

CAR Fall Newsletter

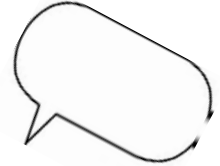
CAR NEWS:



Please note that the Council on Anthropology and Reproduction will have a general **membership/open business meeting from 12:15pm to**

1:30pm on Saturday, November 17th at the upcoming AAAs, location TBA -- members, members' friends, and interested nonmembers are all welcome!

With a new school year and conference-season upon us, remember to let your students and Repro Anthro colleagues know about CAR, if they don't already!



If you know of someone who might like to join CAR, please invite them to contact the CAR Membership Coordinator, Elizabeth Wirtz (joinanthrorepro@gmail.com).



Our newest newsletter co-editor is Debra Pelto, taking the place of Diana Santana, who will be looking for someone to join her as Nicole's replacement starting this Spring. **Any takers?**

If you're interested, contact Nicole at nicoleg@uchicago.edu.

Also, a hearty thank you to Diana Santana for doing such a great job as co-editor for the past several newsletters!

An important announcement from our esteemed Membership Coordinator, Elizabeth Wirtz: All current members should send their updated membership forms to Elizabeth asap, so she can add the changes to CAR's annual membership guide in time for its release at the AAAs.

Please email all correspondence to Elizabeth at joinanthrorepro@gmail.com.

Contents

MEMBER UPDATES.....	2
Notes from the Field	3
MEMBER PUBLICATIONS.....	5
Book	5
Articles/Chapters.....	7
MEMBERSHIP COLUMN	8
Notes from the Field:	10
POSITION ANNOUNCEMENT.....	15
Special Editorial.....	16
Upcoming Panels - AAA.....	21

MEMBER UPDATES



Kelly Raspberry has a new position as a post-doc, working on the ELSI issues of whole genome sequencing in the clinic at the Center for Genomics and Society at UNC-Chapel Hill.



Jessaca Leinaweaver wrote in to tell us that her 2011 article “Kinship Paths To and From the New Europe: A Unified Analysis of Peruvian Adoption and Migration” (*Journal of Latin American and Caribbean Anthropology* 16(2):380-400) won the 2012 Jose Maria Arguedas Article Award, given by the Peru Section of the Latin American Studies Association for the best article on Peru in any discipline.

Find it on line here: <http://onlinelibrary.wiley.com/doi/10.1111/j.1935-4940.2011.01163.x/abstract>)



In addition to letting us know about her two most recent publications, Jennifer Foster told us that she is still involved in community-based participatory research in the Dominican Republic with maternity nurses and community health workers. She has also started a partnership to build community researchers in Atlanta from the Center for Black Women's Wellness.



Current Steering Committee for the Council on Anthropology and Reproduction

Chair: Claire Wendland

Senior Advisor: Robbie Davis-Floyd

Committee Advisor: Vania Smith-Oka

Secretary: Lauren Fordyce

Treasurer: Aminata Maraesa

Newsletter Co-Editors: Nicole Gallicchio, Diana Santana

Advocacy Committee: Elise Andaya, Maggie MacDonald, Lauren Fordyce, Joanna Mishtal

Membership Coordinator: Elizabeth Wirtz

Listserv: Jen Aengst

Website: Jan Brunson

Notes from the Field

“HURRY UP AND WAIT: PATIENCE IN PRELIMINARY FIELD RESEARCH”

~ by Jess Newman ~



When caught up in the transnational shuffle of preliminary field research, it can often feel like our patience is being tested more than the validity of our ideas or methods. And in many ways this isn't far off. The frenetic itineraries associated with preliminary field research are all about establishing our contacts and field sites, but they're also about proving that we can and should study our topics in a specific place at a specific time. It's easy to leave the field after conducting preliminary research feeling like we have little to show for all of our comings and goings except more questions. This is a particularly disconcerting experience for graduate students, as we find ourselves caught in the crush of coursework, beginning to teach, and developing expertise in our chosen fields. Normative time in our respective programs looms ominously on the horizon as we pack our bags and head to the field, knowing full well that the clock is ticking.

In my case, I split my time between New Haven, CT and Rabat, Morocco. When I first arrived in the field it wasn't yet “the field” for me. A bright-eyed Fulbrighter fresh out of university, I planned to study abortion in Morocco. This desire grew out of my undergraduate work in women's studies and a French minor that led me to an interest in Francophonie and North African literature. Once I actually got to Morocco, however, it didn't take long for me to realize that just *wanting* to know about something wouldn't be enough to get me working with and meeting the right people. Reading about sexuality and reproduction in texts was a whole lot different from asking strangers to speak about their intimate practices. My first year “in the field,” then, was much more of a crash course in the *ineffective* ways to conduct field research.

Still, without this experience, I wouldn't have gotten a glimpse at what awareness-raising and activism looks like *before* it even registers in the public consciousness. In 2008, the Moroccan Association for Family Planning (AMPF) published an exploratory study on unsafe abortion (*avortement à risques*) in the hopes of sparking debate about abortion's criminalization. It met with indifferent results, prompting only a few non-committal public statements from politicians. A few articles surfaced in local media about a gynecologist who was fast becoming politicized as a result of treating so many women with complications from botched abortions, but the discussion ended there.

Subsequent trips to the field felt a bit like the waiting game. I'd hurry to get back to Morocco, re-establish contacts, and then wait for *anything* to happen. Finally this year, things happened. #RipAmina took the twittersphere by storm, a local troupe *Théâtre Aquarium* staged a Moroccan interpretation of *The Vagina Monologues*, performed in *Darija* and aimed at taking the taboo out of *t'bunn* (vagina). An *imam* called for the death of a journalist who made televised statements in support of sexual autonomy and the decriminalization of premarital sexuality. A national conference on abortion in Morocco brought together physicians, activists, and academics, where sessions ended with speakers trying to be heard over the audience members who shouted disagreements and fought for the microphone.

I began to feel that I had an embarrassment of ethnographic riches. At the time of this writing, abortion in Morocco has made international headlines as Women on Waves, a Dutch organization committed to providing abortions on boats off the coasts of countries where the procedure is illegal, was barred from entering the port of Smir to perform abortions on a yacht. I find myself once again anxiously waiting to go back to the field. I realize now that if I hadn't taken the time to get the lay of the land, the recent discursive explosion surrounding sexuality might have seemed incomprehensible or at best unexpected. However, thanks to my continued engagement with my field site, I was able to see this visibility of sexuality in the public sphere as the culmination of processes and negotiations that had been gaining steam and significance for several years. Patience in fieldwork has proven a virtue that I've been forced to cultivate, regardless of my impatience for all the answers.



A mural at the National Library in Rabat, where the conference on abortion was held
(- photo by J. Newman)

Jessica Newman is a third year doctoral student studying Medical Anthropology at Yale University. She researches abortion in Morocco, and will be returning to the field in the fall of 2013 to conduct dissertation research in Rabat and Casablanca. Her research interests include anthropology of the body and reproduction, feminist theories of state and non-state, biopolitics, and sexuality. She volunteers at a yoga studio and is obsessed with her newly adopted cat.



(Are you in the field now or planning to be in the field in the near future? Did you have a recent fieldwork experience that you'd like to write about? Or do you have a series of photos from your time in the field that tell an interesting story? If so, please contact Nicole (nicoleg@uchicago.edu) or Debra (dp36@columbia.edu) if you'd like to submit a future Notes From The Field article.

Note to faculty members: this is a great opportunity for students!

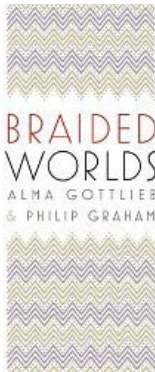
MEMBER PUBLICATIONS

Book



Irene Maffi: *Women, Health and the State. The Politics and Culture of Childbirth in Jordan*, London: IB Tauris.

“Women's health in the Middle East is powerfully shaped by political imperatives and dominant ideologies of health. Here, Irene Maffi delineates the influence of colonialism, nation building in postcolonial states, and international development agencies. She examines the social, cultural and political institutions that manage childbirth in Jordan today, through interviews with key figures- midwives, physicians, pregnant women and mothers-and an exploration of the main institutional settings, from clinics to hospitals, doctor's offices, NGOs and government departments. With a thorough analysis of birth practices, the history of health governance under the colonial state and missionaries, and the institutionalization of health practice and practitioners in independent Jordan, this book will be indispensable for all those concerned with women, health, development, and the state in the Middle East.” - *description from IB Tauris*



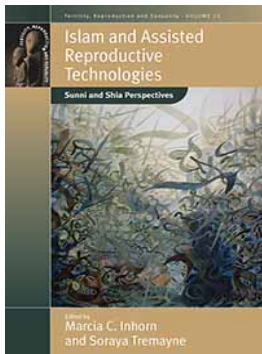
Alma Gottlieb & Philip Graham: September 2012, Braided Worlds, Chicago: University of Chicago Press. Braided Worlds is a memoir of Gottlieb and Graham's fieldwork among the Beng people of Côte d'Ivoire that follows up from their earlier fieldwork memoir, *Parallel Worlds: An Anthropologist and a Writer Encounter Africa* (Victor Turner Prize, 1993). The new book opens with a recounting of Gottlieb's first pregnancy and childbirth as shaped by her earlier encounters with Beng women's reproductive practices, and much of the rest of the book covers the summer she and her husband (fiction writer, Philip Graham) spent living among the Beng, when she was doing the research that led to her next two books on infants and parenting (*A World of Babies: Imagined Childcare*

Guides for Seven Societies and *The Afterlife Is Where We Come from: The Culture of Infancy in West Africa*). The new book also includes many scenes chronicling the challenges of conducting family-style fieldwork as she and Graham tried to keep their then-six-year-old son, Nathaniel, safe in a small, remote village in the rain forest of West Africa. All proceeds from this book (as with its predecessor) are donated to the Beng community. *Further information here:*

<http://press.uchicago.edu/ucp/books/book/chicago/B/bo5430638.html> and here: <http://qoo.gl/P6tvH>

- adapted description from Univ. of Chicago Press





Marcia Inhorn and Soraya Tremayne, eds.: *Islam and Assisted Reproductive Technologies: Sunni and Shia Perspectives*, (Berghahn, 2012)

“How and to what extent have Islamic legal scholars and Middle Eastern lawmakers, as well as Middle Eastern Muslim physicians and patients, grappled with the complex bioethical, legal, and social issues that are raised in the process of attempting to conceive life in the face of infertility? This path-breaking volume explores the influence of Islamic attitudes on Assisted Reproductive Technologies (ARTs) and reveals the variations in both the Islamic jurisprudence and the cultural responses to ARTs.” - description from Berghahn Books

Marcia Inhorn & Emily Wentzell, eds: *Medical Anthropology at the Intersections: Histories, Activisms, and Futures* (Duke University Press, 2012)



“In this important collection, prominent scholars who helped to establish medical anthropology as an area of study reflect on the field's past, present, and future. In doing so, they demonstrate that medical anthropology has developed dynamically, through its intersections with activism, with other subfields in anthropology, and with disciplines as varied as public health, the biosciences, and studies of race and ethnicity. Each of the contributors addresses one or more of these intersections. Some trace the evolution of medical anthropology in relation to fields including feminist technoscience, medical history, and international and area studies. Other contributors question the assumptions underlying mental health, global public health, and genetics and genomics, areas of inquiry now central to contemporary medical

anthropology. Essays on the field's engagements with disability studies, public policy, and gender and sexuality studies illuminate the commitments of many medical anthropologists to public-health and human-rights activism. Essential reading for all those interested in medical anthropology, this collection offers productive insight into the field and its future, as viewed by some of the world's leading medical anthropologists.” - description from Duke Univ. Press

Additionally, Lynn Morgan let us know that several CAR members have articles in the latest special issue of *Anthropology & Medicine*, which is titled "Irrational Reproduction: New Intersections of Politics, Race, Gender, and Class Across the North-South Divide." A full table of contents can be seen at <http://www.tandfonline.com/toc/canm20/current>.



Articles/Chapters

Jennifer Foster: 2012, "Community-Based Participatory Research and the Challenges of Qualitative Analysis Enacted by Lay, Nurse, and Academic Researchers." *Research in Nursing and Health*. 35(5):550-9

Jennifer Foster: 2012, "Weaving traditional and professional midwifery: Empowering midwives in Guatemala" IN Ruth White, ed. *Global Case Studies in Maternal and Child Health*. Burlington: Jones & Bartlett Learning.

Tsipy Ivry: March 2012, "Halachic Infertility: Rabbis, Doctors, and the Struggle over Professional Boundaries." *Medical Anthropology: Cross-Cultural Studies in Health and Illness*.

Jessaca Leinaweaver: 2013, "Practice Mothers." *Signs: Journal of Women in Culture and Society*. 38(2). (Forthcoming)

Lynn Morgan: 2011, "Fetal bodies, undone." IN *A Companion to the Anthropology of the Body and Embodiment*. Frances E. Mascia-Lees, ed., pp. 320-337. Malden, MA: Wiley-Blackwell.

Lynn Morgan: 2012, Getting at anthropology through medical history: Notes on the consumption of Chinese embryos and fetuses in the Western imagination. IN *Anthropology at the Intersections: Histories, Activisms, and Futures*. Marcia Inhorn and Emily Wentzell, eds., pp. 41-64. Durham: Duke University Press.

Vania Smith-Oka: 2012, "Bodies of Risk: Constructing Motherhood in a Mexican Public Hospital." *Social Science and Medicine*. September 7th.

Vania Smith-Oka: 2012, An Analysis of Two Indigenous Reproductive Health Illnesses in a Nahua Community in Veracruz, Mexico. *Journal of Ethnobiology and Ethnomedicine* 33(8).

Melissa J. Pashigian: 2012, "Counting One's Way onto the Global Stage: Enumeration, Accountability and Reproductive Success in Vietnam." *Positions: asia critique*, 20(2): 529-558.

Rachel Roth: 2012, "'She Doesn't Deserve to be Treated Like This': Prisons as Sites of Reproductive Injustice," *Reproductive Laws for the 21st Century Paper Series* (Center for Women Policy Studies, published online: <http://goo.gl/v5XaP>)



MEMBERSHIP COLUMN

TEACHING ANTHROPOLOGY OF REPRODUCTION FOR THE FIRST TIME

~ by Wendland ~



After seven years of styling myself an “anthropologist of reproduction,” this spring I had the opportunity to design and teach an undergraduate seminar on the topic. The course was organized around a single question: How do people reproduce (or change) society in the process of reproducing biologically?

Department and program needs dictated a writing-intensive capstone and one with a strong Africa focus (although I was determined to use ethnographic works from a range of contexts). The class enrolled twenty undergraduate students, juniors, and seniors. All were anthropology majors, and many had a second major in the humanities, life sciences, or social sciences. A serendipitously superb combination of students, bringing with them a variety of life and scholastic experiences, led to an outstanding class.

No class is without its rough spots, of course. If I were able to teach this course again, here are a handful of things I would do differently:

- **Start with more classics.** Begin with a carefully chosen set of classic readings in the anthropology of reproduction, and spend a couple of weeks making sure students have mastery of a few basic concepts such as stratified reproduction and authoritative knowledge. In keeping this part of the course to a single week, I didn’t allow the class to start out with an adequate shared conceptual toolbox.
- **Include men more effectively.** It’s all too easy to make a class on reproduction all about women. I will need to find additional compelling work about men, masculinity and reproduction, and to integrate that work with the rest of the readings more effectively. Suggestions, anyone?
- **Start close to home... but end there too.** All of the North American readings were done in the first few weeks of class; I had imagined that starting with the familiar would be a “hook” to get students engaged in the material, and then we could move on from there. That worked, but now I wish we had taken the last couple of weeks of class to revisit reproduction close to home. Free-form discussions on the last day revealed that the material we read from Brazil, from Kenya, from Cote d’Ivoire and elsewhere had pushed students to rethink childbearing, gender roles, infant care practices, and social reproduction more generally in their own social milieus. I wish I’d taken more time to bring that discussion into the classroom.

Some experimental moves I made in this class, on the other hand, worked very well. Things I would do again:

- **Use the CAR listserv.** A call for suggestions on our listserv led to a flood of syllabi, reading suggestions, film ideas, and other pointers. These ideas were incredibly helpful as I crafted my own syllabus. Many of these syllabi are now handily available through the CAR website: <https://sites.google.com/site/anthrorepro/Home/syllabi>

- **Be flexible.** The original syllabus included several films, on the theory that mixing modalities would work more effectively. The first time I showed a film in class, however, discussion completely stalled. It turns out that a three-hour seminar starting Monday morning at 8:15 is not the time to make students into viewers: even a very compelling and topical film had them nodding off into their coffee mugs. This group was great at tackling meaty topics, but they had to start strong to end strong. I tend to think of a syllabus as a rigid contract; this one needed surgery, stat. We jettisoned the rest of the films and made sure to start every class with a series of provocative questions instead. (Of course, your experience—or my experience on a Tuesday afternoon, for that matter—may vary.)
- **Focus on infants.** Part of the class agenda was to interrogate common presumptions that reproduction begins with conception and ends with birth. Some of our best discussions came from pitting Alma Gottlieb’s *The Afterlife is Where We Come From* against Nancy Scheper-Hughes’ *Death Without Weeping*. Do infants really have agency? How do profound poverty and cultural-religious imperatives shape parenting practices, and even infant survival? Discussion of these questions brought us right to the heart of what social reproduction really means.
- **Bring in my research.** On the first day of class, I’d briefly discussed my current research project on maternal death. After presenting the details of a complex clinical case in which a young mother died, I asked them “what did she die from?” I put up three columns on the board: immediate, underlying, contributing. As students made suggestions of various factors at work—“hemorrhage,” “anemia,” “poverty,” “son preference,” “structural adjustment,” etcetera—I put their suggestions into the columns. The point was to think as broadly as possible about causes of death, and not to restrict them to the biological and individual. But something about the exercise bothered me. That night I realized what it was: the categories I’d provided students (immediate, underlying, contributing) were straight off an American death certificate. The next time class met I explained the problem, and we started from scratch. We put all the same causes up on the board again in a free-floating cloud, and collectively thought through possible ways these causes were connected. Not only did we come up with several novel ways to organize them, we also realized more possible causes at work. This exercise was genuinely exciting for me as a researcher, and helped me to tackle a significant problem with my ongoing book project. At the same time, it helped the students understand themselves as active producers of knowledge who had to constantly interrogate their own assumptions—and mine.

This course ended up being one of those in which I learned (and even unlearned!) at least as much as I taught. It’s recounted here in case some of what I learned is useful to other CAR teachers. Take it away, folks! And consider sharing with the rest of us at CAR what you’ve learned through teaching... perhaps in a future newsletter?

Claire Wendland is Associate Professor at the University of Wisconsin-Madison. She is currently working on a book project, [Giving Birth to Death: African Mothers’ Bodies and Expert Imaginations](#).



(Are you interested in contributing to, or have an idea for, a future Membership Column? Please get in touch with your friendly newsletter co-editors! We welcome all ideas, questions, and submissions.)

Notes from the Field:

RECONCILING THE EMERGENT POLITICS OF REPRODUCTION WITH ENGAGED SCHOLARSHIP

~by Holly Dygert~

The nature and significance of reproductive justice struggles can transform as they become embroiled in broader political disputes. In this brief reflection, I consider how the resulting emergent character of the politics of reproduction can complicate scholars' efforts to engage fruitfully with these struggles.

In 2003 and 2004, I conducted ethnographic research on public health efforts in a Mixtec-speaking village in the highlands of southern Mexico. I discovered that village women with limited formal education – who are widely referred to as “*tias*” (aunts) – are often subject to mistreatment. For example, in interviews, two of these women reported that providers had performed tubal ligations on them without their consent when they sought care for unrelated health problems; another had been threatened with a fine if she failed to acquiesce to a tubal ligation. Moreover, throughout the course of the research, providers in the local clinic coerced the women into performing a range of activities – cervical cancer screenings, a monthly town cleaning, vaccinations, tending the clinic – by threatening to terminate their public assistance if they failed to comply.



Figure 1: Cleaning supplies outside of the clinic's Community Education building. The women were instructed to clean the building and cut the grass after their first health meeting.

I informed multiple women that these were not Program requirements, but none asked me to elaborate. I suspected that they regarded criticizing health officials as dangerous terrain. The structural barriers they faced were made plain to me years later, when I brought my concerns to officials: Those who carried out the abuse openly justified it, while their supervisors commiserated with them.

I felt strongly that I had a responsibility to do what I could to combat these injustices, yet aware that researchers often have limited power. I directed my energies toward writing, with the hopes that the

analysis might help undermine the arrangements that sustained the abuse. I focused on how the gendered dynamics of Mexico's assimilation efforts had produced a segment of the population with limited formal education – the “*tias*” – that was considered especially indigenous, and so “unreasoned.” In this context, health interventions were rife with abuse.

My first opportunity to return to the village came in 2011. I was eager to share the research findings, and so gave a series of presentations in the village. In addition, I shared the findings with clinic providers and officials in individual meetings during 2011 and 2012.

During these follow-up visits, I learned that the abuse had become an issue within a divisive political dispute that erupted in 2006. The dispute revolved around two factions of professionals who were struggling for political control of the community. The two villagers on the clinic staff – the health aides – happened to be on the side of the smaller faction. In this context, the “*tias*” denunciation of the abuse aligned with the larger faction's efforts to discredit and punish members of the smaller faction. Thus, members of the larger faction complained about the aides to the clinic's regional supervisors. When the supervisors failed to act, they occupied the clinic and refused to leave until the supervisors agreed to replace the local aides with non-local ones.

One of the women who participated in these events reflected triumphantly on the transformative impact of the struggle, claiming, “*Ya no nos dejamos!*” [We no longer allow ourselves [to be mistreated]!] Nonetheless, they had not challenged the structural forces that facilitated the abuse. Moreover, given the role of colonial denigrations of indigeneity in underwriting this abuse, I expect that the “*tias*” may face even worse treatment at the hands of non-local aides.

The multivalent significance of village women's reproductive justice struggles underscores the trickiness of identifying ethical courses of scholarly engagement. I had intended to support the women in their struggles against injustices perpetrated through the health system, but I suspect that my critique became grist for retaliation within a bitter political dispute. Frank discussions of the challenges of scholarly engagement in social justice struggles are sorely needed if we are to identify opportunities for, and modalities of, quality engagement.





(Photograph: BBC)

Dear CAR Members,

In case you haven't heard about it, as your Senior Advisor I thought I should let you know about the excellent new PBS show "Call the Midwife," based on the book *Call the Midwife: A Memoir of Birth, Joy, and Hard Times* by Jennifer Worth (2002). Where I live in Austin, Texas, it's showing every Sunday night at 7pm, and I'm loving it!

And I thought I should provide you with a short (and very informal) context for that show. The history of British midwifery is not a continuous one. Up until the early 1900s, British community midwives attended most births, especially of the poor. They lived in the ghettos near the women they attended, they trained by apprenticeship, and historians have shown that they were clean, capable, and had excellent outcomes given the massive poverty of the women they attended. Nevertheless, they were historically encapsulated and frozen in time by Charles Dickens in his stereotypical figure Sairy Gamp—a midwife who went off to births carrying a bag of dirty instruments in one hand and a bottle of gin in the other.

Around 1910 or so, a group of British ladies got together and decided that the (poor, illiterate, gin-swilling) community midwife should be eliminated and replaced by a new generation of young, educated, and well-groomed midwives trained first as nurses in Florence-Nightingale-style and then in professional midwifery. Although the community midwives organized and fought, they lost, and the transformation of British midwifery took root. So what you are seeing in this TV show are the second members of that first new generation--those of you who saw the first episode will recall that the old nun, the endearing, kind- of-crazy one, was "the first one to graduate as a midwife"—meaning as that brand new type of British midwife. That's why the young, lovely, well-groomed midwife who is the star of the show is so very unfamiliar with the lives of the poor she is called upon to attend.

Just thought you might like to know!

Very best to all,
Robbie Davis-Floyd PhD
Senior Advisor to CAR

CALLS FOR PAPERS

Call for Papers: "The History and Politics of Abortion" (an edited collection by Tracy Penny Light and Shannon Stettner)

Women's bodies have always been sites of struggle - over meanings and for control. The most polarizing conflicts involve women's reproductive autonomy. Around the world women continue to fight for or to retain hard won abortion rights. Women's experiences with abortion are contested by and between the medical establishment, the state, churches, the media, and activists. Further complicating these conflicts are issues of race, class, gender, and heteronormativity. This collection seeks to publish works on the history and politics of abortion worldwide. We invite theoretical, country-specific, and transnational comparative pieces. Topics may include, but are not limited to:

- ❖ -Shifting (historical/political) meanings of abortion
- ❖ -The place of women in abortion politics/history
- ❖ -Historical constructions of the fetus
- ❖ -"Pro-choice" and "pro-life" activism
- ❖ -Reproductive justice movement
- ❖ -The role of the state in abortion politics
 - The role of the medical profession in abortion politics
- ❖ -The influence of medical advancements on abortion politics/history
- ❖ -Abortion and sexuality

Please submit abstracts of no more than 300 words and a one-page CV to Tracy Penny Light at abortionpolitics@gmail.com. Article abstracts due November 30, 2012.



Call for Papers: "Probing the Boundaries of Reproduction: Origins, Bodies, Transitions, Futures", 1st Global Conference, May 12th-14th, 2013, Prague, Czech Republic

This conference seeks to explore the boundaries of reproduction, not merely as physical birth but more broadly as an agent of change, of bodily, sexual, cultural (and even viral) transitions. We encourage scholarly contributions from inter, multi and transdisciplinary perspectives on reproduction, from practitioners working in all contexts, professionals, ngos and those from the voluntary sector. We will entertain submissions drawn from literature, medicine, politics, social history, film, television, graphic novels, and manga, from science to science fiction. See <http://www.inter-disciplinary.net/probing-the-boundaries/persons/the-boundaries-of-reproduction/call-for-presentations/> for more information and submission instructions. The submission of pre-formed panel proposals particularly welcome. 300 word abstracts should be submitted by Friday 4th January 2013.



Call for papers: Special issue of *Midwifery*: “Beyond the numbers: The contribution of midwives to building a better future for women and children”

Midwifery is currently seeking papers for a forthcoming Special Issue related to the Millennium Development Goals to complement *The Lancet*’s forthcoming special, May 2013 on the State of the World’s Midwifery (<http://www.unfpa.org/sowmy/report/home.html>). The State of the World’s Midwifery identified three key points relating to the status of the midwifery profession and the challenges and barriers that affect midwifery, its development, and its effectiveness. This special issue of *Midwifery* will address the particular role and contribution of midwives to the quality of care, health, and wellbeing of mothers and newborns in low, medium and high income countries. It will be published to complement a Special Series on Midwifery planned by *The Lancet*, to be published in May 2013. *Midwifery* would like to invite papers on the following topics in low, medium and especially in high-income countries:

- ❖ Facilitators and barriers to scaling up services provided by midwives, and the role of key stakeholders and financial systems at global and government policy level.
- ❖ The role of education, regulation, and professional association in contributing to strengthening midwifery.
- ❖ Access to care issues from women’s perspectives.
- ❖ The effects of over diagnosis and medicalisation in countries without midwifery coverage and access.

Deadline for full manuscript submissions is 6 January 2013, details at www.midwiferyjournal.com



The Society for Medical Anthropology is going to Spain - Save the Date!

The Society for Medical Anthropology holds a conference twice a year, at the American Anthropological Association in the Fall, and usually at the Society for Applied Anthropology in the Spring. However, we have decided to meet every fourth spring elsewhere. In 2009, we met at Yale University in New Haven. In 2013, we will be meeting in Tarragona, Spain (about 25 miles south of Barcelona) in conjunction with the Medical Anthropology Network of the European Association of Social Anthropologists.

The conference is set for June 12-15, 2013. Please save the date! We plan to have a new website up to accept registration fees and abstract submissions soon. We will send out a message at that time. Thank you.

- Douglas A. Feldman, President, Society for Medical Anthropology



POSITION ANNOUNCEMENT



The Department of Sociomedical Sciences at Columbia University's Mailman School of Public Health will offer one and possibly two Predoctoral Fellowships in Gender, Sexuality and Health to PhD applicants entering in the fall of 2013.

This fellowship is funded by a training grant award from the National Institute of Child Health and Development, Demographic and Behavioral Sciences Branch. This is one of the only Fellowships supported by NIH to focus specifically on gender and sexuality at the predoctoral level. Fellowships cover tuition and stipend and include monies for professional meeting travel and academic supplies. Funding is guaranteed up to five years (although students will be encouraged to seek outside funding for their dissertation research).

Further information about the GSH fellowship, including application information, may be found on our website: <http://www.mailman.columbia.edu/academic-departments/sociomedical-sciences/academic-programs/doctoral-program/predoctoral-fellowship>.

(Thank you to Jennifer Hirsch for bringing this to CAR's attention!)

Special Editorial

AN UPDATE ON THE NETHERLANDS FROM ROBBIE DAVIS-FLOYD



Dear CAR Members,

As some of you know, I travel a lot to give talks nationally and internationally on obstetrics, midwifery, and birth. This past June (2012), I participated in the large international conference on Human Rights in Childbirth in The Hague. Day 1 was all about the legal issues at stake in childbirth, with a focus on the current situation in Hungary (where obstetrician/midwife Agnes Gereb is still under house arrest and possibly facing re-imprisonment), and the successful Ternovsky vs. Hungary lawsuit in Europe that resulted in the Hungarian government being forced to legalize homebirth. Day 2 was all about the current situation of the heretofore renowned Dutch obstetrical and midwifery system, which used to be our model for the best such system in the world, but which has been rapidly going downhill since 2009. I thought I should update you all about that. *(Please keep in mind that this Update is based on recent impressions only, and not on formal research.)*

From 1980 to 2009, the Dutch maintained a homebirth rate of 30% - 35%. Between 2009 and 2012, that rate has fallen to 23%, resulting in major overcrowding in Dutch hospitals and a rise in the Dutch cesarean rate from 12% in 2009 to close to 16% today. The reasons why are many and varied. Changes in Dutch society have gradually made hospital birth a more attractive option for Dutch women. Two changes have been particularly important: increasing numbers of women working in paid labor, and the movement of midwives from solo to group practices, sometimes with as many as six midwives in the practice. As women move away from “homemaker” to paid labor, the idea of a cozy birth in their home no longer fits easily into their lives – better to birth in a hospital where pain relief is available and where someone else can do all the preparation, care, and clean up. For their part, midwives have also been seeking (reasonably) to have more predictable lives, making group practice – or salaried work in a hospital – a logical choice. Group practice does in fact make a midwife’s life more predictable, but it means women no longer have a connection with a single midwife.

These cultural trends away from home and toward hospital birth were accelerated by media reports of studies of the performance of the Dutch maternity care system. In 2008, [Peristat](#) reported that the perinatal death rate in the Netherlands, 10.2/1000, was twice as high as the surrounding countries in Europe, higher in fact than all the other countries that participated in the study with the exception of France. Two years later, a study done in the Utrecht area concluded that healthy women who began their labors with midwives “had a significantly higher risk of delivery related perinatal death than did infants of pregnant women at high risk whose labour started in secondary care under the supervision of an obstetrician” (Evers et al., 2010).¹

¹ Researchers in Amsterdam tried to reproduce the Utrecht study, but soon discovered that the forms reporting where labor began were inconsistent and untrustworthy. Nevertheless, one of the researchers reported in a Dutch medical journal – *Medisch Contact* – that it seemed that his team was finding the same thing as was found in Utrecht. Other members of the team were upset that their colleague came to this preliminary conclusion. The research team is now painstakingly reviewing each case by hand and their study has not yet been published.

In both of these cases, the media, not known for handling the nuances of scientific studies and statistical analyses, published sensational stories making the unsubstantiated link between these results and the relatively high rates of home birth in the Netherlands. Headlines around the country criticized the “medieval” Dutch system, blaming this high PNMR on home birth. No one noticed that France, where nearly all births are in the hospital, had higher mortality rates, or that different countries in the Peristat study used different gestational ages for defining mortality (from 22 to 28 weeks gestation), or that the Utrecht study authors used mismatched data sets to draw their conclusions.

Other researchers, before and after the Utrecht study, found that neither home birth nor transports from home to hospital had to do with the high PNMR. The de Jonge study (2009) reviewed hundreds of thousands of births, and found no difference in perinatal mortality between home and hospital. Then other studies demonstrated some of the real reasons for the Dutch PNMR, showing that these deaths were largely occurring in planned hospital births for reasons like socio-economic disparity (worse outcomes for immigrants), and changes in the health of the population. (See e.g. De Graff et al 2008; Trompe et al 2009.)

But the media damage had been done. Both pregnant women and midwives got scared. Home birth rates dropped steadily, and midwives referral rates to obs for primips under their prenatal care rose to 60%, and to 50% for primip referrals for birth (13% for multips) (Thea van Tuyl, personal correspondence, Oct. 11, 2012).

And the obs were embarrassed. The older generation of Dutch obs—many of whom were not fond of high-tech approaches to birth, who were proud of the high home birth rate and worked hard to support midwives and normal, physiologic birth (including the renowned Dr. Kloosterman) had retired or died—a huge loss for Dutch midwives. The younger obs, traveling to international conferences, were tired of getting criticized for their “premodern” birth system and eager to catch up with the latest technologies.

Well, I’ve long heard the saying in Europe that “The Dutch are just 50 years behind the rest of us—give them time, and they will catch up!” Formerly a nation of farmers, fishermen, and traders, the Dutch are in fact “catching up” and becoming just as technocratic as the rest of us. A new generation of Dutch women includes many who want epidurals and thus hospital births, and a new generation of Dutch midwives includes many who want only to work on shift in hospitals for the regular hours and the regular pay. They complement each other.

Yet, according to Rachel Verweij (in her 2012 essay in the Human Rights in Childbirth Pre-conference Papers), research from both a large Dutch research organization and also her own small consumer organization showed that around 70% of Dutch women still want home birth—would prefer a home birth if possible. Yet only 20% are getting it. Hermine Hayes-Klein, the conference organizer, asks, “What happens to that 45+%, who wanted home but end up in hospital?” She notes²:

The key there is the rate of referral, both during pregnancy for the ever-increasing “indications” for referral from midwife to doctor, and during labor. This is the weakest point of

² Personal correspondence, Oct. 11, 2012

current Dutch midwifery: the media can say, “50% of home births end up in the hospital!” And the public has the impression that this is because birth is so dangerous and unpredictable. But the studies show (Marianne Amelink-Verburg’s thesis is a priceless resource for all things Dutch midwifery)³ that, as the rates of referral have increased, the reasons for referral have shifted. In Kloosterman’s time, referrals were more likely to be made for reasons like post-partum hemorrhage or fetal distress, etc. The rate of referral has risen with the increase of a new set of reasons; during pregnancy, that includes “medical history” (previous cesarean, which occurs with greater frequency as the cesarean rate rises); during labor, significant referral increases have occurred for failure to progress and “needs pain relief.” Dutch midwifery student leader Marjolein Faber homes in on this issue, pointing out that what’s needed in those “needs pain relief” moments is an aspect of midwifery care that is left out of Dutch midwifery education, and has to do with intimacy/love/warmth etc.⁴

Independent, autonomous Dutch midwives who specialize in home birth have always been overworked—their current caseload per year is 105 births, still a lot but down from the 110 they used to be required to attend in order to earn their full salaries. Today they can choose to limit their caseloads if they are willing to accept a lower salary; most aren’t. As noted above, an increasing number of Dutch midwives work in large joint practices of 6 or so midwives, who often do not get to know their clients on a personal basis.

The attitude of Dutch midwives toward home birth, as I recently learned, is and has long been very different from that of American homebirth midwives, who go to the home when called and tend to settle-in for the duration. For Dutch midwives, this is unnecessary molly-coddling! They stop by to check in on their mothers laboring at home, then proceed with their multitude of daily pre- and post-natal exams, expecting the mother to “just get on with it” and call them when birth is imminent.

Yet a new generation of Dutch homebirthers *want* to be molly-coddled! In response, the Dutch have started to train the postpartum workers/*kraamverzorgster* (who have long been paid by the government to take care of the family for two whole weeks after birth—don’t we just wish) as doulas who can go to the home when labor begins and “molly-coddle” the laboring mom until it’s time to call the midwife. An improvement, yet still in early evolution, as many mothers have never met these new doulas in advance and aren’t sure they really want them around. And the midwife has to call this postpartum worker herself while the mother is in early labor at home, and many midwives don’t make that call, so the couple is left alone until the midwife herself has time to come and stay with them. As the availability of these new doulas is very new, midwives are not yet used to this new way of giving support to laboring women and sometimes forget to call for any help. Again, an improvement in early evolution!

Another positive development in The Netherlands is the construction of many birth centers around the country. This is a positive response to the negative situation that the Dutch government has been

³ For discussion of shifting rates and reasons for referral over the last 50 years in the Netherlands, see e.g. Amelink-Verburg, M.P. et al, 2010. Pregnancy & Labour in the Dutch Maternity Care System, *Journal of Midwifery & Women’s Health* May-June 55(3):216-25; and Amelink-Verburg, M.P. et al. 2009. A Trend Analysis in Referrals during Pregnancy and Labour in Dutch Midwifery Care, 1988–2004, *BJOG* June 116(7):923-32.

⁴ Faber, Marjolein R. 2012. “Taboos in Maternity Care Education: Intimacy, Love, Sexuality & Death,” in *Bynkershoek Conference Papers/ Human Rights in Childbirth*, ed. Hermine Hayes-Klein. Bynkershoek Publishing.

closing lots of small maternity hospitals in communities around the country because they don't seem to be cost-effective (and because of a recent alliance between Dutch insurers and doctors who seem determined to move birth into the hospital—part of a larger move toward toward marketizing Dutch health care, which began in 2006, and entails some degree of privatization and its ensuing higher costs).

A common perception in The Netherlands is that it's not legal to give birth at home if your home is more than 30 minutes away from a hospital. (That isn't actually true—it's a guideline, not a law—but people think it is the law. And some midwives are not willing to take the risk of a longer distance to the hospital so won't take the job.) So when your local community maternity hospital is closed, you think you have to give birth in the large tertiary care hospital even if you wanted to birth at home—or you simply may not be able to find a midwife willing to attend you in a home that far from a hospital.

Most of the new birth centers are located inside or very near to the large hospitals, and they are, for the most part, staffed only by autonomous homebirth midwives (not by midwives used only to working in hospital, who are generally not so independent-minded nor so supportive of physiologic birth). Yet if the hospital is overcrowded (as many often are due to the recent drop in homebirth rates), the birth center near or inside it can't be used, as the mother can't be transported in case of need.....another new problem in need of a solution, which will probably entail the construction of larger hospitals or the expansion of existing ones. Dutch obs admit freely that if homebirth in their country vanished tomorrow, the hospitals would be completely overwhelmed.

In tandem with all the above, Dutch midwifery education, long held apart in four-year vocational schools for midwives only, has recently been moved into university Departments of Midwifery, where the focus is now the new field of “Midwifery Science”⁵⁵ and evidence-based care. While many applaud this move, some midwifery students and faculty feel that there is not enough attention to hands-on skills and physical intimacy with laboring mothers (as Hermine mentioned above).

Upon learning this news at the June conference in The Hague, and with the help of a marvelous young midwifery student named Marjolein Faber, I spent a week in The Netherlands in early September giving talks at the midwifery departments in Amsterdam, Rotterdam, and Maastricht in order to do my best to issue a wakeup call to students and faculty. The talk I gave at all three schools was “Daughter of Time: The Postmodern Midwife.” My main point was that the Dutch system was never a premodern vestige of the past, but rather a *postmodern vanguard of the future* that birth activists around the world have long looked to as the best model in the world, and should be preserved for the future, not abandoned because of its connections to the past.

When you are in the middle of living, studying, teaching, it's often hard to step back and take an overview. An outsider like me can provide that overview—I did my best, and I do think both students and faculty heard my message. The feedback was great—apparently, they did feel inspired to preserve their system! (For that moment at least—we all need to do our best to help them.)

And I was simply delighted to be invited to speak at a meeting in Amsterdam of a relatively new Dutch group called The Birth Movement—the group has around 500 members (including many senior and

⁵⁵ De Vries et al. 2011

student midwives, doulas, and activists) who are dedicated to preserving the best of the Dutch system and taking it forward into the future. Fascinatingly, the talk they wanted me to give to them was on “Renegade Midwives.” I mentioned that phenomenon in passing in my talks at the schools, and some midwives (having never heard the term before) immediately glommed onto it, self-identified as renegades (a midwife who puts the interests and desires of the woman above those of the profession), and wanted to know more about the American renegade midwives I’ve long studied. Who knew?

So Dear CAR members, I urge you all to track new developments in The Netherlands and to do anything you can to support Dutch midwives and mothers. The good news is very good—a CS rate of 16% (yet rising), a homebirth rate of 23%, epidurals still the exception (11.3%) rather than the norm, induction levels still extremely low (15.5%), and the PMNR has decreased to 9/1000 (calculated from 22 weeks) and 4.8/1000 (calculated from 28 weeks). In short, the Dutch ob system is still vastly better at supporting normal, physiologic birth than those in all other developed countries are, so there is still lots of hope for the preservation and improvement of this long-standing exemplary system!

Acknowledgments

My thanks to Hermine Hayes-Klein, Thea van Tuyl, Marjolein Faber, Laura van Deth, and most especially Raymond de Vries for their very helpful improvements to this Update at extremely short notice! All statistics are from the Royal Dutch Academy of Midwives, sent to me by midwife Laura van Deth.

Again, this Update is based on recent impressions only, and not on formal research. It’s all just FYI—and if any of you can help me improve or correct it in any way, please email me at davis-floyd@mail.utexas.edu.

NB: Raymond DeVries, the pre-eminent social science researcher on The Netherlands, is on faculty at the Academie Verloskunde Maastricht/University of Maastricht for a year. He organized my talk there, along with a marvelous long lunch and dialogue with lots of faculty members. He is doing his best to bring the best of the Dutch system forward into the future, and I’m sure he would be happy to help any CAR members who want to carry out research in The Netherlands. rdevries@med.mich.edu. ([For his most recent study of The Netherlands situation and its international lessons, see De Vries and Buitendijk 2012.](#))

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Upcoming Panels - AAA

The 111th Annual Conference of the American Anthropological Association is coming up!

It will be held at the San Francisco Hilton (Union Square) and the Hotel Nikko:
San Francisco, CA from November 14th to the 18th
This year's theme is "Borders and Crossings"

Here are some panels and presentations that feature CAR members. If you are involved in any way with the AAAs and you're not included in this list but want your fellow CAR members to know about your session(s), please email the info to the CAR listserv (anthrorepro@googlegroups.com)! Also, please make sure to check the official conference schedule as you make your AAA plan of attack, as details are subject to change...

Wednesday, November 14, 2012

12:00 PM-1:45 PM: *Global Flows, Human Rights, Sexual and Reproductive Health: Ethnographies of Crossing and "Translation" in the Global South*

Organizers: **Maya Unnithan** (Univ. of Sussex) and **Stacy L Pigg** (Simon Fraser University)

Chairs: **Maya Unnithan** (Univ. of Sussex)

Discussant: **Lynn M Morgan** (Mount Holyoke College)

12:00 PM **Paul Boyce** (Univ. of Sussex): Desirable Rights: Same-Sex Sexualities, Development and Modernity In India

12:15 PM **Anne E Kraemer Diaz** (Univ. of Kansas and Wuqu' Kawoq - Maya Health Alliance), **Anita Chary** (Washington Univ. in St. Louis), **Brent M Henderson** (Univ. of Florida) and **Peter Rohloff** (Harvard Univ.): Negotiating Global Health Policy and Indigenous Rights: The Changing Roles of Maya Midwives In Guatemala

12:30 PM **Rosalynn Adeline Vega** (UC Berkeley/ UC San Francisco and University of Guanajuato): Human Rights and "Humanized Birth" In Multiethnic Mexico

12:45 PM **Jan M Brunson** (Univ. of Hawaii): Developing Third World Women: From Fertile Objects to Arbiters of Small, Happy Families

1:00 PM **Hayley MacGregor** (Institute of Development Studies): Shifting Paradigms of Patient Care: Community Health Workers and the Challenges of 'integration' In the State Healthcare System In South Africa

1:15 PM **Maya Unnithan** (Univ. of Sussex): Realising Reproductive Rights In Indian Law: Legal Activism and the 'translation' of Human Rights

8:15pm **Joanna Z. Mishtal** (Univ. of Central Florida): Reproductive governance in the new Europe: competing visions of morality, sovereignty, and supranational policy (As part of the 8pm to 9:45pm panel, *Culture, Power, and Policy in the New Europe II: Refocusing the Anthropological Purview on the Politics of Gender, Agriculture, and Finance.*)

Thursday, November 15, 2012

- 8:30am- **Jennifer Foster** (Emory Univ.), **Rosa Burgos** (U. Autonoma de Santo Domingo), **Carmen Tejada** (Hospital San Vicente de Paul), **Ramona Caceres** (Hospital San Vicente de Paul), **Lidia Perez** (Hospital San Vicente de Paul), **Asela Almonte** (Hospital San Vicente de Paul) and **Luis Adolfo Dominguez** (Hospital San Vicente de Paul): *Community Health Workers and the Creation of Indicators for Quality Care In the Dominican Republic: The Imperative for Respect* (As part of the 8am to 9:45am panel, *Agents of Biosocial Change: Frontline Health Workers*).
- 10:15 AM-12:00 PM: *Queer Reproduction/s: Emerging Possibilities for Anthropology in the Study of Borders, Boundaries and Crossings* (Invited Status) Organizer and Moderator: **Christa Craven** (College of Wooster) Roundtable Discussants: **Ellen Lewin** (Author of *Lesbian Mothers and Gay Fatherhood*); **Johnny Symons** (filmmaker, “Daddy & Papa” and “Beyond Conception”); **Laura Mamo** (Author of *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience*); **Tom Boellstorff** (author of several books on gay Indonesia and virtual worlds and the current Editor of *American Anthropologist*); **Mignon Moore** (Author of *Invisible Families: Gay Identities, Relationships, and Motherhood Among Black Women*)
- 1:45PM-3:30PM *At The Borders of Agency: Migration, Reproductive Health, and Regulation*
Organizers: **Shannon Mary Ward** (Wellesley College)
Chairs: **Shannon Mary Ward** (Wellesley College)
Discussant: **Cecilia VanHollen** (Georgetown Univ.)
- 1:45 PM-5:30 PM *The Cultural Politics of Reproduction* (Double Session) Organizer and Chair: **Holly A Dygert** (Rhode Island College)
- 1:45pm **Katerina Georgiadis** (London School of Economics): *Guardians of the Nation: The 'polyteknoi' and Fertility Politics In Greece*
- 1:45pm **Sienna Craig** (Dartmouth College): *Birth, Fertility, and Migration: Fluid Boundaries Between Mustang, Nepal, and New York City*
- 2:00pm **Melody Li Ornellas** (Univ. of Pittsburgh): *Contesting Reproduction, Contesting Citizenship: Mainland Chinese “Visiting” Wives’ Struggle to Give Birth In Hong Kong*
- 2:00pm **Shannon Mary Ward** (Wellesley College): *Displaced People, Emplaced Births: Medicalized Childbirth In the Tibetan Diaspora*
- 2:15pm **Chen-I Kuan** (Academia Sinica): *Choices Under Constraint: Maternal Request for Cesarean Sections in Taiwan*
- 2:15pm **Holly A Dygert** (Rhode Island College): *The Cultural Politics of Family, Revisited: Mixtec Women Re-Imagining Family and Progress In Neoliberal Mexico*
- 2:30pm **Ezgi Canpolat** (CUNY): *Turkey’s Sperm Donor Debate: Familial Anxieties and Resurgence of Eugenics*
- 2:30pm **Erin Thomason** (UCLA): *“My Fate Is In My Hands, But My Future Is Uncertain”:* *Narratives of Moral Mothering Among Women Working in China's Sex Industry*
- 2:45pm **Kathleen Ann Sprague** (Wellesley College): *Cross-Cultural Conceptions of Transitional Justice In The Former Yugoslavia*

- 2:45pm **Silvia De Zordo** (Goldsmiths-Univ. of London): Planning Reproduction, Building Democracy and Fighting for Sexual and Reproductive Rights: Family Planning and Social Inequalities In Salvador Da Bahia (Brazil)
- 3:00pm **Lindsey Wallace** (UNC Chapel Hill): Foreigners and Internationals: How Legal Status and Inequality Affect Transnational Women's Family Planning In Geneva, Switzerland

- discussion and break-

- 3:45pm **Dharashree Das** (Simon Fraser Univ.): State Policies, Reproductive Practices, and Gendered Vulnerabilities: Notes From the Field
- 4:00PM- 5:00PM *Dis/counting Evidence: The Politics of Exclusion in Health Interventions* (Invited Session) Organizer: **Elsa Fan** (Univ. of California, Irvine & Colby College) and **Denielle A Elliott** (York Univ.) Chair: **Denielle Elliott** (York Univ.) Discussant: **Michael Montoya** (Univ. of California Irvine)
- 4:00pm **Elsa Fan** (Univ. of California, Irvine & Colby College): The In/Visibility of Evidence: Negotiating Blood and Boundaries Through HIV/AIDS In China
- 4:00pm **Heidi Kristiina Harkonen** (Univ. of Helsinki): Gender, Reproduction and Wealth In Post-Soviet Havana
- 4:15pm **Stefan Ecks** (Univ. of Edinburgh): Excluding Evidence to Include Patients? The "Treatment Gap" In Global Mental Health
- 4:15pm **Maria Cristina Alcalde** (Univ. of Kentucky): Spaces of Transformation: Mexican Immigrant Women On the Sexual Education of Their Children
- 4:30pm **Seline A Szkupinski Quiroga** (Arizona State Univ.): How Do Men and Women of Color Respond to a Legacy of Constrained Reproduction?: Discourses of Reproductive Worthiness In the United States
- 4:30pm **Susan Erikson** (Simon Fraser Univ.): 'For Our Purposes': Ultrasound, Statistical Exclusions, and Epistemic Unconscious
- 4:45pm **Kristen Karlberg** (Purchase College SUNY): The Tangled Genetic Web In Pursuit of Family: Cultures, Donors, Races, Ethnicities
- 4:45pm **Stacy Pigg** (Simon Fraser Univ.): The Disjunctive Real of Depo-Provera: Evidentiary Narratives In Contraceptive Controversies
- 5:00pm **Robert Lorway** (Univ. of Manitoba): Reassembling Epidemiology: Mapping, Monitory and the Medicalization of Space In South India

Friday, November 16, 2012

- 4:00PM-5:45pm: *Bodies of Circulation: Juxtaposing Migration and Adoption*
Organizers: **Jessica Leinaweaver** (Brown Univ.) and **Sonja Van Wichelen** (Univ. of Western Sydney).
Discussants: **Karen Dubinsky** (Queen's Univ.) and **Jacqueline Knoerr** (Max Planck Institute for Social Anthropology)
- 4:00pm **Jessaca B Leinaweaver** (Brown Univ.): An Anthropological Demography of Child Displacement: Contrasting Transnational Adoption and Family Migration
- 4:15 **Barbara Yngvesson** (Hampshire College): Migrant Bodies and the Materialization of Belonging In Sweden

- 4:30 **Sonja Judith Van Wichelen** (Univ. of Western Sydney): **Moral Economies of Child-Bodies: Displacement and Humanitarianism**
- 4:45 PM **Silvia Posocco** (Birkbeck, Univ. of London): **Performative Analogies, Technologies of Enfleshment: Transnational Adoption and/As Migration In Guatemala**

Saturday, November 17th

Please note that CAR will be holding a general membership/open business meeting from **12:15pm to 1:30pm** on Saturday, location TBA -- members, members' friends, and interested nonmembers are all welcome!

Sunday, November 18

- 8:00 AM-9:45 AM *Discipline and Cherish: Intellectual Legacies of Adele Clarke*
Organizers: **Lynn M Morgan** (Mount Holyoke College) and **Lauren Fordyce** (Bucknell Univ.)
Chairs: **Monica J Casper** (Univ. of Arizona)
Discussants: **Rayna Rapp** (New York Univ.)
- 8:00 AM **Carrie Friese** (London School of Economics): **From Research Materials to Model Organisms: The Human-Animal-Technology Interface In the Reproductive Sciences**
- 8:15am **Lauren Fordyce** (Bucknell Univ.): **Vital Risk, Vital Surveillance, and Vital Statistics: The Biomedicalization of Pregnancy In the Late 20th Century**
- 8:30am **Vanessa M Hildebrand** (Case Western Reserve Univ.): **Biomedicalization and the Commodification of Midwifery Training In Indonesia**
- 8:45 AM **Linda F Hogle** (Univ. of Wisconsin – Madison): **Recollections: Mining Data In Science and Insights From Adele Clarke**
- 9:00 AM **Lynn M Morgan** (Mount Holyoke College): **Disciplining Potentiality: How Moral Theologians Theorize Embryos**
- 8:00 AM-9:45 AM *Public Privates: Exposing Intimacy in New Feminist Anthropologies*
Organizers: **Nicole Berry** (Simon Fraser Univ.) and **Rachel Chapman** (Univ. of Washington) Chairs: **Stacy L Pigg** (Simon Fraser Univ.) Roundtable Presenters: **Christa Craven** (College of Wooster), **Jennifer Aengst** (Portland State Univ.), **Irene Maffi** (Université de Lausanne), **Miren Guillo** (The Univ. of the Basque Country), **Risa Cromer** (City Univ. of New York), **Nicole Berry** (Simon Fraser Univ.) and **Rachel Chapman** (Univ. of Washington)

Sunday, November 18 (cont'd)

8:00 AM-9:45 AM *Birth Across Borders*

Chair: **Robbie E Davis-Floyd** (Univ. of Texas Austin)

8am: **Robbie E Davis-Floyd** (Univ. of Texas Austin) and **Eugenia Georges** (Rice Univ.):
The Paradigm Shift of Holistic Obstetricians: Brazil's "Good Guys and Girls"

8:15am: **Elizabeth J Wirtz** (Purdue Univ.): "It's for Their Own Good": Medicine,
Surveillance, and the Reproductive Health of Somali Refugees In Kenya

8:30am: **Anjali Bhardwaj** (Purdue Univ. and Purdue Univ.): She's Fine! Postpartum
Practices, Morbidity and Role of Public Health Services In Rural Rajasthan,
India

8:45: **Lydia C Zacher** (Univ. of California Irvine): Birth and the Nation: Maternal
Mortality, Midwives, and the Mexican State

9am: **Catherine Wallis Griffin** (Madonna Univ.): It's A Birth, Not A Procedure: An
Ethnographic Study of Intrauterine Fetal Death In A Labor and Delivery Unit of
An American Hospital Setting

9:15am: **Bo Kyeong Seo** (Australian National University): The Inscription of Birth: Free
Antenatal Care for Shan Migrant Women and Issues of Legibility

9:30am: **Bonnie Ruder** (Oregon State University): Shattered Lives: Obstetric Fistula
and the Power of the Obstetric Imaginary In Uganda

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