

CAR Spring Newsletter

Meeting Announcement: *CAR Meetup at SfAA, March 26*

If you're in Pittsburgh for SfAA this year join us on Thursday 26th for dinner!

When: Thursday 26th at 7pm

Where: [PGH-Grille 600 Grant Street, Pgh, PA 15219](#)

Link to Map [Here](#)

Reservation is under Lucia Guerra

See you there!

2014-2015 Steering Committee

Chair: Sallie Han (Nov 2013-Nov 2015)

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Membership Coordinator: Elizabeth Wirtz (Nov 2014-Nov 2016)

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Members: Tsipy Ivry, Jill Fleuriet, Cecilia Van Hollen, Coleen Carrigan

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Co-Chairs: Joanna Mishtal (Nov 2014-), Risa Cromer (Nov 2014-)

Members: Becca Howes-Mischel, Sarah Miller-Fellows, Karen Faulk, Michaela Walderstedt, Beatriz Reyes-Foster, Diane Tober

Contents

Leadership and Committee Membership	1
News.....	2
Awards.....	3
Notes from the Field.....	4
Car History.....	8
Member Updates.....	12
Publications.....	13
Books.....	13
Articles/Chapters.....	14
Upcoming Conferences.....	15
Panels - SfAA.....	15

NEWS

Anthropology in Practice

South Asia Consultation on Maternal Health: Regional Dialogue and Way Forward 5th-6th February 2015 Kathmandu, Nepal

Oxfam India organized ‘**South Asia Consultation on Maternal Health: Regional Dialogue and Way Forward**’. The consultation was a part of Oxfam India’s ongoing commitment to ensuring access to quality health care to women and children by strengthening public health system and engagement of communities in their health.

The objectives of this event were stocktaking of maternal health scenario in South Asia (Afghanistan, Pakistan, Nepal, Bangladesh, India and Sri Lanka) and initiating discussion and forging collaborations for further work. The two-day consultation brought together scholars, practitioners and experts from the fields of public health, medicine, civil society and social sciences. **CAR members and medical anthropologists, Cecilia Van Hollen, Jan Brunson and Anjali Bhardwaj participated in the event.**

The platform fostered stimulating presentations and discussions on strategies to take forward the maternal health agenda beyond the Millennium Development Goals (MDGs) and the Sustainable Development Goals 2030 (SDGs). Expert delegates from the South Asian countries shared details of current health programs, shared ideas and innovations, identified cross-sectoral synergies and best practices. Cecilia Van Hollen shared her experiences and made valuable contributions to the discussion based on her work in India and Jan Brunson provided insights from her work on maternal health in Nepal. The event was organized by Anjali Bhardwaj on behalf of Oxfam.



Expert delegates
at the South Asia
Consultation on
Maternal Health



AWARDS

Congratulations to **Julie Johnson Searcy** on being a recipient of the Woodrow Wilson Women's Studies Dissertation Fellowship. Julie is doctoral candidate in anthropology/communications and culture at Indiana University. Her dissertation, *When Life and Death Meet: Reproduction in the Context of Chronic Disease*, explores how women navigate pregnancy and birth in South Africa where one in 3 pregnant women is HIV positive.

The Women's Studies Fellowship is the only national program to support doctoral work on women's and gendered issues. Each 2015 Newcombe Fellow will receive a \$5,000 award to help cover expenses incurred while completing their dissertations.

Congratulations to **Sarah Pinto** (Tufts University), who won the SMA Eileen Basker Memorial Prize for her book *Daughters of Parvati: Women and Madness in Colonial India* (University of Pennsylvania Press, 2014).

Jennifer Foster was awarded a Fulbright Scholar Award for her project titled *The development and dissemination of evidence-based, interprofessional practice in midwifery and health sciences in Chile*. A collaboration with the University of Chile, WHO/PAHO midwifery collaborating center for Latin America and the Caribbean.

Also congratulations to other anthropology of reproduction dissertation award recipients:

Amy Krauss • Anthropology, The Johns Hopkins University "In the Shadow of Law: Healthcare Institutions, Feminist Networks and Reproductive Rights Politics in Mexico."

Cassia Roth • History, University of California, Los Angeles "A Miscarriage of Justice: Reproduction, Medicine, and the Law in Rio de Janeiro, Brazil (1890–1940)"



NOTES FROM THE FIELD

Notes from the Field: “When Breastmilk Isn’t Enough”

By Veronica Miranda

It was a hot and humid late July afternoon when I decided to pay a visit to one of the village midwives. I gathered my already-packed research bag and on the way out I said good-bye to my husband (aka field assistant and nanny) and kissed our three month old son. It was around three o’clock when I left. The heat was still unbearable as I walked through the rural Yucatec Maya pueblo of Saban, located in the southern interior of the peninsula.

When I arrived to the midwife’s house I was hot, sweaty, and thirsty. I was escorted by the midwife’s daughter to the large newly built thatched roof kitchen located behind the house. Elda, the midwife, was cooking lunch when I got there. She invited me to sit down and eat with her family. We had a simple but delicious lunch.

Elda served a thin soup of boiled Chaya (a dark leafy green high in calcium and folic acid) that was mixed with ground-up pumpkin seeds, sea salt, and a generous squeeze of fresh lemon juice. Her son had picked some avocados from the tree outside and made a big bowl of guacamole. And like all meals in the pueblo, our lunch was accompanied by fresh, handmade corn tortillas. It was one of my favorite meals. I ate two servings and savored every bite.

Elda was happy that I liked her cooking and she said I must always be hungry because I am breastfeeding. She told me she ate often when she breastfed her children many years ago. I asked her if she exclusively breastfed her three children—two girls and a boy. She said yes. In fact her son, the youngest, was the largest of all her babies. He was so big that many people thought he was a year old when he was only six months. We had already had many conversations in the past about the importance of breastfeeding for both baby and mother. Yet at that moment, I had to ask her a question that had been bothering me for some time. I asked, “Elda if I am exclusively breastfeeding my infant son and he is visibly a large and healthy baby, why are so many people in the community telling me I needed to supplement with formula? Why are they saying he needs more than breastmilk”?

Elda took a moment to think about what I had just said and then asked if my son cried a lot. As a young first-time mother away from my own familial support system, I was not really sure the average amount a baby cried. My son did cry often throughout the day and night but I was usually able to sooth him by breastfeeding. From the day he was born I nursed my son on demand—even at eight months he was still adamant about having breastmilk every two to four hours. In the end, I answered Elda’s question by saying “Yes, he does cry a little”. Her teenage son was intrigued by our conversation and asked me if my son had air in his belly? Assuming this was similar to colic I explained that this used to be an issue, but not anymore. Elda suggested that he could have mal de ojo. But she was leaning more to the idea that maybe I was not producing enough milk. She asked if my milk was soft or hard when it leaked through my shirt. I paused for a moment—I had never been asked this question before. Was she referring to my milk flow or the thickness of my milk? I probably will never know since I did not ask her to explain. Not completely understanding the question I said I think it comes out soft.

She said that was it. My son cried a lot because he was hungry, she explained. My milk was too thin and he was not getting his fill. I asked her what I could do to fix this, and she responded by saying, “Usually if the mother has thin milk, about a month after the baby is born, she is told to drink a lot of agua de Chaya and follow a local remedy of placing boiled orange leaves over the her breast and taking a warm bath with the tea water. The mother must stay inside for three days, especially if it is cloudy outside. This will help increase the milk supply and make it thicker”. Unfortunately, I had missed my chance. My son was almost four months old and my best option now was to supplement with formula.

I thought about this conversation with Elda the rest of the time I was in the field. Just a generation ago, women in the community exclusively breastfed. The older and middle aged women who told me I needed to supplement with formula had exclusively breastfed their own children. Women have always breastfed. Breastfeeding continues to be widely practiced throughout the community. As Elda pointed out, local healers and midwives have used traditional remedies passed down from older generations to help a mother increase her milk supply and sooth a crying baby. But times have changed; today, breastmilk is no longer seen as enough. Many women firmly believe that infants need to be supplemented with formula. The idea that traditional medicine is no longer able to help women produce enough milk to feed their babies is relatively new. Formula, for many women, provides the necessary nutrients infants need to thrive. These beliefs are instilled through the advice of local doctors and nurses, and reinforced by widespread media and public health campaigns. Today the majority of new mothers believed that their infants would be healthier and happier if they had both breastmilk and formula.

There is a wide array of literature that explains why indigenous and/or poor women choose to use infant formula. Some reasons include 1) the belief in corporate media messages proclaiming the superior health benefits of formula; 2) indigenous women’s internalization of the idea that their bodies are inadequate; 3) a rise in social status with the use of expensive formula; and 4) the adoption of the idea by indigenous and/or poor women that they are better mothers by offering formula to their children. I knew all of this going into my fieldwork. I have read the literature, and studied the political economic histories that have affected and shaped rural women’s choices. Yet, it was not until I personally experienced in the field the issue of supplementing with formula that I had a greater appreciation for the many ways in which women address on a daily basis the health of their children. As a young researcher eager to apply the scholarly knowledge I had gained I chose to focus heavily on the issue of breastmilk verses infant formula. But I was wrong. After many conversations with women in the community I was finally able to listen to them and understand that they did not see the two as a binary. It was until much later that I realized the women suggesting I supplement with formula were trying to help me deal with a situation and address a specific symptom—a crying baby. These rural Yucatec Maya women are bombarded with constant messages by doctors and from the media that their bodies are insufficient at meeting the needs of their unborn and infant children. As with childbirth, these women have not addressed their health and that of their children through an either/or



Veronica and 4-month-old Paulo

dichotomy. Women are trying to make the most of all the resources they have and mixing practices allows them to ensure the wellbeing of their children. It was shocking to see how strong the outside messages of the inadequacy of women's bodies had affected their beliefs, yes, but even within that these women are trying to find the best ways to raise healthy and happy children.

Veronica Miranda is a PhD Candidate in anthropology at the University of Kentucky. She conducted fieldwork among the Yucatec Maya Pueblo accompanied by her son, Paulo.

Notes from the Field: "Learning with Indigenous Midwives in Chiapas, Mexico" **By Mounia El Kotni**

"Oh, I see, so you want to be a *partera* (midwife)" is the typical response I hear after explaining the purpose of my visit; that I am doing dissertation research to document how midwives live and work. Although I try to explain my research goal in terms of "helping raise awareness on the difficulties *parteras* are facing," I am always met with this same response "so you want to learn how to become a midwife?" And as I have gotten to meet *parteras* and aspiring midwives, I must admit that there is not always a clear difference between what *I* do and how *I* act and what *they* do and how *they* act: asking questions about pregnancy care, sitting in on prenatal consults, taking notes on almost everything the *partera* says... There is a thin line between participant-observation and midwives' apprenticeship model. And indeed, I have been learning a lot about how *parteras* work and live, but also a hell of a lot about plants given in pregnancy care and massage techniques.

Since October 2014, I have been in San Cristóbal de Las Casas, Chiapas, conducting dissertation fieldwork and volunteering for the Women and Midwives' Section of the Organization of Indigenous Doctors of Chiapas (OMIECH). As a volunteer, my work consists mainly of two tasks: administrative tasks (*aka* looking for funding) and logistical support during events and workshops. Since 1985, OMIECH has been strengthening Mayan medical knowledge and organizing health workshops in indigenous Tzeltal and Tsotsil communities of Chiapas. Even though I am in Chiapas, some of my notes echo those of Kara E. Miller (Fall 2014 Newsletter). Here too, the *parteras* - who are referred to as Traditional Birth Attendants in international documents - are frustrated with the lack of possibilities to



Tsotsil *partera* during a community workshop. Photo by author.

transfer their skills to the next generation. This is why the Women and Midwives' section organizes workshops focused on reproductive health, and care during pregnancy, birth, and postpartum. These workshops are open to all members of the community where they take place, and aim to perpetuate botanical and medical knowledge by transmitting it to younger generations.

The loss of knowledge is accelerated by various factors: young people's migration, midwifery not being an attractive profession economically, and also the increasing medicalization of birth. The push to send women to birth in hospitals

comes with a delegitimation of indigenous *parteras'* knowledge as “not-modern”. Through conditional cash-transfer programs (documented by Vania Smith-Oka in the state of Veracruz), women are pushed to have their prenatal visits and give birth in hospitals. *Parteras*, on their end, have to attend trainings given by the Health Secretary. These trainings emerged in the 1980s, and intensified in Chiapas under the pressure of reducing maternal mortality rate to comply with the Millennium Development Goal (Chiapas has one of the highest maternal mortality rates in Mexico). Indigenous traditional midwives either have to follow the trainings or stop practicing. This can have dramatic consequences in places where they are often the only health care provider in their communities.

As I jot down notes during an interview or observation within these different settings, I feel a thrill of delight when their words echo one another. But then I realize this means that these state policies are really achieving great changes for *parteras*. And like Sisyphus, tirelessly, my colleagues at OMIECH reweave what is being unwoven: traditional medical knowledge, but also, and as important, pride in it and trust within the community.

While “in the field”, my notes are scribbly at times, crystal clear at others, but rarely absent. I try to type them regularly, as a good apprentice-anthropologist, but have stopped feeling guilty when I could not do so. It took me a few months to be able to “let go” and admit there will always be an event I will miss, a trip I cannot make... At my mid-point in the field (already), I have just started to take drawing classes, which helps me expand the range of my notes, when words fail to describe a hand gesture, or when I do not know the terminology for this exact point on the belly that needs to be massaged. These classes have made the familiar look different, and made me look at people in a new way, which in turns adds more depth to my notes.

Life in the field intertwines professional, political and personal spheres. The friendships I have built through this research promise to impact both my career and personal life. As we were searching for plants in the garden of the organization for an upcoming booklet publication, my colleague Micaela corrected me as I got the name of the plant wrong, once again. I could sense, for the first time, an impatient tone in her voice. I pause and I suddenly realized that although I am not studying to become a midwife, every one of the *parteras* I have met has been a teacher to me, training me a little bit, sharing their story, their tortilla and their endless knowledge. I am looking forward to learning a lot more in the next five months I will be spending with them and I hope my dissertation will bring them knowledge they can use in their struggle.



Mounia El Kotni and colleague Micaela Icó Bautista in the office. Photo courtesy of Walter E. Little.

Mounia El Kotni is a French-Moroccan doctoral candidate at the State University of New York at Albany. Her dissertation documents the impact of Mexican health laws on the practice of indigenous

midwives. She is currently conducting fieldwork with the Women and Midwives Section of the Organization of Indigenous Doctors of Chiapas (OMIECH).



CAR HISTORY

Looking Back: Narrative Histories of CAR

By Eliza Williamson

Contributors: Robbie Davis-Floyd, Susan Erikson, Lynn Morgan

For this year's edition of the newsletter, we decided to embark on a project of looking back. CAR is just about as old as the anthropology of reproduction itself. As our contributors pointed out, our subfield is now well established, and reproduction an almost taken-for-granted subject of ethnographic inquiry. But that wasn't always so, and CAR and its members played an instrumental role in raising reproduction to academic legitimacy. As we gain momentum, add new researchers, increase our profile, and expand our advocacy efforts, remembering our roots will help us look to the future while remaining close to our spirit.

For the current issue we asked long-time members to reflect on their experiences in CAR, past and present. We were able to collect two short interviews—one with Robbie Davis-Floyd and the other with Susan Erikson. Lynn Morgan also submitted an early memo on CAR's advocacy initiatives. Various others helped us gather information on CAR's beginnings. We would like to thank everyone for their contributions.

The Early Days

A common thread in our conversations has been the experience of CAR as a unique environment within academia, in which scholars working on reproduction could make professional connections as well as enjoy a welcoming and inclusive atmosphere where they could also be themselves. What were those first meetings like, and what were some of our interviewees' best memories?

Robbie Davis-Floyd: *I just remember we were a small circle of people—of women—maybe there was one guy, or two guys. And we decided that we would establish a tradition of always going around the circle and having everyone introduce themselves and briefly state what they were doing. Which has continued at every CAR meeting and is very welcoming. It really makes people feel included. You never have a CAR meeting where people don't get to know everybody's names and the work that they're doing. And so everybody feels included and accepted and appreciated and acknowledged. It's not like a lot of scholarly meetings where it's all about who's who and the people who are more important. CAR has never been hierarchical; it's always been very egalitarian and lateral. Of course there are always scholars who are better known than others, but nobody makes a thing about it at CAR meetings; it's like we're all just women researching—or, you know, mostly women—researching women's issues. And I think because it's women researching women's issues, we have sort of a camaraderie; it's almost like a social movement in the emotion that it generates and the sense of loyalty, and the sense of working for common purposes. [And] any kind of reproduction [is included],*

from the super high-tech, cyber-dazzle stuff to the basics of birth. So it's that egalitarian nature that I've loved.

When I first started out in reproductive issues there was no such support group, and the closest you could get was SMA. And then we just kind of found each other at those meetings, and then from going to panels that were on birth or reproduction—that was the only way to find other such scholars, was scan the program and find the panels. But then when CAR got created, suddenly there was a place to go with a shared interest focus that was just huge. And then the CAR listserv got created as soon as CAR did, and that was such a gift. If somebody has a research question, they'll put it out on the CAR list and anybody who has any information on that topic will just immediately write back. If someone is teaching a new course in reproduction for their first time they'll say, 'Help! I'm teaching Politics of Reproduction,' or 'I'm teaching a course on the anthropology of birth; never taught it before. Does anybody have advice?' And everybody who has a syllabus will send them the syllabus. We share and exchange syllabi freely. We post our syllabi on the CAR website. It's not about "my syllabus"; it's all about, "Here, let me help you, what can I do for you? Here's the syllabus, here's what's worked for me." One time I was asked at a perinatal psychology conference to give a talk on postpartum depression, which I knew absolutely nothing about and had done no research on whatsoever. But I was the only anthropologist at the conference, so they asked me to do it. So I sent out a plea for help to the CAR listserv and within two days I had enough information to construct a really awesome talk. I knew exactly what to read, knew exactly how to put the talk together, I got so much helpful advice. So really it's a support group, primarily. It really is a support group. When you put out something on CAR you will get responses from everybody that has something to say—very helpful responses.

Academia can be extremely harsh; departments can be nasty, people can be mean to each other, a lot of scholarly competition. But in CAR, because it's women's issues there's a heart there; you're studying something that we care about deeply. And it's like we can be women and scholars at the same time. Often women study things of personal importance to them. I wrote about birth because I had a cesarean that freaked me out and upset me and I needed to understand it better. So women often study issues that are of importance in their own lives, and reproductive issues certainly are. And CAR lets you be yourself as a person. CAR allows for that, lets you be emotional and a scholar too. And be accepted in all those dimensions.

Susan Erikson: *In the mid-1990s when I first became involved, CAR provided ways for me to figure out what it is to be an anthropologist. The AAAs, as many grad students have experienced, can be quite intimidating. There are just so many people at the AAA meetings. It was a small CAR group—when I started, maybe 20 people would show up—and we'd sit around in a circle, and take time to introduce ourselves. It was an awesome way to meet the senior people, to figure out who they were. We knew them from their books, but CAR was such a kind environment, one in which you could get to know them as people too. You expect academics to be smart, but you don't necessarily expect them to be nice! The CAR group included people who were both.*

CAR was for me that open and supportive place to practice actually articulating what I did as an anthropologist. This is a hard thing for people to master, that elevator statement about what your work looks like. But it was a very kind and generous place for a young anthropologist. There was a genuine interest on the part of the senior people, and that was very affirming. There was just such a

generosity of the senior anthropologists in those early years. And the group was small, so CAR possessed a familiarity that was supportive and just very sweet.

Robbie Davis-Floyd was there from the beginning, and she gave me and many others a first leg-up. I had gone to one of her talks and then was invited to join people after the talk at a bar in Boulder, Colorado. She asked me about my work and invited me to a panel. And I'm still close to those people on that panel; it just ended up opening so many doors.

The mid-1990s was a time when reproduction as a subject of anthropological inquiry was not yet taken seriously. The field is so established now. For the larger field of anthropology, anthropologists of reproduction have done so much seminal work and are cited by people from different branches of anthropology. But that was not the case when CAR started in the early 90s. That was an exciting thing to be part of.

Now we can take for granted that reproduction is a legitimate subject of inquiry, but when I was in grad school it wasn't that well established. Professional organizations like CAR — and this is true of any field — provide opportunities for professionalizing and networking and establishing points of familiarity and recognition, while encouraging high standards and rigorous training. There's a lot that goes into establishing any subdiscipline. And the women that were senior to me in CAR, they were very smart and strategic about how to put the pieces in place so that junior scholars would get funding, and wouldn't just burn out trying. I really feel like I'm standing on their shoulders.

Advocacy Work

In 2006 CAR launched its official advocacy initiative. In a memo for an earlier newsletter issue, Lynn Morgan stated that the initiative was established to “ensure that feminist anthropologists have a voice in public conversations about reproductive and sexual rights and health.” The inaugural event was a workshop at the 2006 AAA meeting, organized with [lpas](#) and [Ibis Reproductive Health](#), “to talk about how to work together and how best to translate academic research into action.” The workshop, called “From Research to Policy in the Anthropology of Reproduction,” featured scholars and policy experts who presented on stem cell research and abortion policy. The second workshop, “Connecting the dots: Linking .edu with .org, or, From Reproductive Research to Policy and Grassroots Advocacy,” was held in 2007 in partnership with sociologists and public health scholars at the National Advocates for Pregnant Women Summit conference in Atlanta. Next was advocacy work around the Global Gag Rule. Lynn Morgan writes:

As its third activity, the CAR Advocacy Committee issued a statement opposing the Global Gag Rule. First implemented by the Reagan administration in 1984, rescinded by President Clinton, and reinstated by the Bush administration in 2001, the Global Gag Rule prohibits foreign organizations that receive US family planning money from providing abortion or referring clients to abortion services, even if they do not use US funds to do so. The Global Gag Rule forbids foreign organizations that receive US funding from working to legalize abortion in their own countries. This provision would be unconstitutional in the United States because it requires that an organization “surrender its right to use its own funds to exercise free speech and participate in the political process”

(Population Action International). Anthropologists have ample opportunity to observe and document the cruel and devastating effects of the Global Gag Rule in poor countries and communities. It hurts women and families by closing clinics, and it ironically *increases* abortion and HIV rates by restricting access to much-needed contraceptives, including condoms.

This commitment to publicly engaged scholarship has marked CAR ever since these initial activities. As Morgan goes on to note, anthropologists -- and in particular, feminist anthropologists -- have a unique contribution to make to public policy debates:

Anthropologists listen carefully, observe closely, and always attend to local context, thus acquiring unique insights into how people understand and practice reproduction. The stories we collect can lead to policy changes. The CAR Advocacy Committee encourages anthropologists of reproduction to distill academic articles into fact sheets and press releases, to publish their findings as newspaper op-ed pieces, to contribute to blogs, and to talk to the press and policymakers, who sometimes find our findings counterintuitive. [...] Insights emerging from the research of feminist anthropologists who work to document the lives and views of ordinary people can be used to design effective and appropriate medical care, inform social policy, and enhance the effectiveness of advocacy efforts.

Susan Erikson underscores the importance of this work:

SE: Some of the early advocacy work was particularly compelling. The issue of abortion was being taken up by USAID and other implementing agencies of U.S. foreign policy, which at the time was imposing constraints and conditionalities relative to abortion and making it impossible for women in other countries to get resources to this particular health technology, even while abortion was legal in the US. Anthropologists like Lynn Morgan and Carolyn Smith-Morris were on the forefront of this advocacy work. There was also very important work being done by anthropologists in identifying that medical schools were cutting back on teaching the clinical skills needed to conduct abortion. And these were important pieces for understanding something that now seems obvious: at that time, US anti-abortionists were not always succeeding in making the act itself illegal, but they were very strategic about making it more difficult in other ways for women to get access to abortion services. This is really important advocacy work: understanding how something is done well enough to fight to undo it.

Anthropological skills are great for unpacking the politics and the economics that go into any practice, whether it be a reproductive health practice or anything else. And the anthropologists in CAR were leading the way at doing this policy unpacking. I had worked at USAID, so I had seen the policy work from that side, but anthropological skills are great for unpacking and tracing out where power resides in larger social praxis.

In the conclusion of her memo, Lynn Morgan writes eloquently about what CAR can offer the world of reproductive policy:

CAR members study all facets of reproduction the world over. Our collective expertise covers issues such as mothering, childbearing, infertility, midwifery, contraception, abortion, adoption, new reproductive technologies, and the local effects of global policies. Some of us conduct research in humble homes and impoverished rural clinics, while others work in high-tech laboratories and wealthy medical institutions. With the advocacy initiative, CAR members offer our skills, services, and research results to the advocates with whom we share common cause.

CAR's critical engagement with public policies that affect the reproductive lives of women and men has come to be a central feature of the group's identity.

Going Forward

We asked our interviewees what they envisioned for CAR's future: What would they like to see CAR become?

***RDF:** [I would want CAR to] continue to grow in terms of numbers. But stay the same in terms of sharing at the meetings and having mutually supportive introductions at every meeting, and being a place where women and men interested in women's issues come together to talk about those issues and to discuss their similar research, their mutual research interests. That it stay exactly the same in all of those way but just grow in size. More members to contribute, more members to share, more members to benefit from the joy that CAR brings. I mean it really is a joyful group; it brings joy to our lives as well as valuable information and support.*

***SE:** For me CAR's too big now [laughs]. I loved the early intimacies of CAR—I mean, I'm an intense person, and I like intense relationships and prefer small groups. And the AAA CAR meetings became meetings of too many strangers. But regardless of my own personal preferences, it sounds like CAR continues to do for people what it did for me early on. I hope CAR might still be that safe haven and practice space for people. CAR was very important to my overall career development, so let me end with a shout out of gratitude to all those unsung people and moments that helped me find my feet as an anthropologist.*

If you would like to contribute to this section, please email Lucia Guerra-Reyes (lguerra@indiana.edu).

MEMBER UPDATES

Namino Glantz does not Tweet, Facebook, or LinkedIn much, but her professional trajectory is cached at www.HealthandCulture.org. It involves ten years of health research and residence in Chiapas, Mexico, followed by a PhD in medical anthropology and gender from the University of Arizona, and a current career in public health. Namino is currently Health Planning & Epidemiology Program Manager at Boulder County Public Health, into which she is occasionally able to weave the anthropology of reproduction, for instance in her role coordinating the [Youth Risk Behavior Survey](#) and co-authoring [Healthy & Intended Pregnancy in Boulder County](#). She keeps her anthropology

expertise sharp as a reviewer of *Social Science & Medicine* manuscripts and American Association of University Women grant proposals. What that website doesn't say is that she enjoys life in Colorado, reveling in the "Boulder bubble" lifestyle, which includes 300 sunny days a year, gourmet food, and lots of Lycra. Nor does the website say that Namino's primary activity has been co-parenting four children with her very sweet husband, Jeff. Their kids are warm spirits, above average students, athletes, dog-lovers, artists, activists, and [gulp] all of reproductive age (15, 17, 19, and 21).

Aminata Maraesa, PhD, Medical Anthropologist who has also studied herbology, meditation, and yoga is leading a Field Course to Belize. The course titled "Cultures of Health, Medicine, and Healing: Medical Anthropology, Ethnobotany, & Wellness" runs from July 5-26, 2015. It will be conducted in the Toledo District of Southern Belize and will take an in depth look at the health and healing practices of the peoples of Southern Belize with an emphasis on local ecology and medical practices (including plant-based medicine, spiritual practices, and public health measures). E-mail amikole5@gmail.com for more information.

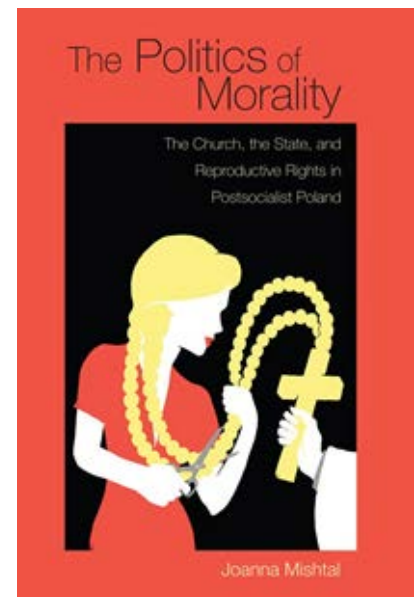


MEMBER PUBLICATIONS

Forthcoming Books

The Politics of Morality: The Church, the State, and Reproductive Rights in Postsocialist Poland (Ohio University Press, July 2015)
By Joanna Mishtal

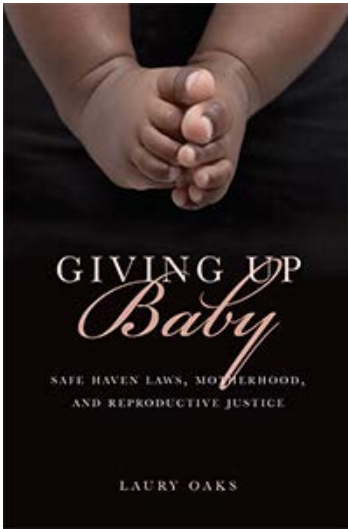
This ethnography is based on 23 months of research between 2000 and 2014 in Poland. The book shows how after the fall of the state socialist regime in 1989, the Catholic Church implemented a politics of morality based on individual surveillance and political pressures to maintain legislative control over reproduction. Yet, as Joanna argues, numerous social actors, from doctors to women to feminist activists, resist these strictures. Women use coping strategies that circumvent the restrictive policies on abortion by pursuing services illegally, defying religious prohibitions on contraception, organizing into advocacy groups, and running for political office. These practices ultimately reveal the sharp limits of religious form of governance.



The struggles around reproductive policies currently continue in Poland, as feminist organizations are increasingly opening new democratic channels to challenge traditional power structures and

restrictive laws through the European Union courts. Understanding these struggles illuminates the contradictory nature of the democratization process in this region.

See website: <http://www.ohioswallow.com/book/The+Politics+of+Morality>



Giving Up Baby: Safe Haven Laws, Motherhood, and Reproductive Justice (New York University Press, June 2015) By Laury Oaks

“Baby safe haven” laws, which allow a parent to relinquish a newborn baby legally and anonymously at a specified institutional location—such as a hospital or fire station—were established in every state between 1999 and 2009. Promoted during a time of heated public debate over policies on abortion, sex education, teen pregnancy, adoption, welfare, immigrant reproduction, and child abuse, safe haven laws were passed by the majority of states with little contest. These laws were thought to offer a solution to the consequences of unwanted pregnancies: mothers would no longer be burdened with children they could not care for, and newborn babies would no longer be abandoned in dumpsters.

Yet while these laws are well meaning, they ignore the real problem: some women lack key social and economic supports that mothers need to raise children. Safe haven laws do little to help disadvantaged women. Instead, advocates of safe haven laws target teenagers, women of color, and poor women with safe haven information and see relinquishing custody of their newborns as an act of maternal love. Disadvantaged women are preemptively judged as “bad” mothers whose babies would be better off without them.

Laury Oaks argues that the labeling of certain kinds of women as potential “bad” mothers who should consider anonymously giving up their newborns for adoption into a “loving” home should best be understood as an issue of reproductive justice. Safe haven discourses promote narrow images of who deserves to be a mother and reflect restrictive views on how we should treat women experiencing unwanted pregnancy. [Text from [NYU Press](#)]

Articles

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UPCOMING CONFERENCES

**Society for Applied Anthropology Annual Meeting • Pittsburgh, PA
March 24-28, 2015**

Panels by date (compiled by Lucia Guerra-Reyes)

(W-43) WEDNESDAY 10:00-11:50 Carnegie III

Applications in the Health of the Public

AMAYA BURNS, Alba (Duke Kunshan U) A One Health Story: A One Health Solution HILTON, Molly (Wayne State U) Breaking Bread into the Dog Dish: A Multispecies Exploration of Agency and Obesity

COLEMAN, Kathleen (Georgia State U) Globalization of Allergies: Consequences of Global Urbanization
MARR, Kelsey (U Saskatchewan) "Regulating" Reproduction: The Struggle between the Norm of Parenthood and Surrogacy Policy in the United Kingdom
MENTZER, Kari (E Wash U) Where Should Baby Sleep?: An Examination of Discourse Regarding Bed Sharing in the United States

(W-109) WEDNESDAY 1:30-3:20 Shadyside

The Crux of Refugee Resettlement: Rebuilding Social Networks, Part I

RAMSAY, Georgina (U Newcastle-Australia) The (Re)Generation of Life in Resettlement: Birth and Social Connectedness.

(TH-11) THURSDAY 8:00-9:50 Carnegie I

Culture and Medical Pluralism in Health Care: Perspectives from Latin America and the US

FAULK, Karen (CMU) "It's Her Birth": Doula Practice and the Complexities of Culturally Competent Care

DELOGE, Alana (U Pitt) Indigenous Language, Intercultural Health, and Medical Pluralism in Cochabamba, Bolivia

PESANTES, Maria Amalia (U Peruana Cayetano Heredia) A Grassroots Model of Intercultural Health: Indigenous Nurse Technicians in the Peruvian Amazon

NETSCH LOPEZ, Trisha (U Pitt) The Roles and Limits of Culture in Intercultural Medicine

GUERRA-REYES, Lucia (IU-Bloomington) Remaking Health in Latin America: The Discourse and Application of Interculturality in Health

(TH-38) THURSDAY 10:00-11:50 Phipps

Medical Social Sciences in Practice, Part II

REYES-FOSTER, Beatriz M. (UCF) No Justice in Birth: Continuity and Change in Mothers' Experiences of Vaginal Birth after C-section (VBAC) in Central Florida

WIEDMAN, Dennis (FIU) Anthropology's Role in Founding a Medical School to Train Culturally Responsive Physicians

WATSON, Marnie K. (YSU) "Mataram ela": Murder, Maternal Mortality, and the Acceptance of Everyday Violence in Manaus, Brazil

RUBINSTEIN, Robert A., HAYGOOD-EL, Arnett, JENNINGS-BEY, Timothy, and LANE, Sandra D. (Syracuse U) The Trauma Response Team: A Community Intervention for Gang Violence

RUIZ, Hector (U Pitt) and ABADIA, Cesar (UConn) Latin American Participatory Action Research (PAR) Ethnography. Arts and Collaboration through Hope and Despair at the Colombian Child and Maternity University Hospital

(TH-40) THURSDAY 10:00-11:50 Vandergrift

Continuity and Change in International Partnerships (CONAA)

FOSTER, Jennifer (Emory U) Rocks in the Road: Resisting Inequality in a U.S.-Dominican Republic Nursing Academic Partnership

(TH-108) THURSDAY 1:30-3:20 Oakmont

From Social Alienation to Social Support

OLIVER, Elisha and COX II, Derrell W. (U Oklahoma) Continuity and Change: Applied Anthropology in the Examination of Colonial Discourse and the Changing Representations of Reproduction and Relationship Structures in the 21st Century

(TH-121) THURSDAY 3:30-5:20 William Penn Ballroom

A Healthy Love of Reading: Preliminary Findings from a Study on Literacy Practices at the Pediatric Well Child Visit

HAN, Sallie (SUNY Oneonta) and GADOMSKI, Anne (Bassett Rsch Inst)

(F-101) FRIDAY 1:30-3:20 Carnegie I

Traversing Collaborative Boundaries: In Discipline, Authorship, and Legitimacy, A Roundtable Discussion

CHAIRS: KAISER, Bonnie (Emory U), MENDENHALL, Emily (Georgetown U), KOHRT, Brandon (Duke U)

ROUNDTABLE PARTICIPANTS: BREWIS SLADE, Alexandra A. (AZ State U), JUSTICE, Judith (UCSF), ANDERSON-FYE, Eileen (CWRU), WUTICH, Amb



Conference Announcement:

The Brocher Foundation Symposium: “Between Policy and Practice: Interdisciplinary Perspectives on Assisted Reproductive Technologies and Equitable Access to Health Care”

July 5-7, 2015, Brocher Foundation, Hermance, Switzerland

This symposium will bring together an interdisciplinary group of scholars involved in research, publication, and advocacy work in the area of Assisted Reproductive Technologies (ART) policy, health care policy, bioethics, and patient rights, and equitable access to health care. Disciplinary areas will include anthropology, sociology, bioethics, law, and health advocacy.

Organizers: Joanna Mishtal (University of Central Florida), and Magdalena Radkowska-Walkowicz (University of Warsaw).

The speaker list is closed, but auditors and poster presenters are welcome. If interested, please email Joanna with questions (jmishtal@ucf.edu) and/or see the Brocher announcement and preliminary program here: http://www.slideshare.net/Brocher_Foundation/brocher-symposium-july-57-2015.

CALL FOR SUBMISSIONS

Are you interested in contributing to future CAR newsletters? Please consider writing a column or Notes From the Field article sharing your experiences. If you're interested in contributing, please get in touch with your friendly newsletter co-editors by emailing Lucia Guerra-Reyes at lguerra@indiana.edu. We welcome all ideas, questions, and submissions.

Remember to let your students and Repro Anthro colleagues know about CAR, if they don't already!

Visit our new website:

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If you know of someone who might like to join CAR, please invite them to contact the CAR Membership Coordinator, Anjali Bhardwaj

joinanthrorepro@gmail.com.

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