

CAR Spring 2014 Newsletter

Meeting Announcement: *CAR social event at SfAA, March 20:*

We'll be hosting an informal get together at the SfAA meeting in Albuquerque.

Join us for some down time and fun conversation!

Time/date: Thursday March 20th at 7:30pm

Place: Church Street Café (a few blocks away from the conference hotel)

Address: 2111 Church St. NW, Albuquerque, NM 87104

www.churchstreetcafe.com

Please let us know if you are planning to come at: luguerra@indiana.edu

— Jennifer, Elizabeth and Lucia

2013-2015 Steering Committee

Chair: Sallie Han (Nov. 2013-Nov. 2015)

Chair-Elect: To be elected 2014

Steering Committee Advisor: Claire Wendland

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Advocacy Committee Co-Chairs: Lauren Fordyce
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Advocacy Committee

Co-Chairs: Elise Andaya, Lauren Fordyce (-Nov. 2014), Joanna Mishtal (Nov. 2014-)

Members: Bonnie Ruder, Risa Cromer

Graduate Paper Prize Committee

Chair: Jill Fleuriet (-Nov. 2014)

Members: Robbie Davis-Floyd, Rachel Chapman, Tsiov Ivrv, Cecilia Van Hollen

Book Prize Committee

Chair: Vania Smith-Oka, (Nov. 2013-Nov. 2015)

Members: Rebecca Howes-Mischel, Jennifer Aengst, Claire Wendland, Jennie Doberne, Lara Braff

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NEWS

CAR Meeting at AAA 2013



CAR Graduate Paper Prize winners, Sebastian Mohr and Tara Sheoran with Prize Committee Chair Jill Fleuriat.



Incoming CAR Chair Sallie Han and outgoing CAR Chair Claire Wendland.

Photos by Dinah Winnick

Our First CAR Not-Mentoring Hangout: A Success!

By Dick Powis and Lucia Guerra-Reyes

We are pleased to announce that our first Not-Mentoring Hangout has been successful, with only few technical issues. What is the Not-Mentoring Hangout, you ask?

Back in November 2013 at the CAR Business Meeting in Chicago, it was suggested that there was a need for a venue that would promote professional development for our members. Perhaps we could pair

graduate students and junior faculty with senior faculty mentors? Ah, but mentorship is such a “heavy title,” someone said. And when would they meet, other than at the already time-constrained annual meetings? Rather than force these awkward meetings at inopportune times, someone else proposed using Google Hangouts, a cloud-based teleconferencing application, for “Not-Mentoring” meetings with predetermined topics of discussion. The idea was born!

On January 23, we held our first CAR Not-Mentoring Hangout on Google Hangouts and the topic of discussion was “Planning AAA Sessions.” Our panelists (not mentors) were Sallie Han and Joanna Mishtal, and they shared with us their experiences and advice on planning invited sessions, inviting speakers, writing session abstracts, and more. Because other viewers were able to participate through Google Hangouts, the panelists were also able to field questions after their brief introductions. All in all, there were six participants in the Hangout, plus one or two anonymous viewers that watched live via YouTube, and the meeting itself was about 45 minutes long. For those that were not able to attend or would like to see the final result, you can view it on YouTube here (<http://youtu.be/gmm8v9r1SeA>). (Because of privacy settings, you will need to email Dick Powis [richard.powis@gmail.com] for permission.)



Barring one technical glitch very close to the end of the Hangout, the meeting went fine without any other error or distraction. Now that we know that we can hold a Not-Mentoring Hangout without an issue, we are interested in scheduling them monthly.

If you’re interested in participating in a Hangout, if you have an idea for a topic that you would want discussed, or if you just want more information on teleconferencing, please contact Lucia Guerra-Reyes (luciaguerra@gmail.com) or Dick Powis (richard.powis@gmail.com).

Announcement of WikiDot site:

Crowdsource This! The New CAR WikiDot Site

By Sallie Han

At our November 2013 business meeting, we discussed a wish for some way to collect all of the resources being shared among CAR members in a way that might be more usable than the email archives on googlegroups or our individual inboxes - and that will not overburden any single individual, like our listserv coordinator or web boss.

So, here is our attempt to do this. CAR now has its own WikiDot site – the address is <http://anthrorepro.wikidot.com>.

If you think about our Web site as the public storefront, then our WikiDot is the speakeasy in the back. Access is restricted to CAR members only, but all CAR members can edit the site.

To join the site, you will need a password: CARWikiDot.

If you already have a WikiDot account, then you immediately will become a member of the site. If not already on WikiDot, you will create an account, providing a username and email address. If you would like to join, please see the instructions on the last page of the newsletter for more details.

On the site, you will find a few basic instructions on how to use it, plus you are encouraged to experiment. Remember, none of us can break the Internet by accident!

MEMBERSHIP COLUMN

ICYMI (In Case You Missed It) **By Sallie Han**

In February, New York Times columnist Nicholas Kristof published an opinion piece calling on professors (and academics more generally) not to “cloister yourselves like medieval monks.” This is an exhortation that I take issue with as the current chair of CAR.

You can link to Kristof’s opinion piece here:

<http://www.nytimes.com/2014/02/16/opinion/sunday/kristof-professors-we-need-you.html? r=0>.

Kristof laments that with all their insight into the issues of the day, academics are being ignored in the places of power and the reason he puts forward is the off-putting presentation of the pointy-heads themselves. Specifically, his chief complaint seems to be that academics are writing for themselves and not reaching anyone else as a result. True enough that when we are writing for our scholarly peers – which remains an important public for us – our prose seems dense and opaque to other audiences. Yet, academics hardly have been “slow to cast pearls through Twitter and Facebook.” Kristof doubtless learned this when masses of ivory tower monastics took to the tweets, armed only with fast-enough Internet connections and the hashtag #EngagedAcademics. It seems either Kristof did not do his due diligence as a reporter or the facts just got in the way of his story.

Here is a response that I especially appreciated – from Kerim Friedman, one of the regular contributors to the anthropology blog Savage Minds: http://savageminds.org/2014/02/20/doing-anthropology-in-public/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+savageminds+%28Savage+Minds%3A+Notes+and+Queries+in+Anthropology+%3F+A+Group+Blog%29

In his column, Kristof complains that too few intellectuals are engaged in matters that will have “practical impact.” Further, he contends that disciplines like sociology are politically so dominated by the left that the right ignores them and that the presence of politically conservative economists “helps tether economic debates to real-world debates” in that dismal science. Yet, as a columnist who writes on such topics as maternal mortality and female genital mutilation, Kristof should be well acquainted with the work of scholar-advocates using knowledge to make change in the world on concerns about which he himself is so impassioned. Of course, when we read Kristof’s own writing, particularly on his own crusades against sex trafficking, as Friedman suggests in his Savage Minds post, we must question again whether the columnist did not do his research or whether he ignored whatever was inconvenient to the story he wanted to tell. Neither is a luxury that we academics can indulge.

Look no further than CAR members to find evidence of professors, professionals, and graduate students who are putting their expertise and experience to work in a range of academic and non-academic settings and confronting the questions that matter to women, men, and children in their everyday lives.

Is the problem really with *how* we say what we say – or is it *what* we have to say that apparently makes us so unpopular? Pity especially the anthropologist. When you take seriously both structure and agency, you never seem able to say what anyone else wants to hear. However, you can say exactly what needs to be heard.

Sallie Han is Associate Professor at SUNY College at Oneonta. She is currently on sabbatical, undertaking research on pediatrics and the promotion of a “healthy love of reading” to children ages 0 to 3. Follow @SallieHanAnthro on Twitter.

Most of us likely agree that “influence” ought not be measured by how many likes your post receives or gets retweeted, but you can stay in touch with CAR on Facebook by liking our page (www.facebook.com/AnthroRepro) or on Twitter by following @AnthroRepro.



(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.)

REPORTS

Notes from the field: the debate over *in vitro* fertilization in Costa Rica

By Lynn M. Morgan

San José, Costa Rica, 19 February 2014

No polar vortexes to report – thank goodness – from here in Costa Rica. It’s been dry and breezy, with parakeets chattering loudly as they pass overhead every afternoon. Here it’s the political climate that has been unusually volatile, leading me to ponder how the timing of one’s research can affect (or distort) the results.

I have been in Costa Rica since December 2013, studying a legislative stand-off over in-vitro fertilization (IVF). IVF has been banned in Costa Rica since 2000, but in December 2012 a landmark ruling by the Inter-American Court of Human Rights overturned the ban. Some lawyers say this was one of the most important decisions in the Court’s history. (See below.) My plan was to spend a couple months collecting people’s reactions to the end of this protracted debate. Instead, the debate has not ended, and I’ve watched the situation grow more uncertain by the day. I’m starting to wonder whether I could have picked a worse time to do this research.

First, a little background. In 2000, Costa Rica became the first country outside the Middle East to ban IVF, after its Constitutional Court ruled that IVF produces excess, expendable embryos and thus violates the embryos’ right to life. The ruling surprised observers who consider Costa Rica a generally

progressive country, with its nationalized health system and relatively high marks on international measures of gender equity. Since 2000, the only option available to Costa Rican women or couples who need IVF has been to travel to Panama, Colombia, or the US -- if they had the money. Several of them took their case to the inter-American human rights system, seeking to have the Costa Rican Constitutional Court decision overruled.

In December 2012, the Inter-American Court of Human Rights ruled that Costa Rica's IVF ban violates the rights to privacy, liberty, and personal integrity. The ruling, called *Artavia Murillo et al. v. Costa Rica*, says that the ban infringes on the right to form a family and discriminates against poor women and families. Furthermore, the Inter-American Court used this case to clarify the much-disputed Article 4.1 of the American Convention on Human Rights. It ruled that the embryo is not a rights-holding person, that the state's interest in protecting embryos can accrue *gradually* during the course of pregnancy, and that "conception" takes place not at fertilization but at the implantation of an embryo into a woman's body.

This decision was *huge*. Costa Rican scholar Montserrat Sagot called it the "Roe v. Wade of Latin America," and Latin American human rights lawyers say it is one of the most important decisions in the Court's 34-year history. Because Inter-American Court decisions are binding on the 22 countries that have ratified the American Convention on Human Rights, this ruling will be felt far beyond the realm of IVF and across the hemisphere. (The United States, incidentally, has signed but never ratified this convention.) This decision will affect legislation concerning access to contraceptives – including emergency contraception – as well as therapeutic abortion, embryonic stem cell research, and reproductive health care. Lots of countries are watching what happens in Costa Rica.

Fourteen months have passed since the Inter-American Court issued its decision, yet as I write these words Costa Rica has not complied. The deadline has come and gone. The Legislative Assembly is still stalled. This means that Costa Rica—neutral, democratic Costa Rica, under its first female president, home of Nobel Peace Prize laureate Oscar Arias and the seat of the Inter-American Court of Human Rights – stands condemned as a human rights violator. It's a national embarrassment.

That was why, when I stepped off the plane in mid-December, I thought I'd be reporting a different story by now. The one-year anniversary of the Inter-American Court decision was coming up in a few days. With elections scheduled for early February, legislators seemed ready to pass an IVF law before the Christmas recess. Two days later after my arrival, though, just as the IVF vote was called, eleven legislators stood up and dramatically walked out of the room, breaking quorum and dashing any hopes of passing an IVF bill.

This was surprising, but maybe my fieldwork could still turn out well. Everyone expected the bill to be taken up again in February, immediately after the elections. A friend offered to get me into the Legislative Assembly on the day of the vote. It was exciting to imagine that I might get to see the vote that would end this protracted debate.

But history wasn't hewing to my plans. Elections took place on February 2, as scheduled. It was a glorious, festive Sunday, and I strolled around the city enjoying the antics of the revelers brandishing their party's flags, some of them in costume (see photo). That night I watched the results online – until the Internet crashed. I awakened sometime in the night to the sound of crazy car-honking all through the city. By morning, it was clear that the unexpected had happened. The dark horse had won the

popular vote, and the future suddenly looked completely different. But the margin wasn't high enough to avoid a run-off – on April 6.

I know better than to make predictions, but today it looks like Luis Guillermo Solís, of the center-left Partido Acción Ciudadana (PAC), might win the presidency to bring his party to the executive office for the first time. His rival, Johnny Araya of the ruling center-right Partido Liberación Nacional (PLN), has opted for a pro-life, God-and-family platform in hopes of picking up evangelical and libertarian votes. Solís, on the other hand, emerged from a meeting with the powerful Episcopal Conference of Catholic bishops saying that IVF would not be a campaign issue. That was a smart move for him, although inconvenient for me because it means there will be no legislative action on IVF before the April 6 run-off. So much for my desire to witness the vote.

I am packing now to leave Costa Rica, with the country arguably farther from passing an IVF law than it was when I arrived. Yesterday I interviewed a reproductive medicine specialist who was tearing his hair out because he couldn't figure out which direction the legislature was heading. What should he tell the 37-year old infertile woman who had just left his office? How long should she wait? Will IVF soon be available? Or should she start saving her *colones* for a trip to Panama? Are reproductive rights advancing or retreating? If I'd come six months later, would I be able to tell a different story?

Of course this is precisely the point: reproductive rights – as understood by its supporters – are both advancing and retreating in Costa Rica. When I interview them, I hear the phrase repeatedly: *avances y retrocesos*, advances and retreats. The inter-American human rights system – designed to hold states accountable for torture, genocide, and summary execution – issues a stunning condemnation of a country known for its embrace of human rights. The president, constrained by commitments to the powerful bishops, professes respect for the Court's decision but hands the compliance responsibility to a divided legislature. The Catholic hierarchy's fervent bid for "life, faith, and family" meets the realpolitik of a country that seems eager for a change. The Inter-American Court of Human Rights issues a "landmark" decision that only leads to more debate. (If you're reading this from the United States, some of this might sound familiar.)

It has now been 20 years since the reproductive and sexual rights platforms were unveiled at the Cairo and Beijing conferences. Across Latin America, transitional justice and indigenous movements – among others – have left the language of human rights on everyone's lips. There is undoubtedly more public discussion of gender violence, sexual diversity, and reproductive health than there was twenty years ago. But the push-back is also increasing across the hemisphere, which means that "rights" discourses are up for grabs. My advice? Do fieldwork whenever you can, and expect the unexpected.



Notes from the field: Buenos Aires province, Argentina
By Mariana Aragón

I started the field work I'm currently doing in August 2013. This work is part of an ethnographic study about social representations of health and care and cultural differences in the case of women who attend their pregnancies, births and postpartum at public hospitals. My research is funded by a national scholarship, which I finally won, and that is the main research I'm carrying on these days.

This fieldwork represents a big challenge for me on many levels. As an Argentinean I already have lots of ideas and experiences about what it's like to be attended in a public hospital. You may experience there the best and the worst of everything. Also, as a mother of two little children I have fresh memory of the many different ways in which you can approach and go through pregnancy, birth and postpartum. I had my first son by C section in a private clinic and my second one was born at home. As a result of the way my first son was born and the terrible consequences it had for both of us, but most of all, over my health, I became an activist in support of "respectful birth". By "respectful birth," I'm thinking of a process in which the woman who is giving birth is respected in her freedom to decide where, when, how and in company of whom she would like to give birth, without being victim of any kind of violence. It is also a process in which the newborn is respected too is his right to be by his mother from minute one and not to be subject of any sort of interventions (meASURE, weight, vaccines, cleaning, etc).

I display all of this autobiographic information to bring around the main theme I want to develop in this article, which is, by the way, a constant matter of rethinking in the ethnographic field: reflexivity.

As Rosana Guber says, anthropological literature about field work has developed "(...) the reflexivity concept as an equivalent to the researcher consciousness about himself as person and his social and political conditionings" (49:2001).

How does one manage to do fieldwork in contexts that are so personal in many ways? How does one build operative distance? How can do you relate to other women as an anthropologist without letting the activist speak?

Well, I have to say that these are just a few of many doubts I already had while writing the project for my scholarship, and which became much more real at the very minute I'd put my feet on the field work.

To understand the scenario, I have to say that I chose as my field one public hospital named "Hospital Gutierrez," placed in La Plata, in Buenos Aires province. I chose this hospital as my field site for many reasons: It had to be a place where I could work with the idea of "interculturality" and it had to have a "prepartum course," and of course it had to be a place where the institution and their personnel agree to let me work.

I started fieldwork on August 2013. It felt like hell to me. All and every single nightmare you could have about the public health birth experience came true.

As I am funded by a scholarship from the National Health Ministry I had taken the formal path to enter to the Hospital, so I had my first meetings not with the population I wanted to work with but with "Health Staff" (we Argentinians, refer as "Personal de Salud" to doctors, nurses and every member of the formal staff in a public health institution).

It took me two months to finally get to be present at a "prepartum class." I found many obstacles along the way, some came directly from pure bureaucracy (a lost paper, a missing signature) but others came right from the field itself. For my surprise the "course" that women were supposed to be attending before giving birth at the hospital was not very stable nor popular. The midwives who were in charge of it suspended it many times for random reasons, and, on the other hand—for reasons that

I'm still researching on—women did not attend it. In fact midwives have to collect women from a waiting room in order to have people to give the course. That would be kind of a weird situation taking in account the size of the population that goes to that Hospital.

I do have some clues already about why the prepartum classes are not popular. First, the fact that the majority of women already had a child so they don't find the use of taking that course that represents a time consuming event. Many of these women go to this hospital from far away locations, by bus or by train, lots of them carrying their other children with them. I am also working on the idea that there is a distance constructed from social class and maybe "ethnicity" between women and health staff that has the effect of a reinforcement of unequal power relationships, and the disempowering of women at the stage of pregnancy, birthing and lactating that makes the situation of the course unwilling.

But, again, going back to the concept I wanted to bring here: are those hypotheses coming from the field itself or from my strong dislike of the institutional situation of birth?

I have to say that so far I found impossible to get to interview women in certain depth in the context of the hospital, so I'm working on finding women who are or have been patients there to interview them outside the institution. I've decided that the best way I have to create distance is to have the voice of those women in a face to face situation, in order to understand their representations of health and the reasons of their choices.

Well, I'm working on that of course. But I found that the more I read about other fieldwork, about ethnographic theory, about health and care theories and practices, and the more I exchange with other researchers, I'm getting closer to figuring something out from my notes from the field.

References:

Guber, Rosana (2001). *La Etnografía. Metodo, campo y reflexividad*. Grupo Editorial Norma, Buenos Aires, Argentina.



Notes from the field: Jaipur, India

By Jocelyn Killmer, PhD Candidate, Syracuse University

A few weeks ago I was observing the action in a hallway of a busy government-run women's hospital in Jaipur, India. Dr. Jaya, an OB/GYN resident, was perched at the reception desk writing in charts and organizing patients; on the desk lay piles of handwritten and stapled packets of tissue-thin papers that made up the patients' charts. Although there was a guard posted at the door to keep the larger crowds safely tucked away in an adjoining hallway, several patients and their family members milled around the reception desk looking anxious. While Dr. Jaya wrote furiously in chart after chart, the father of a patient tapped her on the shoulder to ask a question. "Don't put your hand on me!" Dr. Jaya snapped at the man. "Wait over there; your turn will come." She turned back to writing. A few minutes later, an elderly woman touched Dr. Jaya on the arm. Dr. Jaya had clearly reached the end of

her fuse: she yelled at the woman and shoved her away.

The idea for my dissertation project was born from reading about such contentious doctor-patient relations in my advisor Cecilia Van Hollen's ethnography *Birth on the Threshold* (2003). I remember feeling shock at the way doctors treated women during childbirth – especially since the doctors were almost all women. Shouldn't these doctors, capable of imagining themselves in their patients' position, be more kind? Of course it is never so simple; intellectually I understand the intersections of class and caste that outrank the similarity of womanhood, as well as the organizational structures in a government hospital that shape provider-patient interactions. Through my dissertation research I seek to understand doctors' experiences as providers of women's reproductive health care along with their struggles to balance care for their patients, their families, and themselves.

Doctors here speak lovingly about their patients. They enter medicine in order to help people, to ease their physical and emotional pain. And they are not unaware of the tensions between doctors and patients. Another resident, Dr. Deepika, says she needs to improve her patient communication skills. She works on the ward of a private teaching hospital but was trained in a government setting, where "there's one doctor and a thousand patients.... And patients will ask the same thing again and again, so you tend to get irritated, and shout, which you should not do. But I somehow grasped that habit, and now I'm trying to work on it."

India offers so many different kinds of health care settings that the meaning of "helping people," and the way doctors accomplish this, varies considerably from private to public sector and from urban tertiary hospital to tiny rural clinic. A young faculty member at a private medical college told me that in her generation, doctors strive to see patients as individual consumers – they want to provide "quality over quantity." Unfortunately this is hard to accomplish in Dr. Jaya's situation, where patient consultation time is counted in seconds rather than minutes. Practicing in rural areas presents still different problems for doctors: not enough water, electricity, or clinical supplies; no good schools for their children; no career opportunities for their spouse. Despite their efforts, many doctors feel that they are personally being blamed for the failures of the health care system as a whole. I hope my work will be able to highlight the circumstances under which doctors in and around Jaipur work, and show that most doctors are doing the best they can within an imperfect system.



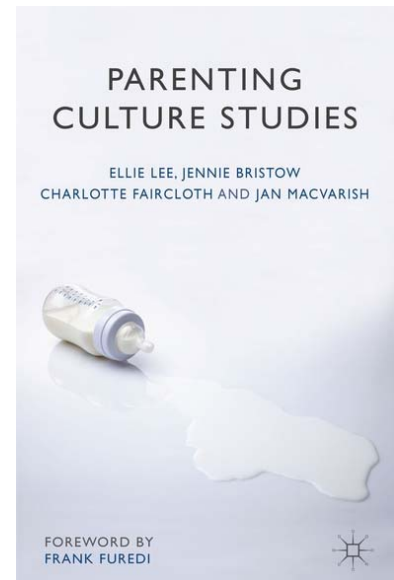
MEMBER PUBLICATIONS

Books

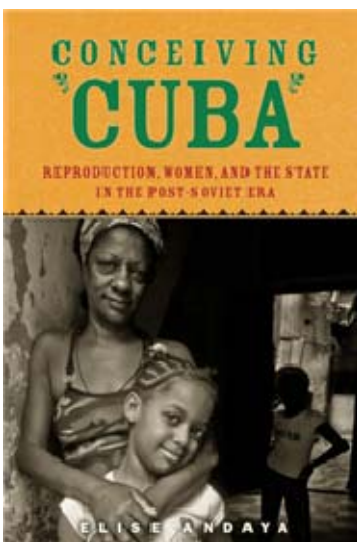
Parenting Culture Studies (Palgrave Macmillan, March 2014)
Edited by Ellie Lee, Jennie Bristow, Charlotte Faircloth and Jan Macvarish

Why do we live at a time when the minutiae of how parents raise their children – how they feed them, talk to them, play with them or discipline them – have become routine sources of public debate and policy making? Why are there now so-called ‘parenting experts’, and social movements like Attachment Parenting, telling us that ‘science says’ what parents do is the cause of and solution to social problems?

Parenting Culture Studies provides in-depth answers to these features of contemporary social life drawing on a wide range of sources from sociology, history, anthropology, psychology and policy studies to do so, covering developments in both Europe and North America. Key chapters cover the ‘intensification of parenting’, the rise of the ‘parenting expert’, the politicizing of parent-child relationships, and the weakening of bonds between generations. Five essays detail contemporary examples of obsessions with parenting, discussing drinking and pregnancy, attachment theory, neuroscience and family policy, fathering, and ‘helicopter parenting’. The Introduction situates parental determinism in the wider context of risk consciousness and the demise of social confidence about how to approach the future. Comprehensive in scope and accessibly written, this book will be an indispensable resource for students, researchers, policy-makers and parents seeking a deeper understanding of the debates surrounding parenting and society today.



<http://blogs.kent.ac.uk/parentingculturestudies/resources/cpcs-book-parenting-culture-studies/>



Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era (Rutgers University Press, April 2014)

By Elise Andaya

Conceiving Cuba offers an intimate look at how, with the island’s political and economic future in question, reproduction has become the subject of heated public debates and agonizing private decisions. Drawing from several years of first-hand observations and interviews, anthropologist Elise Andaya takes us inside Cuba’s households and medical systems. Along the way, she introduces us to the women who wrestle with the difficult question of whether they can afford a child, as well as the doctors who, with only meager resources at their disposal, struggle to

balance the needs of their patients with the mandates of the state.

Andaya's groundbreaking research considers not only how socialist policies have profoundly affected the ways Cuban families imagine the future, but also how the current crisis in reproduction has deeply influenced ordinary Cubans' views on socialism and the future of the revolution. Casting a sympathetic eye upon a troubled state, *Conceiving Cuba* gives new life to the notion that the personal is always political.

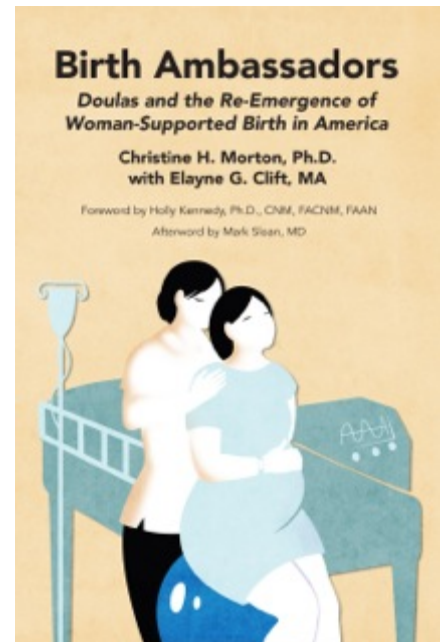
<http://rutgerspress.rutgers.edu/product/Conceiving-Cuba,5189.aspx>

A discount flyer for 20% is also available by emailing eandaya@albany.edu.

Birth Ambassadors: Doulas and the Re-Emergence of Woman-Supported Birth in America (Praeclarus Press, January 2014)

By Christine H. Morton, with Elayne G. Clift
(SEE COVER IMAGE)

With a foreword by past president of American College of Nurse Midwives Holly Kennedy and afterword by pediatrician/author Mark Sloan, *Birth Ambassadors* is a scholarly investigation of the emergence and experience of doula care in the United States. It documents the development of the doula role as a newly emerging occupational niche within maternity care and examines how the doula role evolved from a cultural practice of women-attended childbirth to a largely paid care-giving occupation. It describes why women become doulas, the meanings they give to their experiences, and how they negotiate the dilemmas embedded within doula practice. Sociologist Christine Morton analyzes the meanings and dilemmas of the doula role for doulas and their organizations from the stories that doulas told her during her research. The eight personal narratives by and about doulas, edited by Elayne Clift, are provided as a complement to the chapters offering sociological insights on doula care. The main goals of the book are to provide a history of doulas, capture current experience and meaning of doula care, and to encourage critical reflection on the doula's place in maternity care, today and in the future. *Birth Ambassadors* is designed to be a user-friendly sociological overview of the philosophy and practice of doulas in the U.S., illuminated by real-life stories, for a wide audience ranging from current and aspiring birth professionals, reproductive scholars and students in a variety of academic disciplines as well as a unique resource for pregnant women contemplating childbirth.



<http://www.amazon.com/Birth-Ambassadors-Re-Emergence-Woman-Supported-America/dp/1939807069>

Articles

Deomampo, Daisy

2013. "Gendered Geographies of Reproductive Tourism." Gender & Society 27(4): 514-537.

Deomampo, Daisy

2013. "Transnational Surrogacy in India: Interrogating Power and Women's Agency." Frontiers: A Journal of Women's Studies 34(3): 167-188.

Smith-Oka, Vania

2013. Managing Labor and Delivery among Impoverished Populations in Mexico: Cervical Exams as Bureaucratic Practice. American Anthropologist 115(4):595-607

Towghi, Fouzieyha

2014. "Normalizing Off-Label Experiments and the Pharmaceuticalization of Homebirths in Pakistan." Special Issue of Ethnos: Journal of Anthropology 79(1): 108-137. Link to the article: <http://dx.doi.org/10.1080/00141844.2013.821511>

Towghi, Fouzieyha and Kalinda Vora

2014. "Bodies, Markets, and the Experimental." (Introduction with Kalindi Vora). Special Issue of Ethnos: Journal of Anthropology 79(1): 1-18. Link to the article: <http://dx.doi.org/10.1080/00141844.2013.810660> .

ANNOUNCEMENTS

An announcement from CAR's advocacy committee: Our statement against the TRAP (Targeted Regulation of Abortion Providers) Laws was published in the January 2014 edition of SMA's newsletter, Second Opinion, 2(1):7.

<http://www.medanthro.net/demo/wp-content/uploads/2013/01/SMA-Newsletter-January-2014.pdf>.



UPCOMING CONFERENCES

**Society for Applied Anthropology Annual Meeting, Albuquerque, NM
March 18-22, 2014**

Panels by date (compiled by Lucia Guerra-Reyes)

(T-99) TUESDAY 1:30-3:20

**Franciscan Visiones de Acá y Allá: Theory, Methods, and Issues of Transborder Regions, Part II
(PESO)**

RIOS-RIVERA, Laura Abril *“Tener Menos para Darles Mas”*: The Transnationalization of Family Planning Trends.

(T-127) TUESDAY 3:30-5:20

Alvarado G

Variations on the Birthing Experience

CHAIR: HEFFERAN, Tara (GVSU)

HEFFERAN, Tara (GVSU) Destination Licensure: Certified Professional Midwives and the Push for State Regulation in Michigan

MAY, Maureen (Syracuse U) An Ethnographic Study of Nurse-Midwifery Clinical Practice in an Urban Hospital

HUTCHINS, Frank (Bellarmine U) DestiNATION: Birth, Identity, and Modernity in Ecuador

AUSDEMORE, Sara (UN-Omaha) Born in Service: Birth Experiences in Military vs. Civilian Hospitals

POSEGA, Jessica (U S Carolina) A multi-sited examination of Pregnancy, Birth and Women’s Perceptions of Care in Ghana

(W-07) WEDNESDAY 8:00-9:50

Alvarado G

Global Goals, Local Realities: Traversing the Boundaries of Health Inequalities in Guatemala

CHAIRS: CHARY, Anita (WUSTL) and HALL-CLIFFORD, Rachel (Agnes Scott Coll)

CHARY, Anita (WUSTL) *“Culture” as Problem or Opportunity?: Cervical Cancer Screening in Rural Guatemala*

COLOM, Alejandra (Population Council, UVG) *The Thousand Days Initiative and Forced Motherhood among Adolescents in Guatemala*

(W-10) WEDNESDAY 8:00-9:50

Potters

Children’s Bodies and Parenting

CHAIR: BORRE, Kristen (NIU)

ROGERS, Laurie (Independent) *Cosleeping in the Public Sphere: How Media Influences Our Choices*

JOLIE, Ruth B. (Mercyhurst U) *Towards Gender Equity through Mandatory Paid Paternal and Maternal Leave*

(W-03) WEDNESDAY 8:00-9:50

Alvarado C

Engaging Participatory Visual and Digital Research, Part I: Health, Environment, and Community Building

GUBRIUM, Aline, KRAUSE, Elizabeth L., and JERNIGAN, Kasey (UMass) Hear Our Stories: New Ways of Seeing and Being Seen as a Young Mother through Digital Storytelling

(W-04) WEDNESDAY 8:00-9:50

Alvarado D

Health Equity in Anti-Immigrant Times: Impacts and Responses in Key Destinations and Critical Occupations, Part I (SMA)

LUQUE, John S. (GSU) and MAUPIN, Jonathan (ASU) Cervical cancer beliefs and Access to Health Care among Mexican Farmworker Women in Rural Georgia

(W-32) WEDNESDAY 10:00-11:50

Alvarado B

Defining New Spaces of Healthcare Practice (SMA)

DAVIS-FLOYD, Robbie and GEORGES, Eugenia (UT-Austin) The Paradigm Shift of Holistic Obstetricians: Why Some Doctors Choose to Change

(W-40) WEDNESDAY 10:00-11:50

Potters

Nebulous Communities: Explorations in Contexts

HULEN, Elizabeth (NAU) Raising Attached Kids: It Takes a Village?

(W-64) WEDNESDAY 12:00-1:20

Alvarado D

Modalities of Cancer Care: From Screening to Surviving

CHASCO, Emily (U Colorado) "To Be Honest, the Challenges are Many": Perceptions of Cervical Cancer and Cervical Cancer Screening in Rural Tanzania

(W-71) WEDNESDAY 12:00-1:20

Weavers

New Borders and Connection as: Impact on the Health of Communities (SMA)

SPEIER, Amy (UTA) Quests for Parenthood: Fertility Holidays to the Czech Republic

(W-125) WEDNESDAY 3:30-5:20

Alvarado E

Destinations for Sustaining Health and Social Outcomes, Part II (CONAA)

DEMETRIOU, Nikki (USF) No Place Like Home: Government Intrusion and Home Birth Choice
GARZA, Rebecca (BUSM) Delivering Diversity: Meanings of Cultural Competence among Labor and Delivery Nurse in an Urban Hospital
TRANter, Maryanne (Ohio State U) Adolescent Pregnancy in Nicaragua and Structural Violence

(W-158) WEDNESDAY 5:30-7:20

Alvarado H

Global Perspectives on Indigenous Rights

CHAIR: THERIAULT, Noah (U Oklahoma)

WURTZ, Heather (Columbia U) Contested Concepts of Care: Recognition, Cultural Meaning, and the Practice of Birth among Kichwa Midwives in the Ecuadorian Amazon

(TH-05) THURSDAY 8:00-9:50

Alvarado E

Applied Anthropology in the Andes in the 21st Century, Part I

GUERRA-REYES, Lucia (IUB) A New Birth in the Andes: The Challenges of Implementing Intercultural Birth Care Policy in Peru

(TH-34) THURSDAY 10:00-11:50

Alvarado D

[panel name not listed]

ESCASA-DORNE, Michelle (UCCS) Breastfeeding Women Report Higher Sexual Functioning Than Regularly Cycling Women in Manila (SASci)

PLACEK, Caitlyn (WSU) Investigating New Hypotheses of Food Aversions and Cravings among Pregnant women in Tamil Nadu, India (SASci)

(TH-125) THURSDAY 3:30-5:20

Alvarado E

Poster Session

CULHANE-PERA, Kathleen A., SRIPHETCHARAWUT, Sarinya, THAWSIRICHUCHAI, Rasamee, YANGYUENKUN, Wirachon, LECOEUR, Sophie, and KUNSTADTER, Peter (WSCHS) Fear of Birth Without a Doctor at Home or With a Doctor at the Hospital: Hmong Families' Choices about Birth Location in Northern Thailand

DEMETRIOU, Nikki (USF) Medicaid as a Lifeline: Perceptions and Realities of Florida Pregnancy Medicaid Recipients

LOTT, Jessica (SMU) Critical Intersections: Latinos/as, Reproduction, and Disability

MANGUSHEVA, Karyna (UIC) Social Support and Antenatal Depression among Pregnant Adolescents

(TH-154) THURSDAY 5:30-7:20

Alvarado D

The Violence in the Body: Gender-Based Violence in Health and Healing

CHAIRS: WIES, Jennifer (EKU) and HALDANE, Hillary J. (Quinnipiac U)

SMITH-OKA, Vania (U Notre Dame) "Like a Font of Holy Water": The Presence of Gender-Based Violence in Obstetrical Encounters in a Public Hospital in Mexico

ZACHER, Lydia (UCI) Finding Violence in Obstetrics: Mexican Midwives Critique Mainstream Medical Practices

HOTIMSKY, Sonia N. (FESPSP) and SCHRAIBER, Lilia B. (FMUSP) Illegal Abortion and Gender-Based Institutional Violence in the Context of Medical Training in São Paulo, Brazil

(S-69) SATURDAY 12:00-1:20

Franciscan

Participation Has Meaning (SMA)

AENGST, Jennifer (Portland State U) Contraceptive Destinations: Methodological Challenges in a Cross-cultural Comparative Study of a New Contraceptive Method

(S-99) SATURDAY 1:30-3:20

Franciscan

Perceptions of Reproduction and Family Planning

CHAIR: LUNDGREN, Rebecka (UMD)

CHAN, Isabella (Ctr for Social Well Being) Translating International Health Policies into Lived Realities: Restricted Maternal Autonomy in the Peruvian Highlands

LUNDGREN, Rebecka (UMD) "Spoiled Identity" or Early Adopter? Family Planning Stigma in Benin

MCHUGH, Casey (Independent) 'Babies having Babies Unacceptable': Representations of Teenage Pregnancy in Liberian Newspapers

LI, Xiaoyue (Oregon State U) Family Size and Composition in Yunnan, China: Evidence for Changing Attitudes and Practices

(S-125) SATURDAY 3:30-5:20

Alvarado E

International Perspectives on Reproductive Health Care and Access

CHAIR: MILANES, Lilian (U Kentucky)

DENT, Nicolette J. and YARRIS, Kristin E. (U Oregon) Gender, Power, and Depo-Provera: Constraints on Reproductive Choice in Rural Nicaragua

RIDDLE, Mellie (Binghamton U) Erasing Risk: Can Public Health Information Cause Public Health Ignorance?

MILANES, Lilian (U Kentucky) Too Little, Too Late: The Challenges in Expanding Sexual and Reproductive Healthcare to Men

CHERLIN, Darcy (Syracuse U) Your Voice Has Weight: Improving Access to Sexual and Reproductive Health Care for Young Karen Women

ORTEGA, Mandy and ZAMORA, Ramón (UVG) Access to Emergency Contraceptives in Guatemala City

(S-126) SATURDAY 3:30-5:20

Alvarado F

Hegemonic Ideas, Hegemonic States: Defining Science, Health, and Systems of Care (SMA)

MISHTAL, Joanna (UCF) The "In Vitro" Debate and the Challenges of Healthcare Regulation in Postsocialist Poland



**Association of Social Anthropologists of the Commonwealth and the UK, Edinburgh, Scotland
June 20, 2014, 9 am – noon**

Conference Panel: "Health and wellbeing in post-war Europe: the contentious issue of abortion"

Panel summary:

After 1945, European states developed new politics concerning reproduction. This panel examines the abortion issue, and past and present debates concerning reproductive health and wellbeing. It considers multiple actors' perspectives and negotiations around abortion access and governance.

Presenters:

- 1.) Robin Whitaker (Memorial University of Newfoundland)
"Abortion governance in the new Northern Ireland"
- 2.) Lorena Anton (University of Bucharest)
"For the good of the nation? Abortion politics during Ceaușescu's Romania"
- 3.) Silvia De Zordo (Universitat de Barcelona)
"Abortion stigma, foetal 'rights' and conscientious objection in Italy: a qualitative study on obstetricians-gynaecologists' experiences and attitudes to abortion in Rome and Milan"
- 4.) Claudia Mattalucci (Università di Milano Bicocca)
"Healing the wounds of abortion: pro-life activism and the (re)construction of denied motherhood"
- 5.) Beatriz Aragon (Max Planck Institute for the Study of Religious and Ethnic Minorities)
"Mother rights or unborn rights? Laws and loopholes in Madrid's healthcare services"
- 6.) Joanna Mishtal (University of Central Florida)
"Quietly 'beating the system': the logics of protest and resistance under the Polish abortion ban"

link to panel: <http://www.nomadit.co.uk/asa/asa2014/panels.php5?PanelID=2696>

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Please email all correspondence to
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COUNCIL ON ANTHROPOLOGY AND REPRODUCTION

SPRING 2014

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Debra Pelto & Summer Wood, Co-Editors

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