with emergency kits to camps or rural areas where women cannot afford hospital deliveries. The United Nations' emphasis on decreasing maternal mortality (SDG 3.1) would require contingency plans in war zones. On the basis of the scarcity described by Anam in the refugee camp in the Salt Lake, like being flooded with cases of diarrhea, infection, and fever, it can be considered that the drug developers prioritize heat-stable, low-cost oral formulations or durable, non-electric, diagnostic tools that do not depend on the fragile "logistics and payment systems."

**Mental Health Systems during Humanitarian Emergencies:** Psychological first aid and counseling should be incorporated into the humanitarian response plan. Mobile mental health centers and telemedicine can help victims in remote locations. These books illustrate how untreated trauma creates problems; policymakers must prioritize psychological trauma treatment just like physical injuries.

**Contingency Plans for Resilient Medical Supply Chain:** Stockpile critical medicine and drugs in regional hubs (as suggested by WHO). The *Axios* and *BioProcess* articles illustrate the necessity for strategic global reserves and supply chain mapping. The policy would also protect medical transportation through international agreements or neutrality laws, ensuring wars do not automatically cut off medicines.

This list attempts to translate narrative insights into practical guidelines. If anything is to be learned from Rehana's story, it is that without such policies, the "collapse of healing" never ends when wars conclude.

## 9. Conclusion

In Tahmima Anam's novels *A Golden Age* and *The Good Muslim*, the horrors of war involve the deliberate destruction of the mechanisms for recovery. The books demonstrate that injuries become chronic pains, and illnesses remain unchecked, not due to any shortcomings in the narrative, but by design. While the characters live, they exist in an environment devoid of healthcare services. The connection of this literary analysis with the framework of SDG 3 highlights how essential healthcare access becomes in war-torn countries, just as vital as military success in determining the future of societies. This connection highlights that healthcare services are "conceptually present but not physically accessible," as evidenced by the WHO research on conflict leading to a breakdown of medical logistics.

Overall, the obstruction of the distribution of medicines turns injuries and traumas into a long-term source of pain, thus creating a social wound. The first two novels of Anam show that health is not only an individual issue; it is a diplomatic as well as systemic issue. It is important that the lessons from literature are accessible to development agencies and drug delivery technology developers. A possible direction for future research would be to utilize this theoretical approach to other bodies of conflict literature in order to better understand the connection between literature and health care policies.

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