Conference Session Abstracts

Session 1: Friday, 1:30pm-3:30pm

Analyzing the Vector, Assessing the Response: Anthropological Engagement with the Global Tobacco Pandemic (Room 203 Luce) According to the World Health Organization (WHO), tobacco-related illnesses comprise the largest category of preventable disease worldwide. The 2009 Tobacco Atlas extrapolates that by 2030, tobacco-related diseases will kill more than 8 million people per year, with 83% of deaths occurring in low- and middle-income countries. This panel showcases the problems addressed, and the methods, concepts, theories and technologies employed by anthropologists engaging with the tobacco pandemic. Participants study how the tobacco industry constructs and expropriates culture and meaning, what happens when tobacco control practices developed in particular social locations are reproduced in others, how tobacco control practice can produce unintended consequences when the embeddedness of tobacco production and consumption in social institutions and experience is insufficiently addressed. Our data come from ethnographic observation, participant action research, interviews and focus groups, and archival exploration; we employ technologies ranging from ‘ordinary speech’ to videography and video-analysis to data mining; our models and constructs span social construction, cross-cultural comparison, organizational theory and political economics. From the level of community practice to that of the ongoing elaboration of the WHO’s global Framework Convention on Tobacco Control, we all engage with the formation and critique of public policy and practice concerning “Tobacco or Health”.

Otachez, Marty, University of Colorado, Denver: Using Digital Imagery of Tobacco Farming to Counter Tobacco Industry Imagery and Reduce Industry Influence in Developing Countries

Wander, Nathaniel (organizer), University of Edinburgh & Malone, Ruth E., University of California, San Francisco: Corporate Hegemony and Social Permission in Virginia Slims’ “Peculiar Marriage” of Tennis and Tobacco

Thrasher, James F., University of South Carolina: Tobacco Control Activists and Activism in Mexico: Struggles and Tensions Within a Top-down Social Movement

Russell, Andrew, Durham University: Tobacco Control Offices Go International – The Role of Anthropology


Lewis, Susan, Durham University: Socio-cultural Institutions as Confounding Factors in Tobacco Denormalisation: A Case Study From a Disadvantaged English District

Discussant: Benson, Peter, Washington University in St. Louis

Complicating “Men’s Health”: Changing Bodies and Practices in the Context of Health and Masculinity

In recent years, medical anthropological research on “men’s health” has begun to apply ethnographically-informed understandings of gender and culture to unravel the complex ways that bodies are created and recreated through biomedical and public health practice. As bodies are engaged by the practices, discourses, and institutional culture of biomedicine, individual and cultural practices of gender and sexuality are profoundly implicated, and a new generation of anthropologists, such as those participating in this panel, are contributing to the theory and ethnographic methodologies to richly describe such engagements. This panel brings together anthropologists working in a wide array of global settings to consider the intersection of “male” (or ambiguously) gendered bodies and biomedical or public health practices and interventions. Ranging from applied public health approaches to critical cultural and gender studies, and innovative combinations of both, the panel promises to push forward the emerging field of sex / gender studies within medical anthropology, particularly as it relates to the growing discourse of “men’s health.” Particularly relevant in this regard is the emphasis in these papers on the fluidity of masculinity and its contextual contingencies, which has been an area of little theoretical or methodological development in most prior work in this area. Drawing from theoretical work which emphasizes the processual and contingent nature of masculine and sexual identity, these papers ask the timely question: What does it mean to examine masculinity as an emergent social process in the articulation of cultural groups with biomedical technologies and practices? This question is particularly critical as an anthropological contribution given the static and reified notions of gender and masculinity that tend to dominate in much biomedical discourse and practice.

Barrington, Clare, University of North Carolina at Chapel Hill: “Be Careful in the Street”: The Meaning of HIV Prevention for Male Partners of Female Sex Workers in La Romana, Dominican Republic

Iantaffi, Alessandra, University of Minnesota: Genderqueer Guys, Sex and Health: Initial Reflections

Kampf, Antje, Johannes Gutenberg University Medical School: Multiple Bodies: Configurations of Prostate Cancer, Functionality and Embodiment

Vivian, Lauraine, University of Cape Town: Psychiatric Disorder in Xhosa-speaking Men Following Male Circumcision

Chair: Padilla, Mark, University of Michigan

Drugs, Drinking and Gambling: Medical Anthropological Perspectives on Addiction and Health

This panel provides evidence that public policy often works at cross-purposes with the provision of treatment for addictions and the health of the poor; for instance, Lane and colleagues demonstrate that the New York State Rockefeller Drug laws function to imprison fathers, leading to negative health consequences for families. The papers in this session, however, also move beyond static models of policy, criminology, and public health to advocate for addiction’s complex grounding in multiple aspects of culture. Hedges reviews an adolescent substance abuse treatment initiative which attempts to provide comprehensive and individualized care, and argues that medical anthropologists can work to promote such multifaceted interventions. Lopez provides insights into ways to move beyond either criminal or public health models, examining the development of a safe injection site that takes a hybrid approach. McCurdy employs medical anthropological perspectives on embodiment and illness narratives to understand how Tanzanian heroin users understand of the effects of the drug on their bodies and health. Finally, focusing on Native American culture within the US, Penickova argues that hybrid treatment approaches that account for cultural difference are necessary for the successful provision of mental health care, while Scott calls for a broader lens for understanding Native American alcohol addiction and treatment, looking at the roles played by that trauma caused by US government policies, and storytelling about that trauma.

Hedges, Kristin, Stevens, Sally, Ruiz, Bridge, Korchmaros, Jo, Greene, Alison, Davis, Monica & Lopez, Elise, University of Arizona / Southwest Institute for Research on Women: Where Practice and Policy Meet: A Community Consortium for Adolescents in Substance Abuse Recovery

Lane, Sandra D., Syracuse University: Missing Fathers and Rockefeller Drug Laws: Blaming the Victims

Lopez, Andrea, University of New Mexico: Discourses of Participation in Public Health: The Case of a Safe Injection Facility

McCurdy, Sheryl, University of Texas Houston Health Science Center: Blood and Alcohol: Tanzanian IDUs’ Notions of Heroin’s Effects on Bodily Processes and Disease Experiences

Penickova, Daniela A., Northern Arizona University: Complexity of Authentic Treatment of Gambling Addiction among the Western Apaches

Scott, Erica A., University of North Carolina, Chapel Hill: Chilocco Survivors: Contested Discourses in Narrative Responses to Ponca Alcohol Abuse

Chair: Singer, Merrill, University of Connecticut
The Ethnography of Safe Motherhood

This panel speaks to broader issues of engagement between ethnographers, mothers, and policy makers around the issues of “better births” or “safe motherhood”. Although the global community gathered in 1987 to address safe motherhood in Nairobi, there are nearly as many maternal deaths today—half a million each year—than there were twenty years ago. This panel will unpack the role that ethnographers might play in helping to understand the varied progress and continued obstacles to improving safe motherhood and childbirth in countries such as Brazil, the US, and India. It asks: How might ethnographic accounts of childbirth offer a productive means to get at “what really matters” to use Arthur Kleinman’s fertile phrase? It seeks to engage the innate intersubjectivity of birth narratives with the multiple and cross-cutting interdependencies between doctor, midwife, traditional birth attendant, and/or mother who participate in the highly unpredictable and often risky process of childbirth.

Gutschow, Kim (organizer & chair), Williams College: Delma, Padma, Leh District Hospital: Global and Local: The Implementation of Safe Motherhood in the Indian Himalayas

Pinto, Sarah, Tufts University: Relocating Birth-work: Policy, Placentas, and Post-partum Skills in Rural North India

O’Dougherty, Maureen, University of Minnesota: Plot and Agency in the Pregnancy Narratives of Middle-Class Brazilian Women

Namey, Emily & Lyerly, Annie, Duke University: In Control? Another Look at “Control” and Birth in America

Aengst, Jennifer, University of California, Davis: Suicide, Murder, or Rape? A Morally Murky Case of Maternal Mortality

Discussants: Van Hollen, Cecilia, Syracuse University & Wendland, Clare, University of Wisconsin, Madison

Part 1: Extending Disability Beyond Medicine's Borders within Anthropology: A Five Fields Symphony in Honor of 25 Years of the SMA Disability Research SIG

Workshop

In the 25th year of the Disability SIG, as more anthropologists include disability, and as disability studies grows outside of anthropology, this workshop will make a case for the significance of disability theory to core anthropological canons in the five fields: cultural, linguistic, biological/physical, archaeology, and applied. An historic tie between disability and medicine, stigma and medicalization, has characterized the study of disabled people and their personhood in American anthropology. However, for people whose bodies are all too often reduced to a medical interpretation and rarely recognized for the lens they offer onto social inequalities, the role of critical disability theory needs to be better understood and applied to core anthropological concerns. Anthropologists working in diverse regions have linked their field research on disability to anthropology’s bread and butter issues, including gender, “race,” ethnicity, nationalism, indigeneity, kinship, globalization, sexuality, and religion. Panelists contextualize their research in anthropology’s five fields and related disciplines. Our aim is to initiate conversations about what disability theoretical and methodological frameworks bring to the table for working anthropologists regarding social disparities; and how different groups and methodological frameworks bring to the table for working anthropologists for their failure to respond to local realities in the implementation of large-scale programs aimed at preventing and treating endemic infections. Poor planning, short-sighted goals, cultural insensitivity and exclusion of communities in decision-making contribute to program failure and deleterious repercussions. The papers in this session from diverse regions of the world highlight the profound disjunction between rationalist technologies of disease control and the on-the-ground experience of recipient populations. Through analyses of national efforts to control dengue in Brazil, cholera in Bangladesh, tuberculosis in New Zealand and Nepal, malaria in Vanuatu and onchocerciasis in Tanzania, the papers underscore common themes of community coercion and resistance, the social production of pathological identities, and the framing of medical discourse by techno-military intervention that too often harms and diminishes those it seeks to help.

Alley, Christopher, Columbia University: Dengue Fever in the Concrete Jungle: Redressing Resistance to Public Health Interventions in a Brazilian Urban Epidemic

Kamal, Saydia Gulruck, University of North Carolina, Chapel Hill: Humanitarian Science, Cholera Epidemics, and Bacteria-Dwelling Population in Bangladesh

Littleton, Judith, & Park, Julie, University of Auckland: Bovine Tuberculosis: The Feral and The National Herd

Mitchell, Jean, University of Prince Edward Island: Combating Malaria in Vanuatu: Disciplinary Technologies of War and Peace

Newlin, Aura, Case Western Reserve University: Malaria Control in Papua New Guinea: Local Perspectives on the Call for Global Eradication

Samsky, Ari, Princeton University: Counting Worms: The Imperfection of Population in a Disease-Control Program

Elwell-Sutton, Tim, University of Oxford: Directly Observed Therapy for Tuberculosis in Nepal: Global Standards and Local Flexibility

Founding Medical Anthropology and the Society for Medical Anthropology (Roundtable)

Since this conference honors the 50th anniversary of the founding of the discipline of medical anthropology, it seems appropriate to look back to the early history of our field in the USA. Partial information on this history may be found in a few published articles and in the SMA archive at the Smithsonian, but much of it resides in the memories of the surviving founders, most of whom are now in their 80s. This panel will bring together some of these founders in order to discuss the context in which they thought it advisable at the time to formally define a discipline of “medical anthropology,” as well as some of the debates around that action. They will also recount visions for the field that were paramount in its early years. Their remarks, which will be recorded, are part of a larger, ongoing effort to document the early history of the field and the Society. Format: Participants will not prepare formal papers. Instead, the format is designed to promote discussion among them, much in the manner of a focus group. In the weeks prior to the panel all participants will be given the same open-ended questions to think over. They will be free to prepare informal remarks on the topics in question, but they will be advised that the aim of providing them questions in advance is to stimulate their memories in order to generate a richer discussion at the session. The questions will address early debates about the subfield’s aims and visions, including the skepticism of some anthropologists about the very establishment of medical anthropology as a sub-field with its own professional association, the tensions between applied and academic anthropologists working on medical/health topics, the inclusion of both biological and cultural anthropologists within the sub-discipline, and the role of materialist as opposed to idealist standpoints among the cultural/social anthropologists. Panelists will also address the founding of various medical anthropology publications and will recount their personal motivations for joining and promoting medical anthropology as a sub-discipline.
Good Parenting, Good Death and Good Grief: At the Intersection of an Anthropology of Childhood and an Anthropology of Parental Bereavement

The panel explores contemporary research at the intersection of two productive streams of anthropological theorizing—the Anthropology of Childhood/Parenthood and the Anthropology of Death and Dying. Working at this intersection brings an awareness of the diverse meanings and practices around death and mourning into conversation with a critical perspective on how “child” and “parent” are historically and culturally situated. By engaging researchers working in sites in Canada, the United States, Argentina, South Africa and the Netherlands, this panel explores the diverse and situated experiences of parents whose child has died, local and translocal representations of child death and parental bereavement, and professional discourses of bereavement care following child death. We are particularly interested in stimulating discussion about the ways in which anthropological theorizing and ethnographic research may contribute to understanding the experiences of bereaved parents and to improving professional models/approaches of bereavement care.

MacDonald, Mary Ellen (organizer), McGill University & Mitchell, Lisa M. (organizer), University of Victoria: An Anthropology of Parental Bereavement: Towards an Understanding of Child Loss

Mitsch, Mary & Briller, Sherylyn, Wayne State University: Moving Towards “Good Death”: Anthropological Research on Parental Bereavement in Hospital Settings

Shohet, Merav, University of California, Los Angeles: Texts, Aesthetics, and the Moral Imaginary in Achieving the “Good Death” of a Son in Central Vietnam

Einarsdottir, Jonina, University of Iceland: Luck with Children in Iceland

Vindrola, Cecilia Padros, University of South Florida: Child Death and Parental Guilt: An Analysis of the Feelings Experienced by Parents Who Lost Their Children to Cancer in Argentina

Healing Holidays: Of Wellness, Cure and Therapeutic Pluralism

The Spa, built around the iconic image of “taking the waters”, has a long history in Europe. Hence it is none too surprising that many if not most European Spas are built around old mineral water springs. But the contemporary spa, while it may retain its association with water through various forms of “water” as therapy, appears to be a quintessential site of innovation through a dizzy array of therapeutic possibilities that are no longer European or American (if they ever were) but Global. This therapeutic pluralism of the spa, with its increasingly long list of healing possibilities, where a single practitioner may at times administer a number of therapies in tandem, is a little studied phenomenon. Between the spa and the search for wellness, and the super-specialist hospital with its offer of inexpensive cure to first world patients in third world sites, the contemporary ambit of the itinerant patient shopping for health, wellness or cure seems complete. This panel gathers several anthropologists and historians whose work addresses the uses of spas and the implications of therapeutic pluralism (or poly-therapeutics) for both patients and practitioners; its historical evolution in different cultural settings; its trans-cultural implications; the impending marriage between the spa and the quest for wellness and the more recent phenomenon of medical tourism and the quest for cure.

Jennings, Eric T., University of Toronto: Empire of Spas


Quintela, Maria Manuel, Lisbon School of Nursing, CRIA: “Energizing” vs. Pain-relief Seeking in Brazilian and Portuguese Spas

Speier, Amy, Lawrence University: Medical Tourism in the Czech Health Spas

Nuraindas, Harish (organizer), Jawaharlal Nehru University: Of Relics, Body Parts and Laser Beams: The German Medical Pluralist and his Maharishi Spa

Bastos, Cristina (organizer), University of Lisbon: From Sulphur to Perfume: The Science, Medicine and Consumption of Waters and Spas

Pordic, Laurent, University of Heidelberg/French Institute of Pondicherry: The Avatars of Ayurveda: Wellness Practices, Aromatherapy and the Health Tourism Industry

Reddy, Sunita & Qadeer, Imrama, Jawaharlal Nehru University: Medical Tourism in India and its Implications for General Medical Care

Love, Marriage and HIV: Using Comparative Ethnographic Research as a Method for Building Theory in Medical Anthropology

For many women around the world the greatest risk of contracting HIV comes through having sexual intercourse with their husbands. This session presents findings from a multi-country comparative ethnographic study focusing on the connection between men’s extramarital sexual relationships and women’s exposure to HIV. A considerable body of scholarship has criticized the narrow constructions of problems and solutions common in public health literature and programs. Such critiques emphasize the importance of accounting for political-economic structures and forces in shaping human behavior and affecting health outcomes. Demonstrating how these structural forces actually manifest themselves in the everyday actions of ordinary people remains, however, an under-theorized endeavor. These papers draw on extended anthropological fieldwork in Mexico, Nigeria, Papua New Guinea, and Uganda, explaining the theoretical advantages of a comparative approach and developing the key concepts of extramarital opportunity structures, sexual geographies and social risk to situate and analyze marital and extramarital relationships in the context of gender and its associated inequalities. The papers offer a multidimensional framework that illuminates the socially pragmatic concerns that motivate people’s behavior. Each paper addresses one of the key conceptual contributions of the project, using ethnographic evidence to explicate the study’s theoretical innovations.


Smith, Daniel Jordan (organizer), Brown University: The Social Risks of HIV: Masculinity, Modern Marriage and Women’s Vulnerability in Eastern Africa

Parikh, Shanti, Washington University: Sexual Geographies and HIV Risk: Gender, Space and the Changing Cartographies of Sexuality in Uganda

Discussants: Parker, Richard, Columbia University & Susser, Ida, CUNY

The Making of a Moral Aesthetic: Exploring the Implications of Imaginative Practices on Bodily Innovation

This panel explores the generative qualities and moral queries raised by the employment of bodily aesthetics to innovate new ways of locating, assessing, and alleviating human suffering. Drawing from on-going ethnographic research, panelists will probe the techniques and practices used by actors, designers, prosthetic users and marketing specialists as they collaborate with bio-engineers, medical professionals, and social advocates. Critical attention will be paid to how moral decision making animates the production of bodily aesthetics, and the particular affective interactions these vantages conjure, in order to reflect on the following questions: What types of possibilities are deemed plausible through corporeal expulsion, characterization, and/or fragmentation? How might we consider bodily aesthetics as evocative objects that allow practitioners to immerse themselves metaphorically in certain bodily areas/processes/actions? Subsequently, do these imaginative practices produce ways of knowing that are otherwise elided in normal anatomical encounters? Finally, what new subjects of engagement does a focus on bodily aesthetics promise for an anthropology of the body?

Chen, Nancy, University of California, Santa Cruz: Risky Business: Food, Drug Safety, and New Consumer Bodies in China

Cohen, Emily, New York University: The Prosthetics Museum

Murray, Laura, Columbia University: Aesthetic Activists: Fashion and the Social Movement of Sex Workers in Brazil
Taylor, Janelle S., University of Washington: The Moral Aesthetics of Simulated Suffering in Standardized Patient Performances
Discussant: Sharp, Lesley A., Barnard College and Columbia University
Markets/Experiments/and the Governance of Bodies in South Asia and Latin America
Medical and public health practices and ideas can produce different populations as experimental bodies without explicitly marking the subjects as objects of experimentation. We rethink the notion of “experimental” as a condition of material life and of human capital by locating the variously formed implicit and explicit articulations of the experimental outside its medico-scientific meanings in clinical research settings. By “implicit” we suggest that differentially located populations as sites of medico-technical and public health policy interventions become un-enunciated and unmarked sites of experimentation and medico-scientific knowledge production. We examine how bodies and subjects are made available as experimental, for example, through differential material conditions under which people live, in the contexts of domestic and transnationally circulating policies and regulations, and within frameworks of humanitarian discourses on rights and social reform projects. How do these contexts engage differences of gender, race/ethnicity/caste, class, and nationality? What norms, understandings, and contestations are produced in the governance of reproduction through the interaction of medical technologies and women’s labor? Engaging medical anthropology and feminist science studies, we also consider the social relations and understandings of personhood, the body, and its ownership that are produced at the sites of contact between bodies, technologies, and medico-humanitarian interventions.
Smith, Sara, University of North Carolina, Chapel Hill: A Geopolitics of Fear and Desire: Religion, Territory, and Fertility in Leh District, Jammu and Kashmir, India
Bharadwaj, Aditya, University of Edinburgh: Assisted Life, Desisted Science: The “Counter Science” of Human Embryonic Stem Cells in India
Towghi, Fouziehya (organizer), University of Zurich: Birth, Babies, and Death: The Pharmaceralization of Homebirths in Pakistan
Pigg, Stacy Leigh, Simon Fraser University: Contraceptive Disparities: Depo-Provera Storylines in the Networks of Markets, Medicine, and Rights
Vora, Kalindi (organizer), Connecticut College: Surplus Wombs and Biocapital: Transnational Indian Surrogacy
Discussant: Chen, Nancy, University of California, Santa Cruz
Mediating Risk
The notion of risk and its control has increasingly played a role in the development of the modern state, and its relation to modern political and social institutions. Given its predominance in both public and private discourse there has been little written about the epistemology of risk. Questions of risk and risk management have become ever more pertinent, such as risk has become a mechanism for understanding and organizing social processes and experiences. Drawing on a variety of theoretical frameworks this panel explores the ways in which knowledge of risks is understood, ascribed, and practiced. Papers presented here focus on the ways in which different perspectives on risk create conflict between social groups based on moral and political assumptions and the use of risk as a means of casting blame upon certain individuals and social groups. In particular we will focus on a range of arguments that view risk as an objective hazard, as a symbolic construction, or as historically, politically, and socially contingent. Papers presented cover the intersection of a wide range of theoretical perspectives associated with risk and its subsequent control, from public policy, genetics, public health to visual culture.
McGuire, Laurette (organizer), University of California, Riverside: Risky Genes: Type 2 Diabetes in Native American Communities
Garibaldi, Lisa, University of California, Riverside: Risk: Strangers and Speed Limits
Bodoh-Creed, Jessica, University of California, Riverside: Doctoring Risk: Mystery Diagnosis and the Path to Health
Dao, Amy, University of California, Riverside: Harnessing Risk: The Paradox of Parental Control and Child Safety Technology
Weiner, Diane, Mashantucket Pequot Tribal Nation: Perceptions of Risk, Perceptions of Mistrust: Eastern Native American Perspectives on Cancer and Diabetes
Bolton, Alicia, University of California, Riverside: Men as Risks
Discussant: McMullen, Juliet, University of California, Riverside
Part 1: Medical Anthropology and Conflict (Workshop)
Medical anthropologists have recently been urged to remedy the dearth of research on “war or its aftermath in Iraq, or other parts of the Middle East”, and redress the ways that, “as a discipline, we have... turned away from the brutal realities, the embodied suffering, the psychological devastation, the sexual violence, and the refugee aftermath of war” (Inhorn 2008: 421). In response, and at a time when explicitly anthropological engagements with conflict are infrequently funded or insufficiently supported, this workshop provides a crucial and timely discussion of qualitative health research in embattled terrain and interdisciplinary contexts. By interrogating a diverse array of conflict-related health effects—in settings ranging from China to the war-torn Middle East and Afghanistan, post-conflict Mozambique and Rwanda, and among refugees in the Netherlands—workshop papers allow for conflict’s varied manifestations and contextual underpinnings, and explore how structural violence, political volatility and chronic hostilities shape health practices and services, or, individuals’ conceptualizations of their bodies, health and well-being, vulnerability or resilience. As such, workshop presentations will facilitate critical debates on, and discussions of, the ways health beliefs and practices occur amid or, are transformed by profound instability and spectacular violence.
Henry, Doug, University of North Texas: Sleep Paralysis or Rape Attack? Confusion and Frustration in Fieldwork During War
Igreja, Victor, Australian Centre for Peace and Conflict Studies, The University of Queensland: Vita Activa, Vita Contemplativa: Interdisciplinary Collaborations, Ecological Routines and Recovery from Long Term Effects of War-Related Traumatic Memories in Africa
Reis, Ria, University of Amsterdam: Children Confronting Conflict: From Child Idioms of Distress to Social Navigation
Tankink, Marian, Leiden University Medical Center: Social Navigation in Case of Sexual Violence: A Quest for Social Connectedness
Richters, Annemiek, Leiden University Medical Center & Rutayisire, Theoneste, Sociotherapy Program Rwanda: Social Navigation in Post-genocide Rwanda: Differences Generated by Community-based Sociotherapy
Omidian, Patricia A., Aga Khan University: Mental Health in War-Torn Afghanistan: An Anthropologist’s View
Goddle, Pam, California State University, San Marcos: PTSD and Soul Loss: An Argument for Cross-Cultural Borrowing
Migration and Health: Navigating Borders, Safety, Technologies and Treatments
These papers address the complexities of health care practices in the context of migration. Based on ethnographic and survey data on Eastern European, North African, Middle Eastern, East Asian, and Central and South American immigrants to the US and Western Europe, these papers raise questions about the physical and social consequences of intercultural health care encounters. Calling for dialogue across cultural, professional and personal borders while problematizing easy models of cross-cultural communication, this panel asks how medical providers can personalize care without essentializing their patients’ cultural backgrounds, interrogate the extent to which medical providers and patients do and should share illness narratives and ideas of bodies and health, and ask what happens when providers and patients have very
different understandings of these topics. The panel also examines the co-production of medical encounters with the politics of immigration, shedding light on the ways that belonging to a particular diaspora shapes illness incidence and treatment, and looking at the politics of doctors’ representations of patients in the context of asylum claims.

- Djordjevic, Darja, Ecole normale supérieure/Harvard University: Seeking Proof: Women Asylum Seekers at the CNDU
- Grieb, Suzanne Dolwick, University of Florida: Infidelity, Denial, and HIV Risk in a Migrant Community
- Caplan, Susan, Yale University: A Description of Spiritual, Supernatural and Psychological Causal Beliefs about Depression among Latino Immigrants in Primary Care
- Miklavcic, Alessandra, McGill University: Delirious Technologious: Psychotic Experiences among Immigrants in a Technologically-advanced World
- Shalhouh, Huda, Brunel University: Diagnosing Schizophrenia Amongst First Generation Immigrants in the UK: Cross-cultural Differences and Clinical Issues
- Chair: Fassin, Didier, Princeton Institute for Advanced Study

Mind Games: The Intersections of Globalizing Biopsychiatry, Politics and Social Movements

The aim of this panel is to reframe understanding of the ways in which global psychiatry, and biomedicine more broadly, intersect with local political movements. Our specific focus is to examine the production of psychiatric and biomedical knowledge in seemingly disparate locales — Brazil, Greece, the US, Israel, Japan, and South Asia — and to explore what role and what impact globalizing psychiatry has in bringing about social and political changes at the local level. Over the course of the 20th century, psychiatry has undergone tremendous transformation. The ideological purview of psychiatric practice has widened across the globe, infiltrating local social institutions including those of formal education, the work place, and criminal justice system. While this expansion has, at times, meant pathologization through the consolidation of new clinical entities, it has also created opportunities for the public to critically scrutinize psychiatry and contest its de-socializing effects. The critical sensibility born out of these bottom-up movements has changed the way psychiatry is imagined and practiced, though its social effects have remained conflicted and, at times, even ironic and unexpected. By employing in-depth historical and ethnographic analyses, the panel will concretely show how these historical transformations have come about and what their political implications may be. We first examine the impact of global psychiatric reform and its local consequences, including the unexpected ideological effects of Brazilian psychiatrists’ attempts to empower youths through critical psychotherapy, a Greek reform that has created a new therapeutic ethics of responsibility for the mentally ill, challenged by the persistence of “dangerous” mental disorders, and the American civil rights movement’s prompting of an implicit racialization of “dangerous psychotics” in psychiatric nosology. Secondly, we investigate new forms of biomedical management and “biosecurity” that have emerged in the post-reform era, including the psychological technology used by the Israeli state to heal its domestic social divisions and fortify ethnic identity, the psychiatric science of stress emerging in Japan for managing an increasingly “depressed” workforce, a new marketing and distribution system developed in South Asia for rapidly cultivating an appetite for Prozac, and the US government’s psychological strategy for protecting the health of the nation from the threat of bioterrorism by launching a new era of anxiety-producing biosecurity measures. Bringing together a host of diverse global and disciplinary perspectives, we will ultimately investigate the ways in which global psychiatry and local politics effect new dialogues and changes in society — and in people’s lives.

- Béhague, Dominique P., London School of Hygiene and Tropical Medicine: Community-based Psychotherapy and Transformations in Politicization Amongst Youth in Southern Brazil
- Davis, Elizabeth Anne, Duke University: “By Reason of Danger”: Rights, Refuge, and Responsibility in Greek Psychiatry
- Metzl, Jonathan (organizer), University of Michigan: Racial Schizophrenia: Psychiatry, Civil Rights, and the Psychosis of Liberation
- Mizrachi, Nissim, Tel Aviv University: Psychological Technologies and the Creation of the “New Jew” in Modern Israel
- Kitanaka, Junko (organizer), Keio University: Too Depressed to Work: The Emerging Science of the Psychopathology of Work Stress in Japan
- Discussant: Waterston, Ecks, Stefan, University of Edinburgh

Morals at the Margins of Life: Obligations and Expectations in the Making and Unmaking of Persons and Social Relations

How do obligations and expectations shape relationships and relatedness in contexts where health, illness, life, and death are at stake? By focusing on contexts where life seems most precarious and uncertain, this panel directs our attention to ways that moral exchanges make personhood, relatedness and life itself possible. Since Mauss, anthropologists have explored myriad ways that exchange processes engender various kinds of local moral obligations and expectations and thereby perpetually reconstitute personhood and reconfigure social relations. Medical anthropologists have emphasized the ways that local moralities profoundly influence people’s experiences of suffering, illness, health and care, and their interactions with systems of care. In turn, systems of care take shape within political and economic webs of obligation and expectation that support certain kinds of persons and relations. Using ethnographic research in diverse contexts — including a rehabilitation hospital in Poland; dining houses in Colombia; and home care agencies, long-term care facilities, hospitals, private homes, and a Lutheran medical humanitarian agency, all in various regions of the US Midwest — the papers in this panel probe the moral possibilities of life’s borderlands.

- Heinemann, Laura L. (organizer), University of Michigan: Needing to Be There: Transplantation, the Obligation to Live, and Patients-As-Caregivers in the US Midwest
- Robbins, Jessica C., University of Michigan: Narrating Loss, Creating Relatedness: Aging and Illness in a Polish Rehabilitation Center
- Buch, Elana, University of Michigan: Gifts Gone Awry: Risking Reciprocity and Sustaining Personhood in North American Home Care of Older Adults
- Ruiz, Xochitl, University of Michigan: An Invitation to Dine: Food Practices as an Ideology of Kinship in Bogotá, Colombia
- Perry, Tam E. (chair), University of Michigan: Gifts of Preparation: Balancing Autonomy and Obligations which Transcend Space, Time and Mortality
- Halvorson, Brit, Mount Holyoke College: Portable Care: Ideologies of Preparedness, Ethical Practice, and the Margins of Life in Religious Humanitarianism
- Discussant: Kaufman, Sharon, University of California, San Francisco

Part 1: Motherhood Lost Conversations: An Intervention Aimed at Improving Our Society’s Approach to Pregnancy Loss (Media)

This is an eleven-part, award-winning educational television series. In conversation with novelists, doctors, nurses, artists, lawyers, religious leaders, product designers, environmental activists, and scholars, Layne lays out the contours of an innovative women’s health approach to pregnancy loss. Two of the episodes address ways to improve care giving during a loss. Four episodes address ways of preventing pregnancy loss. Two of the episodes address ways to enhance care giving during a loss. Four episodes address ways of preventing preventable losses by decriminalizing pregnancy loss, combating domestic violence, cleaning up the environment, and following some clinical innovations that would reduce the number of stillbirths. The final two episodes introduce a number of innovative feminist rituals. Companion curricula appropriate for continuing education and college classroom use are available.

- Layne, Linda, Rensselaer Polytechnic Institute
Part 1: Polio Histories, “Geographies of Blame” and Global Health

Since 1988 when the World Health Assembly voted to eradicate poliomyelitis, confirmed cases of this disease have declined considerably by the end of 2007. However, in polio endemic countries—Afghanistan, India, Nigeria, and Pakistan and in those with continuing importation of polio (e.g., Chad and Niger), along with other West African and Asian countries which were formerly polio-free—the presence of or increase in confirmed polio cases have been reported in 2008. How can these increases be explained and how have “geographies of blame” obscured factors which have contributed to this upsurge in cases? How has the specific etiology of the polio virus complicated eradication efforts? How have migration and identity, which may be matters of ethnicity and religion rather than allegiance to a particular nation-state, affected this global health initiative? Furthermore, how have historical experiences of polio and earlier eradication efforts contributed to particular interpretations of the polio eradication campaign? Panelists in this session will discuss recent polio trajectories in Chad, Ghana, Niger, Nigeria, India, and Pakistan, as well as polio histories in the US, focusing on the wider social, economic, political, and historical conditions, as well as on infrastructural and institutional capabilities, which have had an impact on efforts to eradicate this disease.

Closser, Svea, Middlebury College: Polio Eradication in Pakistan: Optimism and Resistance in Global Health

Jeffery, Patricia & Jeffery, Roger, University of Edinburgh: Religious Minorities and the “Pulse” Polio Campaign: A View from Rural North India

Leonard, Lori, The Johns Hopkins University: Obligations in Drops: The Politics of Polio Eradication in Chad

Masquelier, Adeline, Tulane University: Public Health or Public Threat? Polio Eradication Campaigns in Dogondoutchi, Niger

Religion and Health: Exploring the Crossroads among Spirits, Souls, Psyches, Doctors, Rabbis, Clergymen and Patients

This panel explores people's religious identities, practices, and aspirations as they are confronted with biomedical and public health regimes. How do different religious identities impact people's access to public health systems? How do biomedical treatment regimes produce in patients yearnings for religious elaborations of meaning and hope? How does religious involvement in medical care work, variously, as both a constraint and a source of empowerment? How do new religious revival movements intersect with ethnopsychiatric and biopsychiatric concepts of soul and psyche? By reflecting on the various methodologies needed to analyze religious expression and health processes, these papers as a group locate religious identity and expression as an important site for understanding health outcome and delivery.

Hammady, Iman Roushdy, Seeman, Don, Moody-Harisdon, Annie, Thompson, Winnifred, Gaydos, Laurie & Hogue, Carol, Religion and Health Collaborative, Emory University: Religion and Reproductive Health, a Multidisciplinary Study

Ivry, Tsipy, University of Haifa: The Rise of Kosher Medicine: The Politics of Assisted Conception Between Orthodox Judaism and Biomedicine

Moland, Karen Marie & Blystad, Astrid, University of Bergen: Religious Resurgence: A Search for Cure and Salvation among HIV Positive in East Africa

Orr, David, University College London: Suffering and the Soul: Mental Illness, the Animal, and Evangelical Pentecostalism in the Southern Peruvian Andes

Ramsay, Tamasin, Monash University: Spirit Possession and Purity: A Case Study of a Brahma Kumari Ascetic

Renders, Marleen, Ghent University / International Centre for Reproductive Health Kenya: From Local to Universal—Expanding the Concept and Practice of Health and Human Rights Among Muslim Women in Mombasa, Kenya

Chair: Hamdy, Sherine

Part 1: Responsibility and Reciprocity: Shifts in the Praxis and Moral Economy of Care

In recent years, fundamental shifts in health care financing, organization, and delivery have resulted in changing the relationship between patients and lay health workers as well as the ethos of care that purportedly underpins this relationship. The rise of privatized health care, NGO involvement, and rights-based approaches in care has re-conceptualized patients as “consumers”, “clients” and “citizens” – implying a set of relationships and obligations that extend far beyond the “sick role”. At the same time, those who provide care outside formal health care settings—variously described as community “caregivers”, “treatment supporters” or “household counselors”—differ widely in the degree to which their tasks are formalized, and compensated for, hence have varying levels of authority and accountability to the health systems and patients they serve. This panel draws together papers exploring current shifts in the moral economy of care-giving in health systems. These include changes in the boundaries, content and currency of formal and informal care as well as dynamics of power within the health system. The papers draw on research from a range of settings to discuss ideas of reciprocity, solidarity, obligation, coercion and control that emerge as caregivers negotiate roles in more complex configurations of health care.

Cataldo, Fabian (organizer), International AIDS Alliance, Institute of Development Studies: Care-giving, Expectations and Reliance in the Context of Home-Based Care in Zambia

George, Asha, UNICEF: The Social Location of Unregulated Market Relations: Ambivalent Views from Informal Care Providers in Koppal District, India

Read, Rosie, Bournemouth University: “Humanizing” Health Care: Idioms of Money and Gifts of Labor in Czech Hospitals

Chinouya, Martha, London School of Hygiene and Tropical Medicine: “Taming the Blood Bond”: Zimbabwean Sahwiras Living with HIV as “Volunteers” in the UK

Shattering Culture: American Medicine's Responses to Hyperdiversity

Taking the provocative notion of American cultural “hyperdiversity”—despite its near-ubiquity—within American mental health and primary care settings. Drawing upon the first-person perspectives and lived experiences of clinicians, patients, and medical residents collected in the context of a collaborative research study funded by the Russell Sage Foundation, the papers will offer an innovative critical window onto the workings of “culture”—along with recent notions of cultural “competence,” “appropriateness,” or “sensitivity”—in clinical settings. Papers will explore how notions of culture are invoked, how they operate, and how they can function as either a vehicle for the provision of more sensitive care or a limiting concept with the capacity to generate—rather than alleviate—feelings of otherness and exclusion. Overall, the contributions to this panel will explore how notions of “culture” are regularly reified but simultaneously—and often euphemistically—deployed in order to reference, or mask, diverse forms of similarity and difference. The panel’s overall goal is to gain clearer insight into the specific ways in which the American health care system is increasingly challenged to confront the practical, conceptual, and ethical challenges generated by America’s growing “hyperdiversity.”

DelVecchio Good, Mary-Jo, Harvard University: Seeking a “More Informed Universalism”

Hannah, Seth, Harvard University: Clinical Care in Environments of Hyper-diversity: Race, Culture, and Ethnicity in the Post-Pentad World

Vickery, Ken, Harvard University: The Role of Empathy in Demystifying the Cross-Cultural Clinical Encounter

Willen, Sarah, Harvard University (organizer): The Hmong? Again? Ethnographic Reflections on a “Cultural Sensitivity” Course for Psychiatry Residents

Bullon, Antonio, Harvard University & Beth Israel-Deaconess Hospital: Checkbox Psychiatry: Paperwork and Cynicism in Contemporary Care

Discussants: Carpenter-Song, Elizabeth (organizer), Dartmouth University & Guaracaccia, Peter, Rutgers University
Shifting from the Medical to the Everyday: Occupational Science Perspectives on Children with Disabilities in Family Contexts

Occupational science and anthropology share an interest in exploring the everyday activities of individuals and the ways that people make sense of life events. This panel brings together occupational scientists who are concerned with the everyday lives of children and their families who are contending with medical labels. The papers explore the everyday routines, decisions and practices through which people come to construct meaningful lives. The authors look at children and families in a variety of contexts, including the hospital, home, school, and community. By focusing on occupation, or meaningful and purposeful activity, rather than the medical condition, occupational science illuminates (1) new avenues for intervention; (2) the impact of social science critiques of medicalization among professions such as occupational therapy; (3) the migration of ethnographic approaches into fields in conversation with anthropology; (4) the possibility of offering back to medical anthropology a sophisticated partner for future conversations; (5) empirical data on relationships among culture, personhood and the impact of socio-economic policies and structural forces; and (6) the moral philosophies underpinning care at the places where families and the professional sector interact.

Furgang, Nancy, University of New Mexico: Horizontal Practice in an NBICU: Occupational Therapists, Neonatologists and other Professions Building Family-Centered Care with Native American Families

Francis-Connelly, Elizabeth, Eastern Michigan University: Mothering Taboo Talks: Occupation and Meaning


Segal, Ruth, Seton Hall University: The Activity Setting of Home Treatment Programs: Understanding the Challenges of Successfully Embedding Home Treatment Programs in Ecocultural Niches

Bagatell, Nancy (organizer), Quinnipiac University: Good Morning Room 5!: An Occupational Analysis of Engagement During Circle Time in a Classroom for Children with Autism

Parham, Diane (organizer), University of New Mexico: Beyond DSM Diagnosis: Reframing Sensory Processing Disorder from an Occupational Science Perspective

Discussants: Landsman, Gail, State University of New York, Albany & Skinner, Debra, University of North Carolina, Chapel Hill

Session 2: Friday 4:00pm-6:00pm

African Contexts and Global Issues in Health

This panel examines the production and contestation of health, development and modernity in Sub-Saharan Africa. Grounded in ethnographic field research, the papers explore whether global rhetorics and policies are translated into the everyday experience of health, vulnerability and illness in rural and urban areas of South, East and West Africa. Health concerns addressed range from mental health to HIV/AIDS and other so-called diseases of poverty. Key issues are, for instance, the transformation of the experience of everyday violence with reference to politics and the occult in South Africa or the contrast between locally sanctioned corporal punishment of mentally ill persons in Ghana and global campaigns for human rights. Of central interest is the question of how individual, social and societal agents shape and are shaped by often conflicting agendas of various scales. The papers scrutinize the role of the extended family in dealing with the AIDS epidemic in Malawi, of a traditional healers’ association in post-war Mozambique and of community health workers in Rwanda as agents of change at the interface of the local and the global. Urban health and bioethics will be examined as particularly contested fields of interventions in which actors struggle for knowledge and power on various scales.

Matthews, David, University of Oxford: Global Rhetoric, Local Actors: Community Health Workers and the Concept of Participation in Rwanda

Flikke, Rune, University of Oslo: Thandi’s Story: Everyday Life, Trauma, and Healing

Kingor, Patricia, London School of Hygiene and Tropical Medicine: The Ethical Challenges of Implementing Bioethical Principles from a Fieldworker’s Perspective in Kenya

Luedke, Tracy, Northeastern Illinois University: Medical Imaginaries: The Politics of Healing in Mozambique

Obrist, Brigitt, University of Basel (chair): Social Vulnerabilities in Urban Contexts: Research Perspectives From East and West Africa

Read, Ursula, University College London: “The Chains Were Good For Me”: An Anthropological Perspective on Mental Illness and Human Rights in Rural Kintampo, Ghana


After Progress, After Survival: Improbable Futures in Clinical Spaces

With its promises and fantasies of hope and biotechnology, clinical interactions constantly produce new forms of ethics, expectations, and subject-positions. As therapeutics extend (perceived) life and life expectancies, situations emerge in which the future is brought into the present in unanticipated ways: through prognoses, treatment decisions, and voluntary interventions. Time horizons thus require re-calibration in the context of the value of life itself and interpersonal obligation. Decisions demand that care practices be interrogated and, perhaps, re-conceptualized as starting or ending life can be deferred. In these contexts, what do we make of the clinical presentation and understanding of time, both in terms of individual decisions, and in situations committed to a rhetoric of medical progress? Papers in this panel will explore aspects of emergent futures in relation to illness, treatment, and health care bureaucracy. Each paper illustrates a different, complementary angle on how the clinic organizes particular kinds of futures and how futures are imagined and lived, describing what becomes acceptable and inevitable at a range of clinical sites. Overall, the papers attempt to foreground the reciprocal relationship between expectations for the future and meanings of the present as these play out in contexts of emergent life and fatal disease.

Roberts, Elizabeth, University of Michigan: Group Futures: Embryos in Ecuadorian IVF Clinics

Kaufman, Sharon (organizer), University of California, San Francisco: Reflexive Longevity and the Cultural Work of “Time Left”

Livingston, Julie, Rutgers University: The Temporality of Cancer in Botswana

Lochann Jain, Sarah (organizer), Stanford University: The Elisions of Future Thinking: Cultural Logics of Cancer

Brodwin, Paul, University of Wisconsin, Milwaukee: Scripts of Progress and Everyday Ethics in US Community Psychiatry

Lovell, Anne, CNRS/University of Paris: Surviving Disasters: Anthropogenic Pasts, Medical Futures and Disability

Discussant: Biehl, Joao, Princeton University

Assisted Reproduction Technologies and Local Ideologies

The past three decades saw a rapid evolution and global spread of IVF and other assisted reproduction technologies (ARTs). The local application of these technologies, i.e., which technologies can be used by whom and under what conditions, differ substantially; however, from one society to another, sometimes even between clinics within a given society. In the current session we wish to probe how local ART policies and practices are embedded in and shaped by political, moral, religious, economic and socio-cultural contexts. We are interested in both the evolution of local policies and ethnographic descriptions of the actual enactment of these policies in daily clinical practice.

Clarke, Morgan, University of Cambridge: Islamic Radicalism, Bioethical Controversy and State Policy: Reproduction and Religious Politics in Lebanon
Gürtin-Broadbent, Zeynep, University of Cambridge: Permeable Boundaries: Transgressing Turkish Sanctions to Third-Party Assisted Reproduction
Garmanouidi, Shirin, University of Tubingen: Generational Surrogacy in Iran
Birenbaum-Carmeli, Daphna (organizer), Haifa University: Policy, Practice and the Naturalisation of Kinship in Israel
Hörbst, Viola, Lisbon Universtitarian Institute: Assisted Reproduction in West Africa: Mobility, Transnational Spaces, Private Sector
Gerrits, Trudie (organizer), University of Amsterdam: Situated Ethical Practices in a Dutch Fertility Clinic
Thompson, Charis, University of California, Berkeley: What Should Be Learned from California’s Octuplets? ARTs, Regulatory Reform, and the New Embryo Triage
Chair: Inhorn, Marcia, Yale University

Bio-psycho-social Moderators and Mediators of Health and Well-Being in Human Development
Biological and cultural “systems” traditionally conceived as relatively autonomous aspects of human experience are being redefined as articulated forces with important influences on health and well-being. There has been steady growth in innovative and path-breaking research on bio-psycho-social moderators and mediators of health, united by common conceptions that myriad processes (e.g., emotion, decision-making, appetite/motivation, social change, reproduction, gender, stress-response, daily routines, social identity and personal transformation) constitute interacting components of human life-history process. This session brings together anthropologists whose research represents the diversity of work in this interdisciplinary area. The unifying theme of the session is to explore the give and take among bio-psycho-social forces and their roles as mediators and moderators of human health and well-being under varying social or individual contexts and life stages. Each presenter’s work is exemplary of anthropological research in being observational fieldwork rich in contextual details of naturalistic settings. However, the exchange of ideas in this session is also intended to inspire new thinking and new approaches to articulating anthropological research with important global public health and mental health issues.

Decker, Seamus (organizer), University of Massachusetts: Parental-bonding and vulnerability to “Reward-deficiency Syndrome”
Rudzik, Alanna, University of Massachusetts, Amherst: Understanding Infant Feeding Decisions in São Paulo, Brazil: A Bio-experiential Approach
Odden, Harold L., Indiana University/Purdue University: Residence Patterns and Household Characteristics as Mediators of Adolescent Mental Distress and Rapid Social and Cultural Change
DuBois, Zachary L., University of Massachusetts, Amherst: Identity Management, Stress Response, and Well-being among Transgendered Men
DeCaro, Jason A., University of Alabama: Physical Activity, Body Composition, and the Embodiment of Culture Through Daily Routine
Discussant: Schell, Lawrence, University at Albany

Care-Giving in Family Settings: Contemporary Issues
Over thirty years ago, Arthur Kleinman (1978) characterized the “popular” sector, principally constituted by the family, as a key arena for studying health, illness, and therapeutic actions. Across diverse cultural settings, the papers in this panel explore a range of contemporary issues revolving around care-giving in family settings. They illuminate how home-based and intimate familial relations of care are impacted by and take shape in relation to the broader social, economic, and political contexts in which they are embedded. By focusing on the transpersonal dynamics of families and/or the home as a site of health, illness, and care, the panelists highlight changing contexts of home and family life and offer insights into the ways in which notions of “home,” “family,” and “carework” require renewed attention by medical anthropology.
Dickerson-Putman, Jeannette, Indiana University, Indianapolis & Maithya, Harrison, Moi University, Kenya: The Challenges of Care-giving to AIDS Orphans in Western Kenya
Garro, Linda, University of California, Los Angeles (chair): Studying Family Health Through What Matters to Family Members
Geraci, Denise, CUNY Graduate Center: Aging and Illness among Caregivers in Mexico’s “Mother-away” Families
Launiala, Annika, University of Tampere: Global Policies, National Programs and Local Reality: Extended Family Relationships Affecting Management of Obstetric Care in Rural Malawi
McLean, Athena, Central Michigan University & Trakas, Deanna, University of the Aegean: Snags in Reciprocities: End-of-life Care Asymmetries in Aging and the (Im)Moralities of Responsibility
Norwood, Frances, Inclusion Research Institute & Kendall, David B., Third Way: De-Institutionalizing Elder Care: Recommendations for Health Care Reform Based on a Dutch Model of Long Term and End-of-Life Care
Wang, Pin, National Taipei University: Maintenance of the Body or Social Being? Service Encounters in Taiwan’s “Long-term Care” Programs for Elderly People

Chronic Illness and (Dis)Stress
Long-term, often-life-long, conditions are complicated routinely by other short-term or longer lasting health conditions. People with multiple, persistent problems find their management often confusing, and are disheartened by the diverse ways in which these conditions impact on their social life, family relations and economic responsibilities. In this panel, participants draw on varied ethnographic examples to illustrate the lay conceptual frameworks which provide people with ways to make sense of their variable health and the behavioral changes expected of them. The examples include people in the United States with hypertension and other chronic conditions, Cambodian Americans and women in India both with diabetes mellitus, Australians with complex health problems including functional impairments from injury and degenerative disease, and patients in Benin receiving treatment for facial tumors and disfigurements. In each case, the authors highlight how understandings of self and identity, the structure of social relations, and the shifting experiences of chronic everyday hardships, compound people’s understanding and management of diagnosed medical conditions. In doing so, they argue for greater attention to the social and cultural context of illness, and for the analysis of illness to be located within a critical medical anthropological framework.

Manderson, Lenore, Monash University (chair): Moving On and Getting Over It: Adapting to Chronic Health Problems in Rural Australia
Fix, Gemmae M., Center for Health Quality, Outcomes & Economic Research/Boston University School of Public Health, Solomon, Jeffrey L., Center for Health Quality, Outcomes and Economic Research, ENRM VA Medical Center, Bedford, MA, Cortés, Dharma E., Cambridge Hospital, Harvard Medical School, Cohn, Ellen S., Boston University Sargent College of Health and Rehabilitation Sciences & Bokhour, Barbara G., Boston University School of Public Health/ Center for Health Quality, Outcomes and Economic Research, ENRM VA Medical Center, Bedford, MA: “When I found out I had all the sickness”: Hypertensive Patient Experiences Integrating Management of Co-occurring Health Conditions
Lange, Isabelle, London School of Hygiene and Tropical Medicine: Resilience Through the Disconnect Between Body and Soul
Weaver, Leslie Jo, Emory University: Sweet and Low: Diabetes and Depression in Indian Women

Complex Communities: Health and Well Being at the Intersections of Identity
Increased global mobility in the 21st century has allowed cultures and communities to transcend geographical borders, challenging the notion of fixed or even singular identities. But people that exist both between and within overlapping social categories may be marginalized,
stigmatized, and excluded by institutions that police their borders in order to hold on to their power and privilege. In this panel we discuss the interaction of some of these complex communities with the institution of biomedicine. We analyze the ways in which communities and bodies at the margins experience systems of healthcare, and also the ways that biomedicine reacts to their presence by reshaping discourses and practices. We explore social healing practices, health access strategies, and explanatory health models that socially-constructed communities create in response to shifting contexts of power, politics, economics, and biomedical authority. This panel features paper topics ranging from immigrant access to healthcare in San Francisco to community healing in Madrid after the 2004 train bombings to the evolving medical discourse of disorders of sexual development in the United States.

Cox, Natalie (organizer), San Francisco State University:
In God’s Hands Alone: When Faith Healing is More Accessible than Medi-Cal

Kadono, Mika, San Francisco State University:
Consumption in California: Examining Tuberculosis in San Francisco

Priest, David, San Francisco State University: Ambiguous Bodies: Biomedical Discourse and the Rhetoric of Stigma

Fuentes, Emma, San Francisco State University: Violence, Social Trauma and Community Healing

Pacheco, Blanca, San Francisco State University:
Knowledge for Health: The Project for Community Health Access (PCHA)

Discussant: Quesada, James, San Francisco State University
Chair: Tully, Sheila, San Francisco State University

Damage: The Anthropology of Post-Traumatic Suffering
Much has been written on the traumatic effects of war, structural violence and suffering, although it is only in the last decade that these issues have received substantive attention from anthropologists. This includes emerging attention to the use of Western Psychiatric lexicon and paradigms to discuss trauma-related suffering in situations of post conflict. Anthropological understandings of suffering highlight a multi-layered approach. At one level, we are called upon to identify the social, economic and political factors that cause suffering; yet at another level, we need to map the way in which these factors, in the form of ideology and practice, become embedded within local and global institutions. By interrogating an array of Post Traumatic conflict-related health effects in Serbia, among American veterans returning from Iraq and Afghanistan, and among Iraqi refugees in Australia, this panel will take into account local idioms of post traumatic suffering to unmask the different ways in which suffering is appropriated. The presentations highlight the importance of exploring how traumatic effects of war, structural violence, and suffering shape health practices and services, and concurrently, of understanding individuals’ conceptualizations of their bodies, health and well-being.

Moghim, Yavar, George Washington University Medical Center & Miller, Barbara, George Washington University: Anthropological Discourses on the Globalization of PTSD in Post-Conflict Societies

Petrović-Šteger, Maja, University of Cambridge:
Potentialities of Bodies and Wounds in Contemporary Serbia

Reisinger, Heather Schacht, CRIISP, Iowa City VAMC:
Defining VA Outreach with the Afghanistan and Iraq Wars

Vasey, Katherine (chair), Monash University: Postpartum Depression: Iraqi Refugee Women in Regional Australia

Diabetes Type II in Time and Space: Case Studies, Community and Transdisciplinary Philosophies in Practice
As “every 30 seconds a lower limb is lost to diabetes”, diabetes is a chronic disease that will be the predominant global source of morbidity, death, and disability during the 21st century. This session proposes to bring scientists together who have worked for many years with indigenous communities affected by a high incidence of diabetes type II. In addition to bringing their experience to this session, case studies will demonstrate the importance of interdisciplinary community work to address diabetes type II issues with new complementary approaches.

Cudel, Evelyne (organizer & chair), University of Michigan & Michigan State University: A Diabetes Type II Prevention Model: Applying Research in a Sonoran Desert Community to the Development of Programs in the Mediterranean Region

Dussart, Françoise, University of Connecticut: Diabetes, Pain and the Reconstruction of Indigenous Sociality in Central Australia

O’Dea, Kerin, University of South Australia: The Therapeutic Potential of the Hunter-Gatherer Diet and Lifestyle of Australian Aborigines

Rhodes, Charles, Indian Health Service: Indian Health Service and Diabetes in American Indians and Alaska Natives: Multidisciplinary Partnerships

Discussant: Dussart, Françoise, University of Connecticut

Part 2: Extending Disability Beyond Medicine’s Borders within Anthropology: A Five Fields Symphony in Honor of 25 Years of the SMA Disability Research SIG (Workshop)
In the 25th year of the Disability SIG, as more anthropologists include disability, and as disability studies grows outside of anthropology, this workshop will make a case for the significance of disability theory to core anthropological canons in the five fields: cultural, linguistic, biological/physical, archaeology, and applied. An historic tie between disability and medicine, stigma and medicalization, has characterized the study of disabled people and their personhood in American anthropology. However, for people whose bodies are all too often reduced to a medical interpretation and rarely recognized for the lens they offer onto social inequalities, the role of critical disability theory needs to be better understood and applied to core anthropological concerns. Anthropologists working in diverse regions have linked their field research on disability to anthropology’s bread and butter issues, including gender, “race,” ethnicity, nationalism, indigeneity, kinship, globalization, sexuality, and religion. Panelists contextualize their research in anthropology’s five fields and related disciplines. Our aim is to initiate conversations about what disability theoretical and methodological frameworks bring to the table for working anthropologists regarding social disparities; and how different groups from families to nations cope with perceived embodied differences in abilities to perform society linguistically, in work, in kinship expectations, in art, and all meaningful cultural domains.

Block, Pamela, Stonebrook University: Bus Rides and Back Rooms: Disability, Family, Meaningful Occupation and Life Transition

Gerber, Elaine, Montclair University: Disability Studies Contributes to Applied Anthropology: Personhood, Embodiment, and Inequality Created by Food and Eating

Brennan, James R., Sage Colleges: Critical Physical Therapy

Flashpoints in US Health Care: Financial Crises, Ethical Debates and Spiritual Challenges
The United States health care system is currently the locus of several challenges and debates that bear upon public policy and the delivery of health care in this country. This session brings together papers that critically examine the economic, ethical, and spiritual dimensions of several flashpoints in US health care, including end-of-life policy, the role of spirituality in biomedical treatment, corporate control of biomedicine, and perceptions of merit and responsibility regarding health insurance. Some of the key questions explored by this panel will include: What roles do secularization and religion play in biomedicine? What roles do the media and gender politics play in framing the debate over end-of-life medical care in the United States? How does corporate capitalism exert control over biomedicine? How might the recent economic crisis be (re)shaping ideas about deservedness and responsibility as they pertain to health insurance? In this session, DeSilva and Stillman will critically analyze the intersection of medical technology with the semiotics of the female body, fertility, and mythology, in crafting public policy at the end of life in the United States. Moses will explore the role of Buddhism in medical settings, and the ways in which its use fits with larger cultural shifts in science, health care, and spirituality in America. Clough will examine the control of corporate capitalism over biomedicine, and reflect upon an alternative model of health care based on Gandhi’s three tenets of resistance. LaBond will explore how ideas of merit and responsibility for health care are constructed in the United States, and whether or not these ideas are changing amidst the economic turmoil of the current recession. While topically diverse, the subjects of these papers reflect the complex intersection of biomedicine, ethics, spirituality, and economics in the United States.

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mainly preadolescent children. The guiding question is how children's
in interdisciplinary praxis. The papers are based upon research with
reflects on the role of medical anthropological child-centered research
international issues may predominate the agenda. This panel critically
anthropology have to be interwoven with data produced by research
and to design appropriate interventions, findings from medical
epidemics, failing health systems, fragile political structures, economic
tends to focus precisely on children's vulnerability; on
yields data that corrects children's core identity of vulnerable victim.
The focus on child agency in medical anthropology of children
understandings and practices elicited by medical anthropological
research translate into or articulate with interventions and policy
decision-making.

van Reeuwijk, Miranda, Youth Incentives, the
Netherlands: Children, Sex and HIV/AIDS in Tanzania:
Potentials and Challenges of Child Participation in
Research and Interventions
Sauls, Heidi (organizer), University of Amsterdam:
Delinquency or Resilience? How Interpretations of
Violence Translate into the Daily Management of Children
in a Place of Safety in Cape Town
Spijkers, Esther, SHOP (Stichting Hulpverlening en
Opvang Prostituees), The Hague: Bad Behavior for
Good Reasons: Comparing the Meaning of Prostitution
for Children in Zambia with the Perceptions of Child
Centered Organizations
van der Brug, Mienke & Reijer, Daniel, University of
Amsterdam: Walking the Road: Helping Children to Deal
with the Multiple Impacts of AIDS
Planas, Maria Elena, University of Amsterdam & Leiden
Medical University: Ethnic and Racialized Identification
and Psychological Distress among Children in Lima: How
to Translate Ethnographic Research into Epidemiological
Agendas
Gigengack, Roy, UKIERI, New Delhi / PHFI, Oxford:
“Nasha is the most wonderful thing in my life”: Inhalant
Use in Delhi in a Comparative Perspective
Reis, Ria, University of Amsterdam (organizer & chair)

Part 2: Medical Anthropology and Conflict (Workshop)

Medical anthropologists have recently been urged to remedy the
dearth of research on “war or its aftermath in Iraq, or other parts of
the Middle East”, and redress the ways that, “as a discipline, we
have... turned away from the brutal realities, the embodied suffering,
the psychological devastation, the sexual violence, and the refugee
aftermath of war” (Inhorn 2008: 421). In response, and at a time when
explicitly anthropological engagements with conflict are infrequently
funded or insufficiently supported, this workshop provides a crucial and
timely discussion of qualitative health research in embattled terrain and
interdisciplinary contexts. By interrogating a diverse array of conflict-
related health effects—in settings ranging from China to the war-torn
Middle East and Afghanistan, post-conflict Mozambique and Rwanda,
and among refugees in the Netherlands—workshop papers allow
for conflict’s varied manifestations and contextual underpinnings,
and explore how structural violence, political volatility and chronic
hostilities shape health practices and services, or, individuals’
conceptualizations of their identities, health and well-being, vulnerability
or resilience. As such, workshop presentations will facilitate critical
debates on, and discussions of, the ways health beliefs and practices
occur amid, or, are transformed by profound instability and spectacular
violence.

Trani, Jean-Francois, University College London: What
are the Causes of Mental Health Conditions in Conflict
Affected Fragile States?: The Case of Afghanistan
Derges, Jane, University College London: Survival and
Transformation During Conflict in Northern Sri Lanka
Varley, Emma (organizer), Dalhousie University: Targeted
Doctors & “Missing” Patients: The Impacts of Shia-Sunni
Conflict on Obstetric Health Services in Northern Pakistan
Foster, Angel M., Hib Reproductive Health: Emergency
Contraception in Refugee and Conflict Settings in the
Middle East: Needs, Barriers, and Opportunities for
Expanding Access
Chen, Junjie, University of Illinois at Urbana-Champaign:
Reproduction Against the State’s “Humane” Family
Planning Project of the New Millennium: Structural
Violence and Women’s Childbearing Experiences in
Postconflict Rural China
Chapman, Rachel R., University of Washington: “No more
words, only blows”: Containing Gender Violence in Not
Post-conflict Mozambique
Millennial Medical Anthropology: Anticipating Trajectories in the Anthropology of Health

In the past fifty years, the work of Medical Anthropology has developed to encompass a breadth of issues and methodological approaches, contributed to the evolution of theory in the discipline of anthropology, contributed to global health policy, and found its practitioners employed in numerous interdisciplinary applications across a spectrum of health issues. As we face a future at the intersections identified for us in this conference theme, we ought to give sober consideration to these trajectories to assure that colleagues in other fields and in health policy venues make effective use of anthropological insights for the future of world health. We must ask how we can prepare ourselves, our students, and our collaborators, to make more effective use of our expertise in the new millennium, and we must ask how we can direct our research agendas and practical activities to maximize our effectiveness and inspire our work for the next 50 years. The panel will focus on short presentations by medical anthropologists engaged in both academic and applied roles from a spectrum of specializations, with ideas circulated in advance to prepare for intensive discussion of the ideas at the conference.

Sargent, Carolyn, Washington University in St. Louis: Introduction: Exploring the Future Directions of Medical Anthropology
Page, J. Bryan, University of Miami: What We Need to Know, and How We Plan to Find Out: Medical Anthropology in Culturally Diverse Settings
Gaines, Atwood, Case Western Reserve University: Millennial Medical Anthropology: From Here (1999) to Here and Beyond
Corell, Jeannine, University of South Florida: Future Directions in the Anthropology of Public Health: Methodological Issues
Williams, Sharon, Purdue University: Preparing for the Future of Medical Anthropology: Interdisciplinary Research and a Holistic View of Health
Stoner, Bradley, Washington University in St. Louis: Engagement at the Intersections: Anthropology as a Model Discipline for Undergraduate Public Health Instruction
Discussant: Harwood, Alan
Chair: Gruenbaum, Ellen, Purdue University
Organizer: Executive Committee, Society for Medical Anthropology

Part 2: Motherhood Lost Conversations: An Intervention Aimed at Improving Our Society’s Approach to Pregnancy Loss

This is an eleven-part, award-winning educational television series. In conversation with novelists, doctors, nurses, artists, lawyers, religious leaders, product designers, environmental activists, and scholars, Layne lays out the contours of an innovative women’s health approach to pregnancy loss. Two of the episodes address ways of preventing preventable losses by decentering pregnancy loss, combating domestic violence, cleaning up the environment, and following some clinical innovations that would reduce the number of stillbirths. The final two episodes introduce a number of innovative feminist rituals. Companion curricula appropriate for continuing education and college classroom use are available.

Layne, Linda, Rensselaer Polytechnic Institute

Operationzalizng Feminist and Medical Anthropology: Understanding and Addressing Abortion Politics Globally (Roundtable)

This roundtable, modeled on the AAA’s public policy forum, brings together anthropological experts in gender, health, and reproductive politics, with representatives of Ipas, an international NGO whose mission is to safeguard women’s rights and access to safe abortion. Discussions will explore how insights from feminist and medical anthropology may be incorporated into local struggles for safe abortion. Anthropology’s holistic perspective brings into focus questions that activists and NGO professionals may not generally consider, including: interconnections between cultural meanings and political-economic relations; the ways kinship ideologies and practices of family creation affect meanings of childbearing and fertility control; the symbolic and material production of abortion stigma through legal, social, and spatial frameworks, and stigma’s varying effects on women’s reproductive practices and health outcomes; and the local meanings attributed to international discourses on women’s rights and abortion. By raising these questions, the roundtable also addresses broader themes of integrating anthropological knowledge in activist agendas. Questions to be addressed include: how might anthropological perspectives on gender and health become operationalized for specific feminist goals? What challenges arise when translating research findings into action? How can the interdisciplinarity of medical anthropology offer frameworks and strategies for collaborating with NGOs to promote health and rights?

Kumar, Anuradha, IPAS
Pashigian, Melissa J., Bryn Mawr College
Moodie, Megan, University of California, Santa Cruz
Cliggett, Lisa, University of Kentucky
Caldwell, Kia Llly, University of North Carolina, Chapel Hill

Part 2: Polio Histories, “Geographies of Blame” and Global Health (Workshop)

Since 1988 when the World Health Assembly voted to eradicate poliomyelitis, confirmed cases of this disease have declined considerably by the end of 2007. However, in polio-endemic countries—Afghanistan, India, Nigeria, and Pakistan and in those with continuing importation of polio (e.g., Chad and Niger), along with other West African and Asian countries which were formerly polio-free—the presence of or increase in confirmed polio cases have been reported in 2008. How can these increases be explained and how have “geographies of blame” obscured factors which have contributed to this upsurge in cases? How has the specific etiology of the polio virus complicated eradication efforts? How have migration and identity, which may be matters of ethnicity and religion rather than of allegiance to a particular nation-state, affected this global health initiative? Furthermore, how have historical experiences of polio and earlier eradication efforts contributed to particular interpretations of the polio eradication campaign? Panelists in this session will discuss recent polio trajectories in Chad, Ghana, Niger, Nigeria, India, and Pakistan, as well as polio histories in the US, focusing on the wider social, economic, political, and historical conditions, as well as on infrastructural and institutional capabilities, which have had an impact on efforts to eradicate this disease.

Renne, Elisha P. (organizer & chair), University of Michigan: Morbidity and Mobility: Polio Narratives from Northern Nigeria and Ghana

Rogers, Naomi, Yale University: When Polio Was a Western Disease: History and the Meanings of Epidemiology
Snowden, Frank, Yale University: Polio Eradication Efforts: A Historical Perspective

Discussant: Summers, William, Yale University

(Post-)Socialist Biopolitics: Reforming the Mind, Body and the Soul

The political project of socialism has historically been invested in reforming the mind, body, and soul through state-sponsored programs of economic restructuring and the etatization of everyday life. The late twentieth century, however, bore witness to great social, political and economic upheaval as the collapse of European communism heralded a rupture in socialist imaginings of the past, present, and the future. Drawing on ethnographic insights from China, Russia, Lithuania, and Cuba, the specific aim of this panel is to chart (post-)socialist transformations through the lens of bodily health and physical and mental well-being. Our specific focus here is to comparatively examine two broad yet interrelated themes in order to provide a greater sense of their interconnections and complexities. First, we analyze how the global circulation of medical, psychiatric, and therapeutic knowledge regimes become mobilized to create and transform subjectivities and notions of selfhood in seemingly disparate locations. Secondly, we explore the myriad ways in which bodily health, in a context of economic insecurity, is intersected through ethical and moral valences that harken back to the socialist past and, importantly, reflect new reconfigurations of power and statecraft.

Brotherton, P. Sean (organizer), Yale University: Political Economy of the Body in Post-Soviet Cuba
Hyde, Sandra, McGill University: “A Giant of My Dreams”: Reconfiguring Therapeutic Treatment and Care for Injection Drug Users in Post-socialist China
Praspliauskiené, Rimá, University of California, Davis: “Don’t Bribes”: Caring about Health Care and Transparency in Post-socialist Lithuania

Raikhel, Eugene, McGill University: Governing Post-socialist Habits: Addiction, Agency and Political Subjectivity in Contemporary Russia

Song, Priscilla, Washington University in St. Louis: Haunting Presences: Animating the Political Economy of Bodily Transactions in Post-Mao China

Zhang, Li (organizer), University of California, Davis: Culturing Psychotherapy in Postsocialist China

Discussant: Ninetto, Amy, Rice University

Reconceiving Feminist Technologies and Gendered Bodies

This panel considers a variety of new developments in basic and applied science which pertain to reproduction: new scientific understandings of fetal and maternal microchimerism and historical and contemporary scientific understandings of the nature of stem cells, including embryonic stem cells. Other papers address changes wrought by new reproductive technologies including how the imaging technologies related to the new genetics may affect gendered understandings of reproduction, and how the biotechnologies of preimplantation diagnosis and prenatal diagnosis are changing Norwegian society, and how IVF treatments including those using donor eggs are framed in terms of cyclical and narrative time in Greece. In addition to these empirical sites, a thought piece on feminist technologies uses the examples of many products that have been designed to control women’s distinct reproductive systems including tampons, menstrual suppressing birth control pills, the home pregnancy test, and the breast pump, to develop an agenda for fostering feminist technologies.

Lie, Merete, Norwegian University of Science and Technology: Imaging Technologies and Imaginations of Gendered Bodies

Kanta, Venetia, University of the Aegean: “Late”, “Early”, “Never”: Time, Gender and Technology in Assisted Reproduction

Kelly, Susan E., University of Exeter: Fetal Cells and Maternal Bodies: Biological Objects and Subject Categories

Layne, Linda, Rensselaer Polytechnic Institute (chair): Feminist Technology: A Political and Pedagogical Agenda

Lee, Jeun, University of California, Davis: From Stem Cells to Embryos: Reading Stories of Embryos through Stem Cells

Melhuus, Marit, University of Oslo: Imagining Society: Some Issues in Contemporary Norwegian Bio-politics

Part 2: Responsibility and Reciprocity: Shifts in the Praxis and Moral Economy of Care

In recent years, fundamental shifts in health care financing, organization, and delivery have resulted in changing the relationship between patients and lay health workers as well as the ethos of care that purportedly underpins this relationship. The rise of privatized health care, NGO involvement, and rights-based approaches in care has re-conceptualized patients as “consumers”, “clients” and “citizens”—implying a set of relationships and obligations that extend far beyond the “sick role”. At the same time, those who provide care outside formal health care relationships and obligations that extend far beyond the “sick role”. In a similar vein, this panel will challenge the audience to consider these events as socially-sanctioned traumas in which we all play a role. Our approach will be twofold. Some will present socially-sanctioned traumas that contribute to the experience of mental distress in our research communities. Others will discuss the social and cultural historical and contemporary contexts in which the trauma are framed. How do these strategies to socially manage mental distress promote resilience or emerge as barriers to well-being for individuals? By sharing our knowledge, we hope to raise awareness of the experiences of socially-sanctioned traumas and to draw attention to the potential and pitfalls of the strategies for its social management.

Lester, Rebecca J. & Sargent, Carolyn, Washington University in St. Louis: Cutting

Myers, Neely (organizer), University of Chicago: Recovering from Schizophrenia in America? The Potential and Pitfalls of the American Ethos of the Self-Made Man

Carpenter-Song, Elizabeth, Dartmouth Medical School: Trauma and Recovery in Community Mental Health Care

Bergstresser, Sara M., Nathan S. Kline Institute for Psychiatric Research: Remembering Esmin Green: Structures of Neglect and Political Action in the Era of Recovery

Lewin, Sara, Columbia University: Capabilities, Recovery, and the Mitigation of Structural Violence among Consumers in a Peer-Run Mental Health Center

Seligman, Rebecca, Mendenhall, Emily, Fernandez, Alicia & Jacobs, Elizabeth, Northwestern University: Socially-sanctioned Trauma and the Diabetes “Lifestyle”:

Emotional Distress and Everyday Suffering in the Lives of Mexican-American Diabetics

Discussant: Hopper, Kim, Nathan S. Kline Institute for Psychiatric Research, Columbia University

Women’s Health and Sexuality: The Challenge of Providing Safety and Care

This panel explores the transnational circulation of women, ideas, and practices in women’s health and sexuality. Papers address the complexities of agency and exploitation and the uneven effects of global inequality on childhood, “healthwork”, trafficking, female circumcision, and the medicalization of women’s health and sexuality. What is said and unsaid, by whom and for what purposes, and with what effects? How does online health information circulate among and shape conceptions of illness, health-seeking behaviors and overall “healthwork” of female university students in the US? How do women who were circumcised before migrating to the Netherlands incorporate or resist public discourses of “circumcision” in television, print media, and medical and social settings? When women’s perspectives are centered, what can we learn about connections between maternal mortality and access to reproductive health care among rural Ghanaian women? How are childhood practices of Bangladeshi immigrant women carried and transformed in Florida? How do feminist discourses of trafficking simplify and make invisible the multiple routes through which trafficking and agency overlap in Canada, Peru, and Bolivia? What is the political and theoretical significance of medicalization on women’s lives and the implications for global health policy?
different prevention strategies have changed significantly over time, notations of risk in relation to HIV. As well, debates over the efficacy of sexuality; circumcision; marriage and monogamy or polygamy; and human sciences has produced accounts of the social bases of sex and specific risk practices in Sub-Saharan Africa. AIDS research in the different kinds of HIV prevention strategies in place and the study of Group (AARG), this panel elucidates some intersections between Composed of members of the AIDS and Anthropology Research Sub-Saharan Africa Today

Knowledges: AIDS Research and HIV Prevention Strategies in AIDS and Anthropology Research Group (AARG) Panel: Public Addictive behavior (e.g., gambling).

cross-cultural case studies of how dependencies are constituted and of macro and micro considerations. They provide richly informed modalities. The papers included in this panel reflect this combination of institutional power, models of the subject, and political-economic dimensions of addiction are also linked to consideration of the forms of uptake and addiction, making important contributions to literatures often focused instead on biological and psychological processes. The medical anthropology of substance abuse now takes advantage of more sophisticated theoretical models that come out of interdisciplinary research on cognition, somatic experience, and embodiment. These dimensions of addiction are also linked to consideration of the forms of interdisciplinarity within medical anthropology—especially by scholars who introduced discourses of embodiment, empathy and narrative understanding—to occupational therapy. This panel interweaves distinct disciplinary perspectives of scholars who focus on senses, imagination, and the dimension of the in-between in therapeutic practices. The presenters investigate how the ephemeral and seemingly invisible nature of healing and transformation can be rendered intelligible through aesthetic frames. Aesthetic frames may help bridge key antinomies in biomedical worlds: objectivity versus subjectivity, external versus internal realities, and experience-far versus experience-near. We examine (1) how local formations/social discourses of beauty or good provide guides for action and influence healing practices, and (2) how aesthetics—“what stands before one’s enabled senses”—becomes an epistemological prerequisite of all phenomenological, Gestalt and symbolic approaches to healing the individual and social body. These papers represent a new generation working in medical anthropology, occupational science, and medical sociology using philosophical sources to address issues related to healing and transformation that fall between the cracks of disciplinary languages.

Addiction, Science and Capitalism: Intersections for the Future
This panel brings together new work on drugs and addiction with the aim of synthesizing themes and problems related to future medical anthropology on substance use and abuse. For decades anthropologists working on drugs and addiction have emphasized the cultural contexts of uptake and addiction, making important contributions to literatures often focused instead on biological and psychological processes. The medical anthropology of substance abuse now takes advantage of more sophisticated theoretical models that come out of interdisciplinary research on cognition, somatic experience, and embodiment. These dimensions of addiction are also linked to consideration of the forms of institutional power, models of the subject, and political-economic structures that shape biochemical dependencies and treatment modalities. The papers included in this panel reflect this combination of macro and micro considerations. They provide richly informed cross-cultural case studies of how dependencies are constituted and redressed in the case of illicit drugs, tobacco, pharmaceuticals, and addictive behavior (e.g., gambling).

Benson, Peter (organizer), Washington University in St. Louis: The Narcotic Haze of Tobacco Capitalism
Myers, Todd, Wayne State University: Drugging Outside the Clinic: Buprenorphine for Replacement Therapy, Between Clinical Reasoning and Scientific Rationale
Garcia, Angela, University of California, Irvine: Addictive Properties: Intergenerational Heroin Use and the Mark of Inheritance
Schull, Natasha, Massachusetts Institute of Technology: Addiction by Design: The Case of Gambling Machines
Lende, Daniel (organizer), Notre Dame University: Compulsive Commodities: Where Culture, Cognition and Commerce Combine
Discussants: Lester, Rebecca, Washington University in St. Louis & Raikhel, Eugene, McGill University

Composed of members of the AIDS and Anthropology Research Group (AARG), this panel elucidates some intersections between different kinds of HIV prevention strategies in place and the study of specific risk practices in Sub-Saharan Africa. AIDS research in the human sciences has produced accounts of the social bases of sex and sexuality; circumcision; marriage and monogamy or polygamy; and notions of risk in relation to HIV. As well, debates over the efficacy of different prevention strategies have changed significantly over time, yet the importance given to anthropological research and knowledge about virus transmission has increased. This panel explores some of the current work of members of the AARG conducting research in Sub-Saharan Africa. It considers the connections and disjunctures between their research findings in the wider context of the conference’s celebration of interdisciplinarity within medical anthropology, and in terms of the broader impact of HIV prevention and risk reduction strategies.

Thornton, Robert, University of the Witwatersrand: Sex and the Paradox of “Risk”; Or: Why Sex is Culture
Yo, Paul Stanley, Macro International Inc.: The Context of Dropping out of ART Programs in KwaZulu-Natal, South Africa
Kiš, Adam D., Adventist Development and Relief Agency: HIV, Behavior Change, and the Scarcity of Marriage in São Tomé e Príncipe
Poulin, Michelle, Brown University: A Sociological Account of Spousal Circumcision and Women’s HIV Infection in Rural Malawi
Pietrzyk, Susan, Binghamton University: Seeing and Realizing Prevention Strategies in Zimbabwean Public Knowledges
Kumar, Anupam, Washington University in St. Louis, Male Circumcision as HIV Prevention: The Politics of Local and Global Perceptions
Organizer & Chair: Garriga-López, Adriana, Columbia University

The new discipline of occupational science examines the relationship between meaningful, purposeful activity (“occupation”) and health and well-being. Occupational science builds partly on the application of medical anthropological theory—especially by scholars who introduced discourses of embodiment, empathy and narrative understanding—to occupational therapy. This panel interweaves distinct disciplinary perspectives of scholars who focus on senses, imagination, and the dimension of the in-between in therapeutic practices. The presenters investigate how the ephemeral and seemingly invisible nature of healing and transformation can be rendered intelligible through aesthetic frames. Aesthetic frames may help bridge key antinomies in biomedical worlds: objectivity versus subjectivity, external versus internal realities, and experience-far versus experience-near. We examine (1) how local formations/social discourses of beauty or good provide guides for action and influence healing practices, and (2) how aesthetics—“what stands before one’s enabled senses”—becomes an epistemological prerequisite of all phenomenological, Gestalt and symbolic approaches to healing the individual and social body. These papers represent a new generation working in medical anthropology, occupational science, and medical sociology using philosophical sources to address issues related to healing and transformation that fall between the cracks of disciplinary languages.

Goslinga, Gillian, Wesleyan University: On Moral Grounds: God-Possession and the Metaphysics of Presence and Healing in South India
Johansson, Karin, Karolinska Institutet: Home Modification Services in Sweden: Communicating and Materializing the Good Through an Aesthetics of the Everyday
Budden, Ashwin, University of California, San Diego: “Flexible Selfhood” and the Aesthetics of Personal Transformation in Brazil: A Case Study of Psychiatric Disorder and Spiritual Affiliation
Josephsson, Staffan, Karolinska Institutet, Trondheim University College, Stockholm Hospital and Nursing Home Foundation: A Reflection on How Occupation is Transformative
The germination, "professionalization" and "institutionalization" of contemporary "bioethics" began almost four decades ago in the USA, and has since then rooted and sprouted by fits and starts all around the globe. Increasingly, the theories, practices and institutions of US bioethics have been "exported" to other developed and developing countries. In these additional countries "bioethics" has undergone further transformations as local cultural features have been incorporated or are vying for influence. All these social and cultural processes have occurred so rapidly, and perhaps unthinkingly, that there has not been adequate time and opportunity for self-reflection, self-critique, and even self-correction of "bioethics" where required. We believe the time is right in the development of the field for some "customs checks" on all sides of the national borders in question, exploring what is intentionally or unintentionally being developed and exported or imported, any unintended (negative) effects of exporting or importing "non native" species of bioethics into other countries, and relevant local developments or transformations that are taking place. This panel thus explores, identifies and analyzes the evolution, cultural meanings, and social functions of bioethics theories, practices and institutions around the globe. Additionally, as our panel represents 2 anthropologists, 1 philosopher-anthropologist, 1 sociologist, 1 political scientist, and 1 philosopher, we will discuss how interdisciplinarity is (and might better be) facilitated in and through bioethics.

Rott, Leslie & DeVries, Ray, University of Michigan: Bioethics as Missionary Work: The Export of Western Ethics to Developing Countries
Gifford, Fred & Rodriguez, Ana, Michigan State University: Bioethics in Costa Rica: Origins and Challenges
Orfali, Kristina, Columbia University: Bioethics in the French Context: The Dissonance Between the Rhetoric of Universality and Bedside Ethics
Jennings, Bruce, Center for Humans and Nature: Bioethics Between Two Worlds: The Politics of Ethics in Central Europe
Frollic, Andrea, Coughlin, Michael & Keating, Bernard, McMaster University: The Dominion of Bioethics: Nationalism and Canadian Bioethics
Discussant: Myser, Catherine (organizer), University of California, San Francisco & Bioethics By and For the People

Cirulating Psychiatric Objects & Subjectivity: Analytic Tools and Tensions
Mental health and illness are situated within sociopolitical contexts and involve deeply felt experiences. This panel explores analytic tools for conceptualizing mental health in terms of both macro-level forces and individual subjectivity from several disciplinary perspectives including: Anthropology, Economics, Family Medicine, American Studies, and Religious Studies. Our first and central aim is to develop approaches that neither subsume the personal into the political, thus omitting lived experience from ethnographic accounts of mental distress, nor exclude the sociopolitical forces at work in shaping lived experience. Second, we explore the multiple disciplinary objects of study referenced by the terms "depression" and "trauma," and their implications for exploring subjectivity and mental health. The papers explore ways of theorizing relationships among widely circulating cultural forms and personal experiences of distress through attention to such issues as the clinical negotiation of diagnoses of depression (from both the patient and physician's perspectives), relations between diagnosis and self-formation, and ways collective traumas (such as 9/11) shatter fundamental cultural assumptions. We test the capacity and limits of our interdisciplinary analytic tools for capturing both the sociopolitical and experiential in studies of trauma and depression, and explore the implications of each lens for accessing the phenomenological in mental health research.

Marlovits, John (organizer & chair), University of California, Santa Cruz: Narrative Prescriptions: Psychiatric Poetics, Race, and (Il)legitimate Identities
Dahlgren, Britt (organizer & chair), University of Pennsylvania: Negotiating Personhood in the Face of Depression and Diagnosis in the U.S.: Part I, The Patient's Perspective
Wittink, Marsha, University of Pennsylvania: Negotiating Diagnoses of Depression with Older Patients: Part II, The Primary Care Physician's Perspective
Gramajo, Andres Marroquin, Francisco Marroquin University: Economics of Psychological Depression: Survey and Ethnographic Evidence
Stein, Serena, University of Pennsylvania: Mental Health at the Margins: Distress and Illness among Tzutujil Maya in the Aftermath of the 2005 Mudslide in Santiago Atitlan, Guatemala
Collins, Lindsey, University of California, Santa Cruz: Out of the Office and Into the Wild: Wilderness Trauma, Wilderness Therapy
Muller, Christine, University of Maryland, College Park: The World is Old and New Again: Cultural Trauma and September 11
Discussant: Seeman, Don, Emory University

Practices of Exclusion and Inclusion in Children's Health: Autism, Asthma and Sickle Cell Anemia
Understanding the relationship between social structures and health is considerably enriched when we consider how notions of privilege, citizenship, and social suffering are embedded in daily life. This panel draws on a variety of field-based studies to examine local practices of exclusion and inclusion as they affect children's health and parental decision-making. Brunson explores the social and ecological conditions that privilege parents' decisions to opt out of childhood vaccination; Crawford and Haldane reflect on the role of children in ethnography through their personal experiences bringing their special needs child to the field; Jae examines the role of kinship, ethics, and moral obligation as genetic screening and reproductive technologies are being introduced to parents of children with sickness cell disease; Orsini considers how biological citizenship and a "political economy of hope" are operating within autism's activist and advocacy movements; Samuelson and Tersbøl appraise the interaction between structural and social processes of exclusion that contribute to delayed treatment of sick children in Tanzania; and Schwartz, et al. report on the use of Photovoice as a means for expressive documentation among youth in the San Joaquin Valley, California, where asthma is disproportionately observed in the children of this Mexican migrant community.

Brunson, Emily, University of Washington: Parents’ Decisions about Their Children’s Vaccinations: A Case of Structural Privilege
Haldane, Hillary J., Quinnipiac University & David L. Crawford, Fairfield University: Translating Lula: Making Sense of Autism at Home and in the Field
Jae, Gina, Columbia University (chair): Conceiving (of) Sibling Donors to Cure an Existing Child with Sickle Cell Disease: Genetic Screening, Reproductive Technologies and Their “Therapeutic Intents”
Orsini, Michael, University of Ottawa: A “Spectrum” of Disputes: Autism Activism and the Contours of Biological Citizenship
Samuelson, Helle, & Tersbøl, B. P., University of Copenhagen: Do Health Systems Delay the Treatment of Poor Children?
Schwartz, Norah, & von Glascoe, Christine Alyssie, El Colegio de la Frontera Norte, and Torres, Victor & Ramos, Lorena, California State University Fresno: Photographing the Air: Farmworker Children’s Perceptions of Asthma and the Environment

Complicated Intersections: Trafficking, Migration, and Sex Work
The papers in this panel explore the intersection of debates around "trafficking", "migration", and "sex work", areas of inquiry that have often been conflated in public and international discourse. Based on ethnographic research in the US, Iran, the United Arab Emirates, India, and South Korea, the papers seek to complicate typical representations of these categories by exploring women’s own experiences with migration, sex work and "trafficking." The authors also respond to the US Trafficking in Persons Report and the Trafficking Victims Protection Act and discuss ways in which narratives about "trafficking" of women create a seemingly unified vision of "trafficking" while
masking the complexity of the phenomenon that often involves messy interactions with sex work and migration and contradicts cultural norms regarding female sexuality. Moralistic rather than pragmatic approaches oversimplify the issue by proclaiming a seemingly unified “abolitionist” message. Papers in this panel aim to examine the discourses around “trafficking” and migration for sex work more carefully and empirically. This panel explores how “trafficking” is being envisioned and the consequences of restrictive migration laws, which increasingly complicate the migrations of women and actually increase their vulnerability to trafficking.

Cheng, Sealing, Wellesley College: Auditing the Harms of Prostitution and Health Care Support
Mahdavi, Pardis (organizer), Pomona College: The Campaign to Address Trafficking: Evidence of Emerging Civil Society in the United Arab Emirates (UAE)?
Peters, Alicia (organizer) & Sargent, Chris, Columbia University: “Things that involve sex are just different”: US Anti-trafficking Law and Policy on the Books, in Their Minds, and on the Ground
Shah, Swati P., University of Massachusetts, Amherst: Prostitution, Trafficking, and Biopower in India: Migrating Policies and the Question of Sovereignty
Vance, Carole S., Columbia University: Criminal Conversations: The Traffic between Criminal Law and Melodrama

Critical Examinations of Canada’s Health Care System
As the actuarial model of health care delivery comes under greater scrutiny more scholarly attention is being paid to exploring alternative models of health care delivery. The papers in this panel provide detailed ethnographic accounts of different sectors of Canada’s national health care system. Drawing on theoretical insights largely made available from science and technology studies, critiques of neoliberalism, and critical medical anthropology the papers interrogate the broader concepts of subject-formation, discipline and control, and medical pluralism. Each author situates their analysis within Canada’s changing socio-economic and political context.

Batt, Sharon, Dalhousie University: Triple Helix Redux: Canada’s Neo-liberal Policy Regime as Shadow Co-constructor in “Pharma” Partnerships with Canadian Breast Cancer Patient Groups
Bresnahan, Andrew, University of Toronto: Community-driven Health Research in Settings of Structural Violence: A View from the Far North
Ning, Ana M., King’s University College at the University of Western Ontario: Rethinking the Boundaries between “Conventional” and “Alternative” Therapies
Stone, Alyson, University of Toronto: Exploring Incurability in a Canadian Cancer Hospital: Pathways through Liminality
Stride-Darnley, Ben, Lakehead University: Anthropologizing Youth Mental Health Services in Canada: Impacts of Intersectional Disciplinarity, Societal, and Ministerial Mandates
Chair: Brotherton, Sean, Yale University

Critical Perspectives on Global Health, Intervention and Advocacy
Global health discourses and practices are being increasingly articulated in neoliberal economic terms. Drawing on case studies from the US, U.K., India, Nepal, and Tanzania, this panel examines the tension between global health priorities and local realities. Panelists focusing on malaria control argue that we need to reconsider the misplaced emphasis on the highly technical yet unsuccessful solutions proposed for its eradication, calling instead for interventions that more effectively engage local knowledge and needs. Case studies reveal the difficulties in translating “down” globally-defined policies that are written in the language of biomedicine, leaving big gaps in their translation at the community level. Panelists also call on medical anthropologists to engage in advocacy to understand and unravel social vulnerabilities of the poor and underprivileged, to critique the financing mechanisms of global public health, and bring to light the politics of emergent global health initiatives. As such, the panelists make a case for global health justice, arguing for universal health ethical norms – an ethical demand for equity in health. Finally, in revisiting Virchow’s famous aphorism, the panel calls into question the very system that allows the medical community to own and market their commodity, thereby urging the audience to assume the role of critical public pedagogues.

Prah Ruger, Jennifer, Yale University: Global Health Justice
Hoffman, Monica, University of California, San Diego: Technologies of Malaria: Mosquitoes, Surveillance, Treatment, Diagnosis and Demographics
Kamat, Vinay, University of British Columbia (chair) & Chandler, Clare, London School of Hygiene and Tropical Medicine: Deploying Artemisinin-based Combination Therapies and Rapid Diagnostic Tests through Private Pharmacies for Malaria Control in Tanzania
Khanduri, Ritu Gairola, University of Texas, Arlington: Wellness in the Indian Work Place
Konrad, Monica, University of Cambridge: Grounds for “Impact”?: Between Global Public Health Politics and an Anthropological Bioethics of Advocacy
Langford, Rebecca, Durham University: Public Health and the Rise of the Slums: What do Medical Anthropologists Have to Offer?
McKenna, Brian, University of Michigan, Dearborn: Take Back Social Medicine: Virchow for the 21st Century

Discourses of Risk, Resistance and Recovery in Large-Scale Crisis Situations
This panel brings together ethnographic and theoretical papers that explore discourses and processes of risk, response, and recovery in large-scale crisis situations. Be they about Katrina evacuees, US housing foreclosure victims, or homeless families, or contemporary crisis situations call for an evaluation of how various actors and resources are being mobilized in space and time, sometimes haphazardly, and often across terrains of profound inequality. Such situations also call for analyses of how recovery strategies are being created or obstructed in various communities, state and global levels, giving rise to specific, often invisible and structurally disadvantaged, crisis body politics. Covering topics ranging from the avian influenza containment in Southeast Asia to international medical relief in Haiti and the politics of disaster and poverty alleviation in the US, the papers in this panel highlight the intermingled scientific, policy, and social aftermaths of specific humanitarian actions and interventions. Narrated from perspectives of the disrupted individual, household, and clinic, they show how crisis calls into question distinctions between the public and private, the laboratory and the field, and citizen and refugee, and the various political values that are at stake in the intense renegotiation of collective and individual identity and security.

Claudio, Fernanda, University of Queenslands: Staffing the Disaster: A Study of the Australian Humanitarian Health Response
Hickler, Benjamin, University of California, San Francisco and Berkeley: Owning RNA: Patents, Pandemics, Private Interests, and Public Good Regarding the World Health Organization's Global Influenza Surveillance Network
Keene, Danya E., University of Michigan School of Public Health: Leaving Chicago for Iowa’s “Fields of Opportunity”: Community Dispossession, Rootlessness and the Quest for Somewhere to “Be Ok”
Marcus, Ruthanne, University of Connecticut: Voices of Homeless Women in an Age of Foreclosures and High Unemployment
Minn, Pierre, McGill University: The Coordination and Un-Coordination of International Medical Aid in Haiti
Sheppard, Imanui, University of Houston: I, Evacuee
Chair: Petryna, Adriana, University of Pennsylvania

Dying Wish: A Documentary about Stopping Eating and Drinking at the End-of-Life (Media)
This documentary follows a retired surgeon with end-stage cancer who chose to stop eating and drinking at the end of his life in order to hasten his natural dying process. Given the lack of medical or anthropological research on “Voluntary Refusal of Food and Fluids,” this film raises important clinical, ethical and social issues for medicine and palliative care and provides an entry point for anthropological explorations
of embodied subjectivities and sociality of pain and suffering and conceptions of “natural” death. As a case study, Dr. Miller’s death exposes structural possibilities and constraints surrounding issues of “choice” at the end of life. Dying Wish is situated at the intersection of medicine, bioethics and culture and is being used as an educational tool by numerous hospices and palliative care organizations, universities and medical schools.

Nicosia, Francesca, University of Colorado, Denver

Emerging Alterities in Medicine: Perspectives From Contemporary Japan

Internal tensions and clashes that keep medical science in motion have been thoroughly explored in recent years by medical anthropologists, among others. On the other hand, a growing number of ethnographic accounts have lent insight into the emerging cultural logic of global health that valorizes diverse needs under the hegemonic assemblage of biotechnology. This session aims to bring these two layers of differentiation into conversation with one another through ethnographic studies of medical practices in contemporary Japan. How do cultural tropes of incommensurability and scientific claims to universal knowledge assert each other in the classification of mental disorders and the pharmaceutical management of chronic conditions such as eczema or diabetes? What is at stake in the complex interaction of socially perceived and materially mediated variabilities of organ transplantation and elder care in the world’s most rapid ageing society? Rather than simply celebrating Japan as an intensively researched area in medical anthropology, our aim is to take it as a point of departure for a critical engagement with contemporary theories of radical alterity. To this end, our panel brings together scholars from Japan, North America and Europe to engage them in a dialogue on how to develop more complex critical and interpretive tools of the interaction between newly emerging differences inside and around medicine.

Long, Susan Orpett, John Carroll University: Bodies, Technologies, and Aging in Japan

Horiguchi, Sachiko (organizer), Sophia University: Hikikomori (Social Withdrawal) and the Ambiguous Boundaries of Mental Illness

Nakagoshi, Aya, Claremont Graduate University: Beyond Blood: Organ Transplantation and the Rise of New Kinship

Yamazaki, Goro, Osaka University/Centre Edgar-Morin, EHESS: Making the Gift Economy Work: The Case of Organ Trade

Ushiyama, Miho, Waseda University: Beliefs in Curability and Use of Medication: Case Studies of Eczema

Mohácsi, Gergely (organizer), The University of Tokyo: In Search of New Pharmaceutical Senses

Discussant: Kelly, William, Yale University

Ethnography that Matters: Case Studies in Critical Medical Anthropology

Participants on this panel take a Critical Medical Anthropology (CMA) approach to understanding health, disease, illness experience and health care policies and practices in an unequal world. Their work emphasizes the importance of political and economic forces, including the complexities of power relations and social exclusion, on what they see on the ground, in the local settings where they conduct critical medical ethnographic research in resource-poor areas and/or among vulnerable populations. Informed by this perspective, each contributor offers a case study from her/his own ethnographic project, taking us from theoretical frameworks to research design and findings to actual or potential application on-the-ground with a particular focus on women’s health. Challenging unfounded claims that critical medical ethnography can document but not address disparities, the projects described here demonstrate the ways in which ethnography can be operationally oriented towards improving the delivery and quality of care and moving towards more equitable and just systems.

Craig, Sienna, Dartmouth College: “Not Found in Tibetan Society”: Skilled Birth Attendants, Structural Inequalities, and the Political Economy of Childbirth in Tibet

Castro, Arachu (organizer), Harvard University: The Operational Research Process of the Latin American and Caribbean Initiative for the Integration of Prenatal Care with the Testing and Treatment of HIV and Syphilis

Maternowska, M. Catherine, University of California, San Francisco and McHale, Thomas, Harvard University: Mombasa by Moonlight: Sex, Coercion and the Contradictions on the Kenyan Coast

Pfeiffer, James, University of Washington: Improving Access to AIDS Treatment for Pregnant Women in Mozambique: An NGO Code of Conduct for Health System Strengthening

Waterston, Alisse (organizer), John Jay College of Criminal Justice, CUNY


Medical anthropologists have made a strong contribution to literature on women’s health and the women’s health agenda, highlighting the importance of women’s subjectivities and the household production of health. Women are often the backbone of families, households, and communities. Their health and the decisions they make regarding their own and that of their family members’ health can have impacts far beyond the individual. Moreover, women’s individual choices are often made considering these potential effects and what it might mean for her household, social and kinship networks, and community. An important next step in moving the field of women’s health forward is to consider women in the context of the household and community and the implications this context has on their health-related decisions. This panel is part of two sessions that seek to demonstrate how women negotiate their subjectivities with knowledge and resources they receive from social and kinship networks and medical practitioners to manage personal and household health. This panel examines the biocommunicability of health information received from biomedical and complementary and alternative methods practitioners, media, and social and kinship groups and how this informs decisions regarding family planning, the prevention of mother-to-child-transmission of HIV/AIDS, participation in clinical trials, child vaccinations, and alternative parenting practices.


Kroecker, Lena, Bayreuth University: Mediating Conflicting Demands: Prevention of Mother-to-Child-Transmission of HIV

Kelly, Kim (organizer), University of Arizona: What Does Rumor Have to Do With It?: Mistrust and Risk Perception of Women and Family’s Participation in Clinical Trials

Silverman, Gila, University of Arizona: Herd vs. Heard Immunity: Discourses and Decision-Making about Childhood Vaccination

Miller, Shaleen, University of Houston: Birthing Mindfulness: Women Challenging Default Decision-Making

Discussant: Medeiros, Melanie (organizer), University of Arizona

Looking for “Good Governance”: Intersections of Governance and Health in the Global Arena

“Good governance” is increasingly being promoted as a “best practice” for addressing complex global health problems. But the institutions and processes necessary for building the transparency and accountability that can result from this global definition of “good governance” are often difficult to achieve in contexts where governance is performed through different mechanisms. This panel disaggregates governance from its global framing to examine the effects of its different modes on health around the world. Conflict with the notion of “good governance” is most often seen in socialist societies that still lack the transparency needed to meet this global ideal. However, examples of other non-socialist countries help to illustrate that “good governance” can only be achieved at either the local or global level when it is designed to account for all the institutions and processes included in local modes of governance. Included in this discussion are negotiations among power, authority, and resources that typically steer relations between state and society to determine how governance is performed in different contexts and how “good governance” is defined within those same contexts. These processes, both formal and informal, will subsequently contribute to a discussion of how local modes of governance interact with the distribution of health and disease.
Uretsky, Elanah (organizer), George Washington University: Between Governance and Governmentality: The Evolution of China’s HIV Epidemic

Mason, Katherine (organizer), Harvard University: After SARS: Science, Guanxi, and the Reinvention of Public Health Governance in China’s Pearl River Delta

Garcia, Jonathan, Columbia University: The Role of Catholic Pastoral Movements in Decentralizing AIDS Policy in Poor Urban Peripheries in Brazil

Sullivan, Noelle, University of Florida: The Social Life of Documents as Material Governance in Practice at a Public Hospital in Tanzania

Gross, Miriam, University of California, San Diego: Chasing Snails: Anti-Schistosomiasis Campaigns in the People’s Republic of China

Discussant: Greenhalgh, Susan, University of California, Irvine

Med(d)ling Minds: Linguistic Intersections in Our Own Subdiscipline

Throughout its fifty year history medical anthropology has been concerned with discourses of disease prevention, illness management, wellness, the ordering of expertise, and other topics of interpersonal and international significance. Yet, little medical anthropological research which focuses on discourse draws on work in linguistic anthropology. Similarly, sociolinguistic approaches to health rarely extend beyond provider-patient interaction and often neglect questions of ethnographic and sociopolitical context. This session begins to remedy these lacunae by explicating the productive nature of language in medical anthropological research. Armin, Raskin, and Thompson draw on Bakhtinian notions of dialogism and Briggs and Hallin’s work on biocommunicability to consider, respectively, the productive nature of heteroglossia in online support group discussions of “hope” in cancer care; political economic implications of intertextuality with regard to one rural Appalachian euphemism for periodontal disease; and the performative production of dynamic subjectivities within the interview setting among women in the southeastern US Boyer demonstrates how medical rumors circulating in Benin form a unique sociolinguistic register invisible to healthcare workers, to public health consequence. Clemente examines permeable boundaries in interaction, arguing that children in tertiary clinics in the US control rights and take responsibilities as pain-bearers and patients even as they involve their parent-caregivers. Armin, Julie, University of Arizona: “My oncologist is optimistic”: Narratives of Disclosure and Hope

Boyer, Micah, University of Arizona: Really Listening to the Radio: Medical Rumor as Sociolinguistic Register

Raskin, Sarah (organizer), University of Arizona: “Mountain Dew mouth is/n’t Pepsi’s fault”: Periodontal Disease, Local Etiology, and Intertextuality

Clemente, Ignasi (moderator), Hunter College, SUNY: Children and Parents in Pediatric Encounters: The Dissolution (or the Constitution) of Patienthood

Thompson, Jennifer Jo (organizer), University of Arizona: “You have to be so in charge of your own health”: The Dialogic Construction of Subjectivity in Menopause Management

Discussant: Wilece, Jim, Northern Arizona University

Part 1: Motherhood beyond Mothers: Reconciling Motherhood as Opportunity of Kin and Community (Workshop)

Motherhood has been viewed as involving primarily, if not exclusively, women. Many interventions aimed at improving the lives of women and their families target the transition to motherhood, defined narrowly as pregnancy, birth and the perinatal period. In this workshop participants, all junior scholars, consider motherhood more broadly, at (or as) the intersection of cultural and social processes, practices, relations, and ideas. Papers will address the common question of motherhood as opportunity. Shifts in the social fabric that extend far beyond a mother and her child create the opportunity or opportunities of motherhood. Motherhood also creates opportunities for fathers, mothers, sisters, brothers, community members and fictive kin. Topics include maternal mortality in Latin America and Central Asia, family planning in the Himalayas, and breastfeeding, pediatric well-child visits, and professional training in motherhood in North America. This workshop will be a working session for participants to engage in constructive conversation about works in progress. Papers will be pre-circulated among workshop members and others interested in participating. The workshop will meet for 3.75 hours, allowing for brief presentations and discussion of each paper and open conversation. Goals include preparing manuscripts for publication, developing new directions for research, and considering fresh approaches to intervention.

Berry, Nicole (organizer), Simon Fraser University: Where’s the “Maternal” in “Maternal Mortality”?\n
Brunson, Jan, Bowdoin College: Negotiating Opportunities of Motherhood

Han, Sallie (organizer), SUNY College at Oneonta: A Healthy Love of Reading: The Well-Child Visit as Literacy Event

Naming, Identity, and the Politics of Disability in the Welfare State

How should society take care of its citizens? What is the fine line between recognizing and protecting those who are different or disabled and stigmatizing them? What is the role of the internet, genetics, psychiatry, and poverty reduction in shaping individual identity through medicine and government programs? This panel explores the politics of disability focusing on the medicalization of difference. Access to health care and rehabilitation services for persons with disabilities is highly desirable, but the attention of the state can be both protective and uncomfortable. Through an exploration of the role of the welfare state in Scandinavia, China, Japan, South Africa, and Italy, we explore the role of the state in shaping health, identity, and normality. We look at the Norwegian health ministry’s controversial requirement that citizens register for nursing and disability care needs; the disability movement in South Africa and its relation to creating the “Rainbow Nation”; the role of the internet in creating identity-based communities in Italy; the New Rural Cooperative Medical Scheme in China; and the government’s efforts to standardize health and body shapes to promote equality and limit insurance expenditures in Japan.

Borovoy, Amy (chair), Princeton University: What is a Good Society? Managing Difference and Disability in Japan

Bartoszko, Aleksandra, Oslo University College: Negotiating Identity, Negotiating the Body: Controversy Surrounding the Norwegian National Registration of Assistance Needs Seen from the Disability Activists’ Point of View

Cola, Mirna, University of Siena & Crocetti, Daniela, University of Bologna: Negotiating Normality: The Birth of 2 Italian Support Groups

Hansen, Camilla, Institute of General Practice and Community Medicine, Norway: Nothing About us Without Us: Conceptualizing Disability in South Africa

Sagli, Gry, University of Oslo: Poverty, Disability and Access to Health and Rehabilitation Services in the People’s Republic of China

Part 1: Public Health Genomics: Anthropological Interventions in the Quest for Molecular Medicine

Emerging work in medical anthropology offers crucial comparative narratives on the changing nature of genomics as it shifts from a focus on lab-based mapping and the uptake of early findings in such practices as pre-natal testing to a focus on public health and the complex linkages among epigenetics, epidemiology, infectious disease, and human biological variation. The relationship between genetics and public health has a troubling history in its previous union in the eugenics movement. At the same time, the contemporary effort to develop public health genomics opens up new questions for medical anthropology about citizenship, inequities in access to and the provision of health care, institutional ethics, and transnational flows of capital. These phenomena also offer new conceptual and methodological challenges for the discipline about how to engage with, include and address questions of biology, nature and the scientific in a evolving era of genomics. In other words, what does it mean for anthropology, with its different national histories of sub-disciplinary relations (e.g. UK and the US) to take biology seriously in light of new genomic knowledge and technologies? How can and should the demands of interdisciplinarity and critical engagement be managed? This double session addresses these different yet related issues through two
primary themes: First, how is the interface between different aspects of genomics (e.g., epigenetics, epidemiology, human biological variation; etc.) and public health being configured in diverse cultural arenas? How do state, institutional actors, and citizens become positioned in relation to emergent genomic practices aiming to develop molecular medicine? Second, what are the frameworks (theoretical and methodological) for analysis when the biological and the social are being framed in relation to genomics at the same time that epigenetics and environmental factors are becoming more central to genetic science?

Montoya, Michael J., University of California, Irvine: Keeping Social Worlds In, Rather Than Out Of, Public Health Genomics

Whitmash, Ian, University of California, San Francisco: Troubling “Environments”: Postgenomics, Modernity, and Asthma in the Caribbean

Fry, Peter, Universidade Federal do Rio de Janeiro: Mendel Invoked and Mendel Ignored: Medicine and the Politics of “Race” in Brazil

Gibon, Sahra (organizer), University College London: In-between Prevention, Prediction and Public Health; The Shifting Terrain of Breast Cancer Genetics

Discussant: Rapp, Rayna, New York University

Reproductive Conjunctures
Reproductive lives are characterized by many critical moments: the onset of menstruation and sexual activities, choices for contraception or HIV-tests, pregnancies, deliveries, reproductive disruptions, abortions, or menstrual are only the most obvious examples of a broad array of important reproductive happenings in people’s lives. These events are neither homogeneous, nor unambiguously experienced. Rather, they are surrounded by multiple hopes, fears, uncertainties, and ambitions—both within and between cultural and health care contexts. In order to understand how people make sense of these reproductive events, they should be studied in-depth and situated within wider social environments and health care contexts—as “reproductive conjunctures”. The aims of this panel are twofold. Firstly, we will focus on specific reproductive conjunctures in different locales and aim to discover the surrounding reproductive interpretations and practices. Secondly, we seek to theorize about how people and health care workers try to manage and give direction to reproductive trajectories at these reproductive conjunctures. How can different theories shed light on people’s experiences and behavior at critical moments in their reproductive lives? Which theoretical concepts could be explored or developed to make analytical sense of the turmoil and indeterminacy that often surrounds reproductive conjunctures?

Hardon, Anita (organizer), University of Amsterdam: Navigating HIV Risks in Pregnancy in Jakarta and Hanoi

van der Sijpt, Erica (organizer), University of Amsterdam: Divided Wives and Big Fish: On the Vital Conjunctures of Pregnancy Loss in East Cameroon

Olarte Sierra, María Fernanda, University of Amsterdam: Deciding on Offspring: Amniocentesis in its Wider Socio-cultural Context: The Colombian Experience

Hidayana, Irwan M., University of Amsterdam: On Sexual and Reproductive Practices Among PLWHA in West Java, Indonesia

Montgomery, Catherine, London School of Hygiene and Tropical Medicine: Microbicides: The Co-production of Gender and Technology

Petitet, Pascale Hancar, Université Paul Cézanne d’Aix-Marseille (UPCAM): Social Construction and Social Production of Abortion: Some Insights from Cambodia

Sow, Khoudia, Université Paul Cézanne d’Aix-Marseille (UPCAM): Childbearing on Anti Retroviral Therapy: The Experience of Women Living with HIV in Senegal

Part 1: Troubled Lives—Healed Bodies: Perspectives on Conflict, Suffering and Compassion in the Middle East and Western Asia

Medical anthropology is currently engaged in understanding how violence and suffering alter even the most mundane of everyday cultural activities and human health. While increasing research attention is devoted by anthropologists to contextualizing and documenting public health within milieus pervaded by brutal ruptures, comparatively little attention has so far been given to the stories of recovery, rebuilding of lives and compassionate practices. This panel is an attempt to chart the interstices between pain, compassion and recovery during moments of ongoing strife in both the Middle East and Western Asia. It takes as its starting point that out of the worst social violence often comes the most profound social concern and healing. The panel welcomes ethnographic accounts of how chaotic fractures and multidimensional crises impact public health and generate concern, compassion and healing. Papers will refer both to contexts of care and healing: relationships among individual and institutional providers of care; frames of traditional compassion, religious and formal professionalization of care. The panel further encourages interdisciplinary dialogues between medical anthropology and other disciplines and public health professionals. The aim is to bring out a more applied perspective with a theoretically framed analysis, and to reflect on the epistemological challenges of an increasingly conflict oriented medical anthropology, where armed conflicts and reconstructions of lives demand reviewed or new conceptual frameworks and methods.

Introduction: Inhorn, Marcia, Yale University

Panter-Brick, Catherine & Eggerman, M., Durham University: Hope and Suffering: Expressions of Resilience in Afghanistan

Yohannan, Sam K., New York-Presbyterian Hospital/Weill Cornell Medical Center: From Flames to Fortitude in a Nation Challenged: To Hold, To Flex, To Touch

Rahman, Monira, Acid Survivors Foundation, Bangladesh: Rising from the Ashes: Acid Survivors Rebuild their Lives

Keenan, Tim, University of California, San Francisco: Delight of Lohri: Dowry Burns; Dancing as Rehab

Slymovics, Susan, University of California, Los Angeles: The Work of Memory and Reparation in Morocco

Wikan, Unni, University of Oslo: Compassion, Pain and Recovery: A Comparative Perspective on the Middle East

Bentley, Margaret, University of North Carolina, Chapel Hill: From “Rapid Ethnographic Assessment” to “Formative Research” for Program Development and Evaluation: An Anthropologist’s Journey in Global Public Health

Godoy, Ricardo, Behrman, J., Leonard, W., McDade, T., Tanner, S. & Goodman, E., Brandeis University: The Effect of Income Inequality and Income on Adult and Own Health: A Test of Competing Hypotheses

Rosen, Rochelle K. (organizer), Brown University: Translating Diabetes Self Care to American Samoa

Part 2: Disasters, Resilience and Recovery: Experiences of Abuse and Violence in Different Contexts

Rosenfeld, Rachel (organizer), New York University: Sexual Violence in Jordan: Perceptions of Inviolability and the Politics of Power
Part 1: What is Life Worth? Exploring Biomedical Interventions, Survival and the Politics of Life
This panel seeks to analyze critically the current fascination with biopolitics through empirical studies in sites where biomedical technology or techniques of self-care are either not easily accessible, available or realistic. We will examine “inbetween” spaces, where contemporary biopolitics meets other medical interventions, and shapes moral economies of care. Foucault’s work on the “care of the self” and Nikolas Rose’s proposals about “contemporary biopolitics”, have influenced many recent studies in medical anthropology, but these do not fully resonate with all the sites in which we work. Underlying these concepts are practices which have mainly been available to elite groups in society—the “art of living” in ancient Greece, was practiced by wealthy men, not women or slaves; and techniques for an optimization and molecularisation of life that it is claimed are at the centre of a “contemporary biopolitics” in Europe and North America are not easily available to many. These concepts also take for granted an individualized ethos of care, and so we consider how this plays out in locations where a public morality shapes interactions with biopolitical regimes of care. Thus we ask where the “edges” of biopolitics lie and what happens in such spaces?

Beckmann, Nadine, University of Bradford: Responsibilized Citizens? Discourses and Practices around Care of the Self among HIV Positive People in Tanzania
Christoffersen-Deb, Astrid, Beth Israel Deaconess Medical Center, Harvard University: “Coming-into-being”: Recognizing Personhood in Embryos, Stem Cells, Fetuses and Extremely Premature Infants
Guell, Cornelia, University of Edinburgh: Turkish Migrants’ Tactics of Diabetes Control: Re-examining “Self-care” through the Lens of Marginality
Laplante, Julie, Université d’Ottawa: Politics of Life beyond Molecularization: Pre-clinical Encounters with Indigenous Medicine
Le Marcis, Frederic, Université Victor Segalen Bordeaux 2: AIDS Voluntary Work and Domestic Life in South Africa: The Space of the Everyday as a Field of Recognition

Discussant & Chair: Livingston, Julie, Rutgers University

Women Negotiating Reproductive Lives: Global Challenges
Biomedical techniques and the legal and policy contexts within which they unfold play a crucial role in configuring women’s reproductive experiences globally. What specific goals do women seek to fulfill in their engagements with these techniques? In drawing together studies of direct to consumer oral contraceptive advertising, menstrual suppression research or global health activism with studies of how women actively pursue caesarean section births or self-care or self-medicating to induce abortion this panel explores how women negotiate their reproductive lives in a range of localities. The papers offer a perspective on how the information available to women is managed as well as on the assumptions about womanhood or the body relayed through new forms of contraception which suppress menstruation, antenatal care, maternal health policies or the clinical encounters in which abortion takes place. They reveal the fragility of the boundaries between menstrual regulation, contraception and abortion and the fact that these are shaped as much by institutional contexts as by cultural factors. Drawing together ethnographic work from North America, Peru, Brazil, Cameroon, and Guatemala, the papers examine the intersections between health policies, gender, embodied experience and the notions of responsibility, choice, self-enhancement or risk that frame the reproductive decisions women are invited to make.

Jones, Laura, Rice University: The Intersection of Anthropology and Medical Menstrual Suppression
Karim, Tazin R., Michigan State University: The Medicalization of Menstruation: Negotiating the Female Experience through the Direct-to-Consumer Advertising of Birth Control
Sanabria, Emilia, École des hautes études en sciences sociales/CNRS, Paris (chair): Managing bodies in Flux: Hormonal Menstrual Suppression in Brazil
Santana, Diana, PPFA, International Division: Taking Matters in Their Own Hands — Women’s Empowerment and Ending Unwanted Pregnancies with Self-administration of Misoprostol
Schuster, Sylvie, University Women’s Hospital, Basel, Switzerland: The Local Moral Worlds of Patients and Providers: Abortion in the Cameron Grassfields
Willis, Laurie Denyer, McGill University: Call Me “at Risk”: Women seeking Caesarean Technology in Sao Paulo’s Periphery
Zabatone-Veth, Heidi, Southern Connecticut State University: Maternal Health and Native Identity in the Context of Inequity: Lessons Regarding the Ethical Challenges of Global Activism for Women’s Health from the Maya of Guatemala

Session 4: Saturday 4:00pm-6:00pm

The new discipline of occupational science examines the relationship between meaningful, purposeful activity (“occupation”) and health and well-being. Occupational science builds partly on the application of medical anthropological theory — especially by scholars who introduced discourses of embodiment, empathy and narrative understanding — to occupational therapy. This panel interweaves distinct disciplinary perspectives of scholars who focus on senses, imagination, and the dimension of the in-between in therapeutic practices. The presenter investigate how the ephemeral and seemingly invisible nature of healing and transformation can be rendered intelligible through aesthetic frames. Aesthetic frames may help bridge key antinomies in biomedical worlds: objectivity versus subjectivity, external versus internal realities, and experience-far versus experience-near. We examine (1) how local formations/social discourses of beauty or good provide guides for action and influence healing practices, and (2) how aesthetics—“what stands before one’s enabled senses”—becomes an epistemological prerequisite of all phenomenological, Gestalt and symbolic approaches to healing the individual and social body. These papers present a new generation working in medical anthropology, occupational science, and medical sociology using philosophical sources to address issues relating to healing and transformation that fall between the cracks of disciplinary languages.

Papadimitriou, Christina, Northern Illinois University: Therapy’s Implicit Ground: Why It’s Important and How to See It
Park, Melissa (organizer & chair), Karolinska Institutet: Throwing breaches: The Embodied Pleasures of Rhythm and its Disruption for a Healing of Mutual Regard for Children with Autism in a Sensory Integration Based Clinic
Menegola, Leonardo (organizer & chair), The Institute at Rucellai: “Beautiful” Healings: A Medical Anthropological Understanding of Western “Music Therapy”
Discussants: Hollan, Doug, University of California, Los Angeles & Leibing, Annette, Université de Montréal, Federal University of Rio de Janeiro

Breakthroughs and Foreclosures: Knowledge, Value and Temporality in Tecnoscience and Medicine
The question of charting “the new” has been a concern across the social sciences, philosophy and the biological sciences. This panel engages this concern by examining “breakthroughs” and “foreclosures” across unequally distributed and unevenly formalized technoscientific regimes and clinical spaces. We are interested in varying valuations of “the new” across different contexts, as well as in how it is implicated in the temporalities of politics and scientific practice. This panel puts into conversation ethnographic explorations of diverse surgical, psychiatric and knowledge transfer projects in order to address the ways in which materiality and abstraction in science and medicine relate to each other and to notions of “newness.” How do claims to materiality and abstraction assert themselves, push back on one another and exist in both tension and co-constitution with one another? What forms of value are produced, negated or transformed by these processes? Refracting this set of questions back on ourselves, how does anthropology understand and engage with claims to newness – or the emergent – in our work? Inasmuch as contemporary processes of knowledge production are
typicaly frontal by claims of “breakthrough,” how does “newness” implicate not just scientific knowledge claims, but our own methods, concepts and epistemological critiques?

Wendland, Claire, University of Wisconsin, Madison: Medicine, Moral Imagination, and the Abstract Presence of the New

Adelson, Naomi, York University/The University of Sydney: Northern Landscapes and the Virtual Frontiers of Health

Crowley-Matoka, Megan (organizer), University of Chicago/University of Pittsburgh: (Re)Newing Biotechnologies: A Thrice-Told Tale of “Breakthrough” in Mexican Organ Transplantation

Taylor-Alexander, Samuel, The Australian National University: Making People Operable: The Development of a Face Transplant Protocol in Mexico

Lloyd, Stephanie, CESAMES/MEOS: The Abstract and the Material in the Mind and Brain

Velpry, Livia, CESAMES (CNRS/INSERM/Université Paris Descartes), Université Paris 8: Politics, Patients and Local Modes of Psychiatric Care: The French Case

Discussant: Petrya, Adriana, University of Pennsylvania

Organizers: Bergstresser, Sarah M., Nathan S. Kline Institute for Psychiatric Research, The Center to Study Recovery in Social Contexts, Brada, Betsey, University of Chicago and Han, Clara, The Johns Hopkins University

Childbearing, Fertility and Infertility

This panel addresses the causes, consequences, and social meanings of childbearing, fertility, and infertility. What factors affect when and how women bear children? How are pregnancy, childbearing, high fertility, low fertility, infertility, and childlessness perceived? How do beliefs about the shape and content of the ideal life course affect decisions about contraception, pregnancy, and childbirth? What assumptions underlie dominant medical advice and practices with regard to contraception, pregnancy, and childbearing? To what extent are childbearing outcomes shaped by rational decision-making and to what extent are they shaped by biological accidents? What are the relationships between gender role norms and childbearing? The panelists will address these questions based on research conducted in Greece, Nigeria, Italy, China, and Sudan.

Hollos, Marida, Brown University & Larsen, Ulla, Harvard University: Infertility in Two Nigerian Communities: Meanings and Life Experiences

Fadalla, Amal, University of Michigan: Sons or Daughters: Success, Gender, and Infertility in Eastern Sudan

Krause, Elizabeth L., University of Massachusetts, Amherst: “They just happened”: The Curious Case of the Unplanned Baby and the “End” of Rationality in Italy

Fong, Vanessa (organizer & chair), Harvard University: How Do Young Wives and Husbands Make Childbearing Decisions in the People’s Republic of China?

Georges, Eugenia, Rice University: Reconfiguring the Ideal Birth in Greece: Caesareans in a Context of Very Low Fertility

Discussants: Andaya, Elise, SUNY Albany & Gottschang, Suzanne, Smith College

Contemporary Challenges in Spanish Health Care: Recent Research

The origins of the current Spanish health care system date to the Franco regime (1939-1975), when free medical care and heavily subsidized prescription medication formed part of a strategy to buy social peace in a police state. As part of the transition to democracy, the health care system was modernized and decentralized in accordance with political changes, most importantly the creation of 17 autonomous communities with home-rule powers that include health care provision. The population this system was originally designed to serve has also changed significantly. Chronic illnesses now claim a much greater proportion of available resources than acute and infectious disease and industrial and agricultural accidents, and require different models of care. As the population ages, provision must be made for care of the disabled and dependent. The recent arrival of hundreds of thousands of immigrants from Latin America, Africa and Asia has caught medical institutions and professionals unprepared. The implications of the papers in this session are not limited to the Spanish case, but point to tensions inherent in other health care systems, including those that will emerge as the United States attempts to redefine health care as a right rather than a privilege or a commodity.

DiGiacomo, Susan M. (organizer) & Sumalla, Enric C., Universitat Rovira i Virgili: Surviviorship and/or Identity: Changing Discourses on the Experience of Cancer and Their Implications for Oncological Practice

Masana, Caterina, Universitat Rovira i Virgili: Contradictions and Paradoxes in Spanish Health Policy: The Management of Chronic Illness, Disability and Dependency


Martinez-Hernádez, Angel & Márquez Jr., Arturo, Universitat Rovira i Virgili: Political Violence and Fetishisms in Immigrant Mental Health Care in Catalonia

Urquiza, Martín Correa, Universitat Rovira i Virgili: Radio Nikosia: The Media as an Instrument for Resocializing Mental Illness

Gracia, Mabel, Universitat Rovira i Virgili: Obesity as a Social Problem: Reflections on its Chronic, Pandemic and Multi-factorial Character

Melaca, Aranzta, CRESIB, Barcelona Center for International Research: Medical Hegemonies and Transnational Counterhegemonies: Ecuadorian Migrant Families’ Encounters with Spanish Health Care

Ethos, Religion, Emotion, and Therapy in the Global HIV/AIDS Struggle

With growing efforts to expand access to HIV/AIDS prevention and treatment programs there continues to be a need for local, contextualized data upon which to build such programs. Anthropologists have long argued for the need to understand both cultural context and structural factors as a means to better understand the patterns of disease. In this session, presenters describe research in Asia and Africa which identifies specific elements of local culture, including gender relations, care giving roles and expectations, community practices, and religion which offer means to weave HIV prevention and treatment into existing social fabrics. In so doing, the panel argues, HIV/AIDS programs will be more easily “taken up” by local populations. Additionally, authors demonstrate the role of ongoing structural factors, such as poverty and weak health care delivery systems, in threatening the long term success of current programs for prevention and treatment. By highlighting the interaction of cultural context with structural factors, this panel seeks to identify new pathways forward in the global HIV/AIDS struggle.

Baim-Lance, Abigail, Johns Hopkins University: Privileging Sentiment: Examination of Ethos and Practice in a Home Based Care Program in KwaZulu-Natal, South Africa

Hammar, Lawrence, Wright State University: It Ain’t So Easy as “ABC”: Multinational Responses in Papua New Guinea to HIV and AIDS

Kotanyi, Sophie, Karl Ruprechtks Universität Heidelberg: Complementary HIV/AIDS Approach – A Multidisciplinary Challenge

McGrath, J. W., Case Western Reserve University (chair), Winchester, M.S., Case Western Reserve University, Magiriz, D.K., Makerere University, Naantuulwa, F., Center for Social Science Research on AIDS, Mpirirwe-Kamoga, D, Case Western Reserve University, Ssendegye, G., Center for Social Science Research on AIDS, NaIwoga, A., Center for Social Science Research on AIDS, Kyarikunda, E., Center for Social Science Research on AIDS, Birungi, J., Center for Social Science Research on AIDS, Rwabukwali, C.B., Makerere University: Expanding Perspectives on Expanding Access to HIV/AIDS Medications
Nataraj, Shyamala, Loff, Bebe, Markovic, Milica & Manderson, Lenore, Monash University: Ethical Need to Reframe HIV Prevention Discourse for Women
Tocco, Jack Ume, University of Michigan: On Antiretrovirals and “Cures”: The Therapeutic Economy of HIV in Islamic Northern Nigeria

**Exception and Triage in Global Health**
Specific cases that have been treated as exceptional and meriting a global response have powerfully driven the emergence of “Global Health” since the turn of the century. “Exceptionalism” in global health in effect triages diseases, countries, and even patients as priorities for intervention. The HIV epidemic, drug-resistant tuberculosis and malaria have been the cornerstones of a new approach that nonetheless stresses health as a human right, the urgency of intervention, and the need to save lives. In contrast, previous efforts have, under the rubric of “international health”, focused on improving health indicators, such as child and maternal mortality, within a broad public health approach linked to development and capacity building in poorer countries. This panel will present ethnographic evidence from diverse sites to examine the relationship between these exceptional cases and the discourse, science, and practice of global health. It will explore the following questions: how is exception enacted in global health programs? What practices does it deploy? What are the forms of triage that result? How do local communities respond? And more broadly, is global health introducing new forms of biomedical inequality even as it seeks to save lives?

Nguyen, Vinh-Kim, University of Montreal and The Max-Planck Institute for Social Anthropology: Governmentality and Exception in Global Health: Mass HIV Treatment Programs
Carpenter, Elise A., University of Pennsylvania: Is Bureaucracy Ever Exceptional? HIV Exceptionalism and Botswana’s National Health
Kalofonos, Ippolytos (organizer), University of California, San Francisco: “Who is eating in my place?:” Conspiracy, Competition, and Triage in HIV/AIDS Services of Central Mozambique
Dwyer, Erica, University of Pennsylvania: “X stands for Excalibur”: The Making of Extensively Drug-Resistant Tuberculosis
Dewachi, Omar, University of Montreal: Vulnerability, Triage and the Management of Crisis: A Case Study of Iraqi Refugees in Syria
Discussant: Feierman, Steven, University of Pennsylvania

**Global Health Matters: Ethnographies of Commodity, Scarcity, Surveillance and Control**
Multilevel policies designed to alleviate health inequalities are not value neutral; they are moral economies in which discourses about “national success”, “humanitarian service”, “health care consumers”, and “global security” become logics for intervention and investment. This panel brings together ethnographic studies carried out in households, laboratories, clinics, markets, conventions, and grassroots political organizations in order to investigate and critically foreground anthropological theory and practice in discussions about global health policy. How do ethnographies of global health shed light on broader public discussions about citizenship, rights, and responsibility? Panelists together address and explore this question through studies on: tuberculosis governance and expertise in the Republic of Georgia; structural inequality and access to cancer care in South Africa; medical tourism and health care outsourcing in Argentina; constitutional rights and ethnic health disparities in Hungary; informal systems of pharmaceutical exchange and drug delivery in Brazil; and national politics of ova donation and research in Korea. Taken together, the papers demonstrate how medical anthropology is expanding across disciplinary boundaries to examine what more can take shape at the crossroads of multilevel organizations and policies when we use ethnographic studies to gaze through the health policy looking glass, slowly and locally.

Harper, Krista, University of Massachusetts, Amherst: Ethnic Health Disparities and Citizens’ Rights in Hungary: Collaborative Ethnographic Research on Social Exclusion
Koch, Erin (organizer), University of Kentucky: Managing Microbes, Governing Medicine: Tuberculosis Control in Post-Soviet Georgia

Paik, Young-Gyung, Seoul National University: Regulating Ova Donation after the Hwang Scandal: Ontological Uncertainty and Reproductive Politics in Cross-national Context
Fleischer, Soraya, University of Brasilia: Pharmaceutical Drug Consumption and Circulation among Poor Urban Brazilians: A Pluralistic Approach to Care?
Bright, Kristin (organizer & chair), New York University: Love in the Time of Cancer: Clinical S冢ricy and Health Care Policy in South Africa
Vladich, Anahi, Hunter College CUNY: Manufacturing Global Health Care: The Rise of Medical Tourism in Tango Paradise
Discussant: Adams, Vincanne, University of California, San Francisco

**Part 2: Households, Health and Healing: Women Facing Modern Health Challenges**
Medical anthropologists have made a strong contribution to literature on women’s health and the women’s health agenda, highlighting the importance of women’s subjectivities and the household production of health. Women are often the backbone of families, households, and communities. Their health and the decisions they make regarding their own and that of their family members’ health can have impacts far beyond the individual. Moreover, women’s individual choices are often made considering these potential effects and what it might mean for her household, social and kinship networks, and community. An important next step in moving the field of women’s health forward is to consider women in the context of the household and community and the implications this context has on their health-related decisions. This panel is part of two sessions that seek to demonstrate how women negotiate their subjectivities with knowledge and resources they receive from social and kinship networks and medical practitioners to manage personal and household health. This panel examines the biocommunicability of health information received from biomedical and complementary and alternative methods practitioners, media, and social and kinship groups and how this informs decisions regarding family planning, the prevention of mother-to-child-transmission of HIV/AIDS, participation in clinical trials, child vaccinations, and alternative parenting practices.

Menemyos, Melanie Angel (organizer), University of Arizona: “My family is my husband”: Divorced Women and Household Health in Rural Northeastern Brazil
O’Daniel, Alyson, University of Kentucky: “It’s on a need-to-know basis, Booboo”: Low-income African American Women and HIV Disclosure in the Urban South
Hamilton, Alison, University of California, Los Angeles: Women Without Health or Home
Downe, Pamela J., University of Saskatchewan: Home and HIV: Navigating Motherhood in the Context of HIV in Northern Canada
Robinson, Jude, University of Liverpool: “I have learned to just work around it”: Women’s Responses to Smoke-free Legislation in Scotland and Household Impact
Goodwin, Marc, University of California, Berkeley: Mothers, Ralin, and Household-Management: An Ethnographic Analysis of ADHD
Discussant: Kelly, Kim (organizer), University of Arizona

**La Curación (Media)**
“La Curación” is an experiment in ethnography located in the breathing, volcanic geography of Ecuador. Told through a prism of narratives (an ethnographic film), the project reveals deeply layered understandings of healing, permeability, spiritual and medical misdiagnosis, and body mythology.

Zielke, Meredith, Standing Point Films

**Logic of Choice Versus Logic of Care**
Compared to forced interventions, coercion and paternalisms of all kinds, choice deserves to be defended. But is that a good enough reason to celebrate it always and everywhere? One of the disadvantages of ignoring choice is that it shifts all the attention to a few moments where the mind is put to work. But in dealing with health issues, there are many more moments when practical things have to be arranged.
Ever so many (hurting, smelling, difficult, painful) elements of ever so many daily lives have to be attended to one another. And once things are more or less arranged, they crack and crumble. Start again. And again. The ongoing tinkering (nursing, doctoring) implied in that, is not a matter of making individual choices, but of sharing care. Where and when do health care professionals care? And what about those “cared for”: when does it make sense to call their activities self-care? We do not just seek empirical stories about these issues, but would also like to calibrate our normative registers. Where does the logic of choice fit and where does it make sense to argue for it? Where does it reach its limits? In which sites and situations is the logic of care a good alternative? Where does it easily work, where can it be put to work and where is this an illusion? What other repertoires, or logics, are there for dealing well with suffering, or for seeking to prevent it? In this panel we would like to gather contributions from people who have done fieldwork in entirely different settings in the world, West, East, North, South, so that we may learn from the contrasts and the comparisons.

Yates-Doerr, Emily, New York University: The Weight of the Self: Care and Compassion in Guatemalan Dietary Decision Making Processes

Nacu, Alexandra, CNRS: “Tradition” or “Choice”? Perinatal Care among Roma Migrant Women in France

Dedding, Christine, University of Amsterdam: The Case of Children with Diabetes: Good Care Demands Co-operation

Souza, Margaret, SUNY/Empire State College: Caring Comfort

Leibing, Annette, University of Montreal: Contested Choices—Caring for People with Alzheimer’s Disease in Brazil

Kinsman, John & Hardon, Anita (organizer), University of Amsterdam: From Logic of Choice to Logic of Care: The Changing Face of HIV Tests in Africa

Kyakwua, Margaret, University of Amsterdam: The Logic of Care: Nurses With HIV in Rural Uganda

Mol, Annemarie (organizer)

Men in Nursing: Proud, Strong and Independent (Media)

Men in Nursing, a visual medical anthropology film, features five male nurses in California and their experiences in a gendered healthcare workforce. Latino, Asian, and African American male nurses, nursing students, and directors of nursing programs discuss the adenalin surge in emergency rooms and the gratification of keeping babies healthy in newborn intensive care units. Male nurses tell their stories of overcoming stereotypes and achieving success in a traditionally female dominated profession. The film targets young adult males (ages 16-24) to encourage them to consider nursing as a viable career, and pressures medical anthropologists engaged in health policy to increase the number of male nurses. The film is a digital intervention to reduce nursing shortages in California and the US generally. Marty Otañez and Bob Patterson, RN and administrative director of the California Institute for Nursing and Healthcare (www.cinhc.org) co-produced Men in Nursing.

Otañez, Marty, University of Colorado

Moral Economies of Health and Well-Being

While the idea of a “moral economy” hails from E.P. Thompson’s classic work, anthropologists have been developing this concept for several decades. Yet with few exceptions, its analytic potential for medical anthropology has not been extensively debated. This panel builds on discussions from UNC’s Moral Economies of Medicine Working Group to consider moral economies as a point of departure for analyzing claims about entitlement, virtue, and difference and their effects relative to well-being. Papers raise theoretical questions regarding the definition, identification, and visibility of various “moral economies” and the diverse goods they trade in, as well as issues of hegemony and contestation among them. Individual presentations examine “moral economies” to illuminate the ambiguous place of persons with disabilities in the practice of US “welfare”; the political significance of representations of suffering in Haiti; the use of community-based “service” learning for training US health professionals; harms arising from public health policies that promote women’s disclosure of their HIV status in South Africa; and social relations between radiologists and their client clinicians in a US CT suite. The panel aims to further debate on whether “moral economies” may productively convey anthropological concerns with power and practice in health across disciplinary divides.

Lachicotte Jr., William S., University of North Carolina, Chapel Hill: Revaluing Disability: SSI and the Moral Economies of Welfare Services

Wagner, Laura, University of North Carolina, Chapel Hill: Aid, Identity, and the Politics of Pity: Haitian Suffering as Social Currency in a Moral Economy

Rivkin-Fish, Michele, University of North Carolina, Chapel Hill: Learning the Moral Economies of For-Profit Health Care: The Meanings of “Service” in Community-Based Dental Training

Groves, Allison K., Maman, Suzanne & Moodley, Dhayendre, University of North Carolina, Chapel Hill: Contesting Public Health’s Moral Economy of HIV Status Disclosure: Meanings and Experiences of Disclosure among HIV+ Pregnant Women in Durban, South Africa

Saunders, Barry F., University of North Carolina, Chapel Hill: Economies of Attention and Affect in Diagnostic CT

Discussant: Redfield, Peter (organizer & chair), University of North Carolina, Chapel Hill

Part 2: Motherhood beyond Mothers: Reconceiving Motherhood as Opportunity of Kin and Community (Workshop)

Motherhood has been viewed as involving primarily, if not exclusively, women. Many interventions aimed at improving the lives of women and their families target the transition to motherhood, defined narrowly as pregnancy, birth and the perinatal period. In this workshop participants, all junior scholars, consider motherhood more broadly, at (or as) the intersection of cultural and social processes, practices, relations, and ideas. Papers will address the common theme of motherhood as opportunity. Shifts in the social fabric that extend far beyond a mother and her child create the opportunity or opportunities of motherhood. Motherhood also creates opportunities for fathers, mothers, sisters, brothers, community members and fictive kin. Topics include maternal mortality in Latin America and Central Asia, family planning in the Himalayas, and breastfeeding, pediatric well-child visits, and professional training in motherhood in North America. This workshop will be a working session for participants to engage in constructive conversation about works in progress. Papers will be pre-circulated among workshop members and others interested in participating. The workshop will meet for 3.75 hours, allowing for brief presentations and discussion of each paper and open conversation. Goals include preparing manuscripts for publication, developing new directions for research, and considering fresh approaches to intervention.

Leinaweaver, Jessaca, Brown University: Practice Mothers

Liese, Kylea, Stanford University: Mothers of God and Glory

Tomori, Cecilia, University of Michigan: Breastfeeding as Kin Work in the United States

Pharmaceuticals in South Asia: Production, Distribution and Consumption in a Post-WTO World

The medical anthropology of South Asia has a long and honorable record: but we believe a neglected area has been up-stream from the patient-practitioner relationship, in understanding the processes by which pharmaceuticals are produced, distributed and delivered to practitioners and patients. In this panel we propose to review changes in these processes since 1995, when WTO pressures led to changes in India’s patent laws to recognize product patents in pharmaceuticals, with full impact from 2005. Much of the debate about this change has focused on the effects on the export from India of generic drugs, which have played a major role in increasing access to medicines (especially anti-retrovirals) in Africa and other low-income countries. But other changes have also followed, throughout South Asia, as regulatory agencies battle to implement particular kinds of modernity in the pharmaceuticals sphere. This panel provides a timely opportunity to apply anthropological perspectives to understanding the nature of these changes, by focusing on specific drugs and regulatory practices. It will include three papers from a recently concluded project “Tracing Pharmaceuticals in South Asia” and two others from scholars working in cognate fields.

Jeffery, Roger (organizer & chair), University of Edinburgh: National (non-) Regulation in a Global Pharmaceutical World
Part 2: Public Health Genomics: Anthropological Interventions in the Quest for Molecular Medicine

Emerging work in medical anthropology offers crucial comparative perspectives on the changing nature of genetics as it shifts from a focus on lab-based mapping and the uptake of early findings in such practices as pre-natal testing to a focus on public health and the complex linkages among epigenetics, epidemiology, infectious disease, and human biological variation. The relationship between genetics and public health has a troubling history in its previous union in the eugenics movement. At the same time, the contemporary effort to develop public health genetics opens up new questions for medical anthropology about citizenship, inequities in access to and the provision of health care, institutional ethics, and transnational flows of capital. These phenomena also offer new conceptual and methodological challenges for the discipline about how to engage with, include and address questions of biology, nature and the scientific in a evolving era of genomics. In other words, what does it mean for anthropology, with its different national histories of sub-disciplinary relations (e.g. UK and the US) to take biology seriously in light of new genomic knowledge and technologies? How can and should the demands of interdisciplinarity and critical engagement be managed? This double session addresses these different yet related issues through two primary themes: First, how is the interface between different aspects of genomics (e.g. epigenetics, epidemiology, human biological variation; etc.) and public health being configured in diverse cultural arenas? How do state, institutional actors, and citizens become positioned in relation to emergent genomic practices aiming to develop molecular medicine? Second, what are the frameworks (theoretical and methodological) for analysis when the biological and the social are being framed in relation to genomics at the same time that epigenetics and environmental factors are becoming more central to genetic science?

Taussig, Karen-Sue (organizer), University of Minnesota: Enlisting Potential: Citizenship, Subjectivity, and Public Health Genetics

Sleebom-Faulkner, Margaret, Sussex University: Old and New in China as Biosociology: Anthropological Conceptualizations of Genomics in a Globalizing China

Pålsson, Gisli, University of Iceland: Personal Genomics: Decode, Iceland, and Beyond

Lee, Sandra Soo-Jin, Stanford University: Race, Risk and Odds Ratios: The Relevance of Personal Genomics for the Non-European

Bauer, Susanne, University of Copenhagen/Humboldt University Berlin: Modeling Population Health?

Public Health Genomics and the Performativity of Epidemiological Research

Discussant: Lindee, Susan, University of Pennsylvania

Responsibility and Blame: Social and Biomedical Constructions of Reproductive Risk

Notions of risk permeate experiences in reproduction, both globally and locally; in contemporary health projects, risk has become an important factor in the governance of reproductive health. Anthropologists have demonstrated that there are a number of ways in which risk is defined and operationalized, as well as how ideas about risk are highly cultural, often traced to communal rather than individualistic notions. In many cases, ways of thinking about risk in reproduction take into account mutual obligations and expectations among women, families, and society. In addition, risks are understood as manageable through interventions as well as associated with notions of choice, responsibility, and blame. This panel seeks to build on this discussion of risk and reproduction by answering the following questions: How are risk categories created? How do ideas about risk contribute to the construction of particular kinds of subjects? In what ways do discourses of epidemiological and clinical risk intersect with women’s local moral worlds? How do social notions of responsibility and blame exist within biomedical models of risk?

Young, Alyson G., University of Florida: Concepts of Risk Associated with Child Health and Waterborne Illness Among Datoga Pastoralists in Northern Tanzania

Cosminskey, Sheila, Rutgers University, Camden: Midwives and Reproductive Risk: A Case Study from Guatemala

Maraes, Aminata, New York University: A Monologue in Two Voices: A Discussion of Risk and Blame

Howes-Mischel, Rebecca, New York University: Reproducing Responsible Reproducers: Oaxacan Women and Prenatal Care

Smith-Oka, Vania (organizer), University of Notre Dame: Risking Modernity, Blaming Mothers: Exploring the Tensions Between the State and Women’s Reproduction in Mexico

Fordyce, Lauren (organizer), Duke University: Imaging Maternal Responsibility: Prenatal Diagnosis and Ultrasound among Haitians in South Florida

Van Holten, Cecilia, Syracuse University: Risking Motherhood in the Age of AIDS in Tamilnandu, India

Self, Subjectivity and the Body

This panel examines the co-construction of subjectivity and embodiment, providing ethnographic data to demonstrate how bodily changes, both in oneself and in others, come hand-in-hand with altered senses of self. Some papers address the intimate ways that subjectivities change as bodies change, such as after an organ transplantation, or how they change in concert with those around them, for instance when health care professionals speak to and care for brain-dead patients. Other papers also examine the political ramifications of these changing bodies and subjectivities, for instance linking changes in the medical recognition of illnesses like Chronic Fatigue to patients’ senses of self, asking how local understandings of bodies and health shape people’s responses to public health disasters like mass poisoning, and looking at the changing subjectivities of people forced to sell their organs. Finally, papers in this panel also examine the relationship between environment, embodiment and subjectivity; they look at the intimate environment, in the case of patients who feel that their ill bodies have “turned against them,” and the ways that “hybrid spaces” like medical spas promote new ways of being.

Nipe, Tara, University of Melbourne: Different Kinds of Death? Why ICU Nurses Speak to Their Brain Dead Patients

Ene, Smaranda, Case Western Reserve University: Constructing Chronic Fatigue Syndrome


Kierans, Ciara, The University of Liverpool: Transplantation, Organ Donation and (In)human Experience: Re-writing Boundaries Through Embodied Perspectives on Kidney Failure

Marion, Jonathan S., California State University, San Marcos: Self, Subjectivity, and Suffering: Betrayals by Brain and Body

Moniruzzaman, Monir, Michigan State University: The Self of Living Cadavers

Pereira, Stacey, Rice University: Med Spas: Hybrid Spaces at the Intersection of Health and Aesthetics

Chair: Martin, Emily, New York University

Studying Sex, Sexualities and Health: Ethnographic and Mixed-Methods Approaches

Since the anthropological “re-discovery” of sexuality (Vance) in the 1980’s, compelled by the HIV disease epidemic, sexual rights movements, as well as associated with notions of queer theory, medical anthropologists have contributed mightily to the “new” anthropology of sex and sexuality. This panel demonstrates the intersectional, interdisciplinary
and theoretically multifaceted character of current medical anthropology. Revisiting storied sites of anthropological inquiry, from the Trobriands “islands of love” and tropes of Africa as “dark” and unknowable, to the orgasm, with fresh approaches and critical ethical considerations; to emerging fields of sex work, transgender sexual subjectivities, and middle class “swingers”, which challenge limited notions of gender, “risk,” and even categories of sex and sexuality; the panelists push medical anthropologists toward a consideration of how symbolic and deeply contextual approaches to sexuality and sexualized spaces can reframe our analyses and interventions.

Feldman, Jamie, University of Minnesota: Sex and Gender (Don’t) Matter: Understanding Sex Between Nontransgender Men and Trans Women and Trans Men

Hwaing, Sel J., National Development and Research Institutes, Inc. / Columbia University: Depression and HIV Risk among Low-Income Male-to-Female Transgender People of Color in New York City

Lepani, Katherine, Australian National University: HIV and the “Islands of Love”: Articulating Gendered and Sexual Subjectivities in the Trobriands

Moen, Kåre, University of Oslo: Easy-to-reach MSM in Africa

Niekamp, Anne-Marie, Dukers-Muijters, Nicole HTM & Hoebe, Christian JPA, South Limburg Public Health Service, the Netherlands, Maastricht University Medical Centre: Swingers: A Hidden Sexual Culture at Risk for STD

Padilla, Mark, University of Michigan: Ethnographic Mapping of Sexual Spaces: Analyzing Contextual Influences on Sexual Performance in Dominican Tourism Areas

Ratliff, Eric A., University of Texas Health Science Center: POP! Goes the Orgasm: A Sense of “Sex” in a Public Setting

Chair: Allen, Jafari, Yale University

Training, Communication and Competence: The Making of Healthcare Professionals

Collectively, the papers in this panel articulate both the relevancy and urgency of anthropological involvement at the crucial human and technological intersections of medicine, public health and education. At medical junctions where health care, information, and education are “delivered,” anthropology is uniquely suited to redress the problems of hegemony in Western biomedical practices, policies and interventions while simultaneously positioned to address the challenges and opportunities that cultural heterogeneity in local contexts present to providing health care, information, and education across desperate languages and cultures. The medically oriented anthropological research presented here focuses on topics that range from macro approaches to health care delivery, to institutional reform in education, training, public health, through approaches to cultural and linguistic competency in health care, to micro studies of practitioner-patient communication, and the political economy of gender in the politics of medical entrepreneurship. Though these works come from different theoretical, methodological and disciplinary orientations, each seeks to tackle the entanglements of humanity in health, medicine, politics and technology through collaborative and interdisciplinary understandings and solutions. The panel contributes to cross-disciplinary and cross-cultural examples and ongoing discussions regarding the role and contributions of anthropology to medicine, health sciences, treatment, technology, and health education.

Bentley, Margaret, University of North Carolina, Chapel Hill: Advancing Collaborations of Anthropology in Medicine and Global Public Health

Kendall, Cari, Tulane University & Atfani, Laetitia, Université de Paris X Nanterre: Making Anthropology Count: Developing an Influential Applied Medical Anthropology

Like, Robert, University of Medicine and Dentistry of New Jersey: Cultural Competency Training, Liminality, and Transformation: Sharing Experiences from the Field, Challenges, and Lessons Learned

Novak, Laurie L., Vanderbilt University: Constantly Adapting: How Nurses Construct and Manage Risk in the Face of New Health Informatics Technologies

Fainzang, Sylvie, INSERM (Cermes): An Anthropological Perspective on Medical Practice Related to Patient Information

Harvey, T. S., University of California, Riverside (chair): Filling the Prescription for Competency in Global Public Health: Crucial Intersections and New Directions in Medically-Oriented Linguistic Anthropology

Patterson, Donna A., Wellesley College: Gender, Power, and Professionalization: Pharmacists in Senegal

Part 2: Troubled Lives – Healed Bodies: Perspectives on Conflict, Suffering and Compassion in the Middle East and Western Asia

Medical anthropology is currently engaged in understanding how violence and suffering alter even the most mundane of everyday cultural activities and human health. While increasing research attention is devoted by anthropologists to contextualizing and documenting public health within milieus pervaded by brutal disruptions, comparatively little attention has so far been given to the stories of recovery, rebuilding of lives and compassionate practices. This panel is an attempt to chart the interstices between pain, compassion and recovery during moments of ongoing strife in both the Middle East and Western Asia. It takes as its starting point that out of the worst social violence often comes the most profound social concern and healing. The panel welcomes ethnographic accounts of how chaotic frictions and multidimensional crises impact public health and generate concern, compassion and healing. Papers will refer both to contexts of care and healing; relationships among individual and institutional providers of care; frames of traditional compassion, religious and formal professionalization of care. The panel further encourages interdisciplinary dialogues between medical anthropology and other disciplines and public health professionals. The aim is to bring out a more applied perspective with a theoretically framed analysis, and to reflect on the epistemological challenges of an increasingly conflict oriented medical anthropology, where armed conflicts and reconstructions of lives demand reviewed or new conceptual frameworks and methods.

Flaskerud, Ingvild, Centre for Peace Studies, University of Tromsø: Ritual Participation and Mental Health Promotion: A Study of Shia Migrants in Norway

Kangas, Beth, Oakland University: Raising Children in Post-9/11 America: Ideals and Realities of Arab American Mothers

Naguib, Nefissa (organizer & chair), Unifob Global, University of Bergen: Troubled Lives: Gestures of Healing and Love in Jerusalem

Wick, Livia, AUB: Perseverance and Gendered Violence Under Closure in Palestine

Prager, Laila, University of Leipzig: “Depression” and the Unspeakable: Migration, Conflict, and Gendered Healing among the Alawi/Nusairi of Southeast Turkey

Berger, Carol, McGill University: Northern Sudanese Medical Aid to Southern Sudan: Driven by Politics or Compassion?

Part 2: What is Life Worth? Exploring Biomedical Interventions, Survival and the Politics of Life

This panel seeks to analyze critically the current fascination with biopolitics through empirical studies in sites where biomedical technology or techniques of self-care are either not easily accessible, available or realistic. We will examine “inbetween” spaces, where contemporary biopolitics meets other medical interventions, and shapes moral economies of care. Foucault’s work on the “care of the self”, and Nikolas Rose’s proposals about “contemporary biopolitics”, have influenced many recent studies in medical anthropology, but these do not fully resonate with all the sites in which we work. Underlying these concepts are practices which have mainly been available to elite groups in society—the “art of living” in ancient Greece, was practiced by wealthy men, not women or slaves; and techniques for an optimization and molecularisation of life that it is claimed are at the centre of a “contemporary biopolitics” in Europe and North America are not easily available to many. These concepts also take for granted an individualized ethos of care, and we consider how this plays out in locations where a public morality shapes interactions with biopolitical
regimes of care. Thus we ask where the “edges” of biopolitics lie and what happens in such spaces?

Marsland, Rebecca (organizer), University of Edinburgh: Care of the Other/Care of the Self: Gendering Biopolitics in Tanzania

Prince, Ruth (organizer), University of Cambridge: Survival and the Politics of Life in Kisumu, Western Kenya

Rittersmith, Arielle, University of Oxford: Singaporean Biopower: Control and Creativity in Chinese Medicine

Staple, James, Brunel University: Disability, Culture and Biomedical Knowledge in South India

Will III, W. Wilson, McGill University: Narrative, Morality, and Sacred Politics: Hospital Chaplaincy and the Limits of Biomedicine in the Inner City

Yidlerim, Umut, University of Cambridge: Anti-depressants as Affective Commodities: What is in the Plastic Bag?

Discussant & Chair: Livingston, Julie, Rutgers University

Working with Policy Wonks: Undisciplined Perspectives on Health Policy

In the past decade, public citizens and other stake-holders have gradually made their way into the policy process, including involvement in decision-making. Anthropologists, however, hesitant to engage the decision-makers and frequently prevented by deeply invested scientific experts and policy gate-keepers from having access and meaningful input, have come late to studying up the policy ladder. Professionally trained to recognize the potential of political interference in the guise of deliberative democratic fora that our participation in the policy process affords, anthropologists have nonetheless seized the opportunity to enter sometimes highly contentious fields of health policy with the goal of providing critical insight and practical input into the policy process. While we remain sensitive to the risk that our tools, including ourselves, have the potential to be used to gather information over which we may have no control as evidence is distorted in policy development, anthropological engagement with health policy affords opportunities for theoretical and practical contributions that often outweigh these risks. This panel critically addresses the fault-lines and opportunities for theoretical and practical contributions that often outweigh these risks. This panel critically addresses the fault-lines and opportunities for theoretical and practical contributions that often outweigh these risks.

Kens, Jennifer, University of Ottawa: “What goes on behind the scenes?” The role of community health nurses in the policy making process of HIV/AIDS in Canada

Maxwell, Krista, University of Toronto: The Ascent of Bureaucratic Imperatives with Australian Indigenous Understandings of Well-being

Pun, Chi Lai, University of Hong Kong: “Living in the Shadow of the State: The Working Class and the two-child Policy in China”

Spitzer, Denise L., University of Ottawa: Health for Some? Immigrant Health and Policy-Making in Canada

Heil, Daniela, University of Newcastle: Mediating Bureaucratic Imperatives with Australian Indigenous Understandings of Well-being

Waldrum, James B. (organizer) & Victor, Janice, University of Saskatchewan: “Coming to a Theatre Near You”: Community Notification and Registration Policies for Sexual Offenders

Abonyi, Sylvia (organizer), University of Saskatchewan: Theorizing and Measuring Culture: An Anthropological Contribution to Population Health Discourse and Policy

Maxwell, Krista, University of Toronto: The Ascent of “Aboriginal Mental Health” in Canadian Health Policy: An Historical Ethnography of Public Policy Discourse

Montesanti, Stephanie, McMaster University: Using Anthropological Approaches to Address Health Inequalities: Lessons from “The People Assessing Their Health” (PATH) Project in Canada

Graham, Janice (organizer), Dalhousie University: Politics in the Guise of Deliberative Democracy: Regulating Private Goods for the Public’s Health

Session 5: Sunday 1:30pm-3:30pm

Crossing Boundaries: Exploring Parenthood and Childhood Beyond the Cord

Ideas of parenthood and childhood are imagined, shaped and defined by a complex web of physical, social, political, spiritual and kinship connections. These connections provide for the distinct creation of particular expectations for both the parent and child while also defining a connection that is sometimes taken for granted. This panel presents a range of papers that address some of the ways that in particular, motherhood and childhood are defined and experienced from a variety of perspectives, and how they are shaped by geographical, physical, metaphysical and socio-political factors: from research concerned with cross-border childbirth between Mainland China and Hong Kong, to the understanding and prevention of childhood diarrhea in the Andes, to medical decision-making and personhood in Taiwan, to the biomedical construction of childhood, and the embodiment of the fluid connections between mother and infant. These diverse approaches provide an opportunity for examining relationships between conceptions of parenthood and childhood across a wide variety of global and theoretical themes. At the same time, they provide a window onto the intersections of the topics of reproduction, fertility, identity, gender roles, family dynamics, citizenship, and people’s decision-making in response to these issues.

Hudgens, Tyra, University of Pittsburgh: Children and Medicine: Biomedical Constructions of Childhood

Orellas, Melody Li, University of Pittsburgh: Cross-Border Childhood between Mainland China and Hong Kong: Negotiating Rights of Reproduction

Pesantes, M. Amalia, University of Pittsburgh: Beyond Fecal-oral Transmission: Childhood Diarrhea in the Andes

Rudyk, Sharon Fennimore (organizer), University of Pittsburgh: Water, Blood and Milk: The Fluid Connections of Motherhood and Childhood

Sung, Shih Hsiang, University of Pittsburgh: Multiple Personhood and Child Care in Taiwan

Discussants: Strathern, Andrew, University of Pittsburgh & Stewart, Pamela J., University of Pittsburgh

Disciplinary Intersections of Medical Anthropology, Occupational Therapy, and Disability Studies for Understanding Life Transitions

As part of the increasing dialogue between medical anthropologists, occupational therapists and disability studies scholars, presenters on this panel will discuss a variety of transitional issues and how they are better understood using theoretical frameworks and research methods from these disciplines. Specifically, this session will bring together scholars working on projects ranging from community building with young people who have been diagnosed with Multiple Sclerosis, the challenges facing adolescents preparing to transition from foster care to independent adulthood, individual, organizational and systemic issues facing older adults in nursing homes, and palliative care and end of life issues. Based on the research presented, we contend that crossing disciplinary boundaries can lead to developing more sophisticated theoretical and practical understandings of specific life transitions and their meanings and can help in advancing life course scholarship.

Rodriguez, Eva & Block, Pamela, Stoneybrook University: Community Building and Shared Beliefs among Youth with Pediatric Multiple Sclerosis

Paul-Ward, Amy (organizer), Florida International University: Using an Interdisciplinary Approach to Better Address the Transitional Needs of Foster Care Youth

Whaley, Mirtha, Florida International University: Considering Health Disparities in Nursing Homes: An Interdisciplinary Approach for Reducing “Excess Disability”

Briller, Sherelyn (organizer), Wayne State University: Contemplating End-of-Life Transitions: New Possibilities for Interdisciplinary Conversations

Discussant: Kasnitz, Deva, University of California, Berkeley

The Epistemological Ethics of Research in Global Health

For over a century, attention has been given to the moral imperative that researchers working in public health have to produce knowledge for the improvement of population health and wellbeing. However, the institutional placement of evidence-production for public health has become increasingly globalised and diffused in the past two decades. Scientific knowledge is no longer produced within medicine, nor within the isolated realm of the academy, but is now routinely commissioned and utilized by non-academic institutions and non-clinicians, including public and private donors, national governments, and international
advocacy groups. These new institutional arrangements are exposing the scientific research process to scrutiny by citizens rights organizations and the general public, a process that has also supported the development of intricate mechanisms for holding researchers and users of research, including policy-makers, accountable to an increasingly codified moral code. This code stipulates, among other practices, that researchers have an obligation to engage with policy, and to conduct research in a way that is useful to clinicians and policy-makers. Policy-makers, in turn, are under increasing pressure to take science, rather than political ideology, into account when making key decisions. The more researchers engage with policy domains, the more disciplinary and methodological diversity appear to be growing in public health, a process that, at the same time, is fuelling contentious debates on what is considered “useful,” “beneficial,” “scientific” and “policy-relevant” evidence. In these debates, greater attention is being given to the implications of the way standard models of scientific research endorse an overly-narrow definition of evidence, one that is inappropriately “de-politicizing” public health action. With the growth of interest in so-called “action” or “participatory” research, promoted by advocacy groups and some donors, some researchers are moving away from experimental quantitative investigations concerned with causality, to a form of qualitative narrative-based research that can compellingly motivate policy-makers to invest in health and to engage explicitly with political issues, such as health rights, equity, and empowerment. This panel aims to explore the way these changing mechanisms of accountability and the disciplinary diversity that has ensued are having significant epistemological impacts on the way researchers, activists and politicians conceptualize key concepts in public health and the social sciences, such as “empowerment,” “advocacy,” “population-health,” and “social change.”

Erikson, Susan, Simon Fraser University & Lorway, Rob, University of Manitoba: “Boiling the Ocean”: Expediency, Community Empowerment Research, and Scientific Production in Gates-funded Health Initiatives

Storeng, Katerini, London School of Hygiene and Tropical Medicine Trust in Numbers and Global-level Advocacy for Maternal Health

Elliott, Denielle, University of British Columbia: Moral Commitments, Good Intentions, and Medical Science in Western Kenya

Eichelberger, Laura, University of Arizona: When Increased Knowledge is Dangerous: Critical Medical Anthropology and the Politics of Community “Sustainability”

Discussant: Harper, Ian, University of Edinburgh and Lock, Margaret, McGill University

Organizers: Béhague, Dominique, London School of Hygiene and Tropical Medicine (chair) & Pigg, Stacy, Simon Fraser University

Genetic Testing in Children: A New Frontier for Anthropological Inquiry

Medical anthropologists have generated an impressive body of literature on genetic testing technologies and practices, particularly those related to prenatal screening, Huntington’s disease, and cancer. Relatively little anthropological attention has been paid to genetic testing in children, however. While scholars in law and bioethics have begun to address some of the vexing ethical and legal questions raised by this issue, the complex social and cultural dynamics of genetic testing during this vulnerable life stage warrant fine-grained anthropological analysis. Due to the expansion of genetic testing, increasing numbers of children may now be deemed genetically “abnormal” through a variety of institutional pathways and clinical practices. However, labeling a child “diseased” or “at-risk” or simply a “genetics patient” in the absence of overt symptoms has important ramifications for both the constitution of individual and familial subjectivities, and more broadly, the way we conceptualize societal responsibility for children. In this panel, we bring together scholars working on a range of topics concerning genetic testing in childhood—here broadly defined to include the neonatal period through adolescence—to examine how families, clinicians, and advocacy groups co-produce and contest genetic subjectivities, collectively manage uncertain genetic information, and enact different forms of genetic citizenship and biosociality.

Buchbinder, Mara (organizer) & Timmermans, Stefan, University of California, Los Angeles: Newborn Screening for Metabolic Disorders and the Pursuit of Imperfection

Skinner, Debra (organizer), University of North Carolina: Creating Genetic Responsibility and Identities Through Newborn Screening

Fitzgerald, Ruth, University of Otago: PGD, The Right to Choose, Disability and the New Zealand Organisation for Rare Disorders (NZORD)

Park, Julie, University of Auckland: The Possibility of Haemophilia

McLaughlin, Janice, Newcastle University: Ethnographies of Genetic and Kinship Imaginaries

Kohl-Laven, Nina, University of Michigan: Genetic Testing and Ethnic Belonging: Childhood Screening and “French Disease” in Quebec

Discussant: Whitmarsh, Ian, University of California, San Francisco

Health Care and the Legacy of Socialism

What is distinct about health care in socialist and postsocialist contexts? In what ways do socialist state policies, dominant ideologies, and their historical antecedents influence individuals’ experiences of health and illness? How can postsocialist demographic trends be explained ethnographically? This panel attempts to answer these broad questions by bringing medical anthropological perspectives to a diverse range of public health problems in socialist and postsocialist contexts. Specifically, the papers in this panel will address the following questions: How can we understand the complex intersections of diverse groups of organizations and health care practitioners who address the problem of domestic violence in Vietnam? How do different forms of Vietnamese state governance interact with people’s experiences of methadone treatment? In the context of multiple medical knowledges and policies aimed at women’s reproductive bodies, how do Naxi women negotiate their PRC citizenship? How does the neoliberal context of postsocialist Poland affect women’s childbearing decisions? How does the structure of social relations affect gender differences in increased mortality in postsocialist Russia? Taken together, these papers explore the complex social, cultural, political, economic, and historical forces that come to bear on bodies and persons in socialist and postsocialist contexts.

Kwiatkowski, Lynn, Colorado State University: The Politics of Health Care Intervention in Domestic Violence in Vietnam: Vietnamese NGOs, State Health Services, and International Health and Donor Organizations

Le, Giang Minh, Columbia University: Remembering Old Hardship, Planning New Life: Experiences of Harm Reduction in Late Socialist Vietnam

Mishal, Joanna Z., University of Central Florida: Gender, Neoliberalism, and Fertility Decline in Poland: Anthropological Contributions to Public Policy Debates

Parsons, Michelle, Emory University: Death and Gender in the Recent Russian Mortality Crisis

White, Sydney D., Temple University: Complicities and Resistances in Post-Mao China: Naxi Women’s Embodied Citizenships

Chair: Robbins, Jessica C., University of Michigan

Part 1: Health, Medicine and the Body in Latin America

Health and health care in Latin American countries have been transformed over the past three decades through processes of population growth and movement, economic crisis, pathogen re-emergence, war, and political change. The papers in this session drill down to local levels to explore long-standing processes that help determine levels of health and to describe relatively recent changes in the organization of care. Technological processes ranging from intimate (IUD distribution) to public (road building) to impersonal (water chlorination) reveal networks of relationships among experts, governments, NGOs, and transnational interests, amid hopes for development and fears or dreams of revolution. With respect to changes in health care in the region, diagnostic extensions of the state and the framing of nation-building are explored in Venezuela, through an analysis of a program of free healthcare clinics staffed by Cuban doctors. These can be contrasted with an analysis of diagnostic retractions of the state in Ecuador, through migration of medical professionals to the United States.

Harris, Lauren, University of California, Berkeley: Causes and Impacts of Medical Migration: A Critical Look into Ecuador’s Healthcare System
can these strategies tell us about individuals’ alternate priorities and
by individual actors do not conform to biomedical assumptions, what
study of patients, doctors, and caregivers, as well as others who seek
of hesitation and conflict: How can ethnographic approaches to the
will examine how individuals negotiate and reason such moments
contemplate the risks and promises involved in subjecting their bodies
confront moments of ambiguity, reluctance, and conflict as they
therapeutic agency particularly come to the forefront when individuals
instances of inequities in power and biomedical inscription continue to exist in the
biomedicine as unilateral in favor of medical authority. To be sure,
The Intersection of Medical Authority and Therapeutic Agency
in health care? Does the standardizing and comparative lens of
unleashing competitive energies and encouraging self-reflection. This
very act of assessment is thought to contribute to better performance by
measuring certain key indicators supplies governments and consumers
with crucial information about how health care providers perform. The
the practice of medicine?
Abraham, Andrea, University of Bern: “Doing Quality”:
Disentangling Quality Talk in Swiss Family Medicine
Chappell, Helen Stanton, Creighton University Medical
Center: Pricey or Priceless
Pastrana, Tania, University of Aachen: Evaluating
Evaluation of Palliative Care
Mulligan, Jessica (organizer), Connecticut College:
Managing by Numbers
Discussants: Donald, Alasair and Bullon, Antonio,
Harvard University
The Intersection of Medical Authority and Therapeutic Agency
Long gone are the days when scholars conceived patients’ relationships to
biomedicine as unilateral in favor of medical authority. To be sure,
incomes in power and biomedical inscription continue to exist in the
realms of clinical diagnosis, evaluation, and treatment. Yet insufficient
attention has been paid to how people continually manage and negotiate
therapeutic agency in the course of their own lives. Instances of
therapeutic agency particularly come to the forefront when individuals
confront moments of ambiguity, reluctance, and conflict as they
contemplate the risks and promises involved in subjecting their bodies
to medical authority and its technical naturalizations. Panel papers
will examine how individuals negotiate and reason such moments of
hesitation and conflict: How can ethnographic approaches to the
study of patients, doctors, and caregivers, as well as others who seek to
implement or resist technologized management of social problems,
sheds light on the way dominant medical frameworks are variously interpreted, altered, or subverted in accordance with ends other than
those that they were intended to address? When the practices adopted
by individual actors do not conform to biomedical assumptions, what
can these strategies tell us about individuals’ alternate priorities and
calculations? What implications do these alternate practices have for
our understandings of subjectivity, personhood, emotion, or agency?
Sandberg, Shana Fruehan (organizer), University of
Chicago: Resisting Regulation, (En)trust My Partner: Young
Women’s Narratives about Contraceptive Use in
Tokyo
Ingersoll, Jason W. (organizer), University of Chicago:
Suffering and the “Forced Choice”: Confronting
Antidepressant Treatment in the Chinese Clinical Setting
McKay, Ramah, Stanford University: “It’s just an
experiment”: Pharmaceutical Agency in Mozambique
Kral, Michael, University of Illinois at Urbana-
Champaign/University of Toronto: Transformations of
Therapeutic Agency: Inuit Communities and Suicide
Prevention in Nunavut, Canada
Seamian, Aaron, University of Chicago: Pill Today, Here
Tomorrow: Clinical Trials and the Temporal Reorientation
of People Diagnosed with Early-Onset Alzheimer’s
Disease and Their Spousal Caregivers
The Intersections of Intersex
Our panel brings together scholars and writers from several disciplines
who work on various aspects of intersex, both historically and
from a contemporary perspective. Our panel will address a current
controversy within the field: what to call a diverse set of conditions
involving aspects of external genitalia, sex chromosomes, internal
reproductive anatomy, and gender identity. We can all agree that the
outmoded term “hermaphrodite” (in a medical context) is vague and
demeaning, though not everyone agrees that the new term, “disorders
of sex development” is much better. Even the relatively recent label,
“intersex” has raised some concerns. Through this conversation,
which has largely taken place in print and only rarely happens face-
to-face, we will have an opportunity to discuss with each other and the
audience many issues confronting those who study medicine, medical
ethics, and the humanities. How does the choice of words, in addition to
the choice of medical intervention, affect children, parents, and
intersex people? How can the use of the word “disorder” be put to
one’s advantage or disadvantage? Our panel promises to elicit lively
debate on the subject of medicalized language and its use in explaining
embodied difference.
Feder, Ellen K., American University: Imperatives
of Normality: From “Intersex” to “Disorders of Sex
Development”
Hillman, Thea, Activist, and Author, Intersex (For
Lack of a Better Word): Whose Story is it Anyway?:
Representation, Storytelling, and Intersex
Holmes, Morgan, Wilfrid Laurier University: A Disorder
in Whose Interests?
Morland, Iain, Cardiff University: Zones of Loss:
Organizing the Postsurgical Intersex Body
Reis, Elizabeth (organizer), University of Oregon: Why
History is Important: The Implications of a Disorder
Discussant: Dreger, Alice D., Northwestern University
(Chair)
Intervention: The Anthropology of Post-Conflict
Humanitarianism
In this panel we trace the rise of the humanitarian narrative and
examine how humanitarianism, in conjunction with other keywords
such as crisis, emergency, and intervention, has become one of the
organizing categories of political action and order. The profusion of
humanitarian actors reflects the changing nature of sovereignty and
trans-sovereign problems. We will explore the impact of interventions,
broadly defined to include humanitarian interventions, development
programs, transitional justice initiatives, and peace-building efforts.
We analyze both the possibilities and the limitations of intervening
in the lives of individuals and “communities,” that entity which has
been the unit of interest in much of the development and humanitarian
discourse and practice. Our panelists will examine the theoretical
conversations and policy debates surrounding humanitarianism and
human rights, and the role of humanitarianism in configuring new
forms of governance. We will question whether the technologies
and practices of intervention are modes of ordering, transforming,
or governing the “targets” of intercession—whether these targets are
individual subjects, communities, infrastructures, or geographical
environments. When are interventions a form of cultural imperialism,
and when do interventions serve as a crucial resource for populations
marginalized within the nation-state? If we consider a politics of scale,
the capacity to “go global” is frequently a key resource for groups
whose efforts to achieve social justice within the nation-state have
been repeatedly denied. Moreover, as the role of non-state actors has
increased, international humanitarian organizations have become
important political players in terms of advocacy and aid. In what some
have hailed the twilight of sovereignty, is there a right to intervene?
A duty to do so? When is the failure to intervene an ethical failure as
well?
Part 1: Learning the Clinical Gaze: Anthropological Perspectives on Medical Training

Medical anthropologists have a long-standing tradition of critically analyzing medical education. This work has engendered new social movements and influenced medical training, contributing to the development of the “biopsychosocial” model now prevalent in medical schools. However, the bulk of the ethnographic treatment of medical training took place prior to 1990. Since that time, medical education has undergone numerous changes. In addition to the spread of an essentialized version of the “biopsychosocial” model, there are contested legitimatizations of knowledge and definitions of evidence in medicine, alterations in the power-structure and economic relationships inherent to medical training, incorporations of molecular and DNA technologies into everyday practice, and growing structures of global health and cultural competency education. These transformations call for a reexamination of the socialization process in its current form. In this panel, we present a series of papers that tackle both the above-listed changes as well as more traditional concerns in the socialization of health care professionals. The authors utilize diverse methodologies—from auto-ethnography to comparative analysis, and a wide array of theoretical perspectives including political economy, science and technology studies, phenomenology, and practice theory—to enhance our understanding of the socialization of health care professionals.

Jenks, Angela, University of California, Berkeley: “Stereotypes vs. Generalizations”: Negotiating “Culture” in Medical Education

Shaw, Susan J. & Armin, Julie, University of Arizona: The Ethical Self-Fashioning of Physicians and Health Care Systems in “Culturally Competent” Health Care

de Schweinitz, Peter, University of Utah: Why Doesn’t Social Medicine Work?: Bioreductionism and the Clinical Habitus

Mandefu, Mehret, University of Pennsylvania: Friendly Control: When Witnessing Masks Control

Pine, Adrienne, American University Cairo: “How may I provide you with excellent care today?” How RNs are Taught to “Care” for the Bottom Line

Ciccarone, Daniel & Stonington, Scott, University of California, San Francisco: Gazing Inward and Outward: Medical Student Reflections on Providing Service to Substance Users

Barg, Frances K., Truten, Jack, Welsh, Linda & Wasserstein, Alan, University of Pennsylvania: Saints, Goths, and Coming of Age: Stories from the Field

Discussant: Taylor, Janelle, University of Washington

A Life-Course Perspective on Research in Medical Anthropology: From Student to Professor

In this panel, we take a “life course perspective” to research in medical anthropology by presenting research being conducted at various stages in academic careers and its implication for the field of medical anthropology. This panel will present the future work of current graduate students as they begin to engage research early in their professional life course. To exhibit the progression in an academic “life course”, future work of both an assistant and associate professor will also be presented. Each proposal will present a research question and design using National Science Foundation guidelines for Cultural Anthropology grant applications. An established medical anthropologist with experience reviewing NSF grants will serve as our discussant.

Orientalist therapists in the United States, Canada, Australia and elsewhere are engaged in vibrant conversations and actions to promote occupational justice. The concept of “occupational justice” was proposed by occupational therapy scholars Elizabeth Townsend, Ann Wilcock and Gail Whiteford. Their intervention follows upon the founding of occupational science at the University of Southern California in 1989, a new discipline drawing from occupational therapy, anthropology, and other fields. New movements, edited volumes and projects such as Occupational Therapy without Borders, A Political Practice of Occupational Therapy, and the NAPA-OT Field School in Antigua, Guatemala focus on occupational justice. Occupational justice is defined as access and participation of marginalized groups in the culturally meaningful forms of activity that make life well-lived. Occupational science was intended to help liberate the profession of occupational therapy from narrow constraints imposed by hegemonic institutions of health care and higher education. The question arises how to keep a radical edge to “occupational justice” and free it from the same structural constraints that prompted occupational therapists to find a new, demedicalized discipline. This panel offers critical perspectives on occupation for marginalized groups and reports on empirical research, new alliances, and social practices that promote occupational justice.

Burkhardt, Ann, Quinipiea University: Native American Health, Occupational Justice and the US Census

Czynoniwicz-Klippe, Melina T., Monash University & The Pennsylvania State University: Towards a Social and Political Practice of Occupational Therapy: Setting a Blueprint for a Critical Mass of Action

Farnworth, Louise, Monash University: The Impact of Correctional Environments on Occupational Patterns that Influence Health: An Occupational Justice Perspective

Hammel, Joy, University of Illinois, Chicago: The Perfect Storm of “Real Choice”: Bringing Together Disability Studies and Occupational Therapy/Occupational Science in Action Research to Effect Social Justice with Disability Communities

Pharmaceutical Regimes and Revolutions

The practice of medicine has become increasingly influenced by the pharmaceutical industry. On one hand, this is because new drugs and vaccines have become available that offer new treatment options for patients. On the other, the influence of the pharmaceutical industry is also political, shaping national and international healthcare policies, commodifying health and disease, and altering cultural constructions of the self. This panel examines several aspects of the politics and power of the pharmaceutical industry. Two papers delve into the development and marketing of the HPV vaccine: one focusing on the co-optation of feminist discourse in its marketing and the other shedding light on how the industry has controlled the terms of the debate around the vaccine. Two others are concerned with pharmaceutical clinical trials: one from the perspective of physicians who are contract researchers for the industry and the other from healthy human subjects participating in vaccine trials. A fifth paper explores the insertion of a pharmaceutical model of treating drug addiction and its implications for public health. The final paper examines how civic organizations and local governments negotiate the global controversy over drug pricing. These papers represent a diversity of empirical approaches to research on pharmaceuticals and society.

Berry, Sarah, McGill University & El-Shaarawy, Nadia, Case Western Reserve University: The Co-optation of Dissent and Difference in HPV Vaccination Campaigns

Fisher, Jill A. (chair), Vanderbilt University: “The money will win sometimes, and ethics will win sometimes”: Physicians’ Construction of Ethics in Pharmaceutical Research

Gottlieb, S. D., Johns Hopkins University: Manufactured Uncertainty: The Human Papillomavirus (HPV) Vaccine and its Pre-Licensing Debates

Ma, EunJeong, Seoul National University: Global Governance, Local Democracy, and Citizenship

Moorthi, Gayatri, University of Illinois, Urbana-Champaign: A “Pharmaceutical Survival”: Battling for Reducing Drug-related Harm in India

Shapiro, Nick, University of Oxford: Species of Becoming

Science, Social Order, and the Production of Knowledge in Global Public Health

This panel builds on conversations happening at the interstices of medical anthropology and science studies by examining questions of science and social order in global public health. Long focused on the production of knowledge in the global North, science studies has recently begun addressing science in Southern contexts, producing an especially rich body of work on “postcolonial technoscience” in tandem with anthropologists and historians of science and medicine. The recent surge in interest in “global health” in academic medicine and the popular media raises important questions about the position of public health in studies of postcolonial science. How do “publics” and “health” relate to questions of postcolonial state-building and subjectivity? What happens to “universal” categories of disease and measures of wellness when they travel? Who participates in knowledge-making in “global health”? This panel explores questions of scientific and social production in global health, with a focus on the ways in which the rationalizing practices of science—enumeration, ordering, codification, stabilization—are being both reworked and challenged in relation to the governance of bodies. The papers that comprise this panel examine the frictions in Cuban reproductive health care, where ethics of care and governmentality rub against the principles of socialist medicine (Andaya); rethink the notions of the sacred and the rational by comparing Egyptian contestations of brain-death with Euro-American practices (Hamdy); explore the reconfigured ties between public health and criminal justice in Ghanaian efforts to stop female genital cutting (Hodžić); reveal the effects of iterative interactions between global epidemiological practices and national histories of public health in India’s AIDS epidemic (Mahajan); and analyze the production of “global health partnerships” as a site of struggle over the ethics and politics of inclusion (Crane).

Andaya, Elise, University at Albany (SUNY): Risky Subjects: Risk, Low Birth-Weight, and the Production of Socialist Subjects in Cuban Prenatal Care

Hodžić, Saída, George Mason University: Nurses for Empowerment: Public Health between Activism and Surveillance

Mahajan, Manjari, Social Science Research Council: Designing Epidemics: Models, Policymaking and Global Foreknowledge in India’s AIDS Epidemic

Crane, Johanna (organizer & chair), University of Pennsylvania: When “Global Health” is Just “Public Health”: Ethics and Problematics of Partnership

Hamdy, Sherine, Brown University (organizer): Not Quite Dead: Why Egyptian Doctors Contest the “Universal” Criteria of “Brain-death”

Transdisciplinary Approaches to Addressing Sexual Health in Economically Marginal Communities in Mumbai, India

This session will focus on two projects conducted in separate urban poor areas in Greater Mumbai. The first project utilizes culturally-based diseases for men and women that serve as a marker for sexual risk behavior and as a means of recruitment into individual, group and community intervention for HIV/STI prevention. The second project focuses on alcohol use and abuse as a factor in sexual risk behavior. Each project has employed social science, biomedical and public health research methods and perspectives in generating formative research data and intervention design. Papers will provide results of data collection and interventions conducted over the course of the last eight years. The session will provide results concerning cultural scripts for alcohol and disease entities, the dynamics of marital relationships, intimate partner violence, identification and mapping of drinking and risk behavioral sites, and the design of interventions. The session will preserve the integrity of the individual papers while conveying an integrated picture of the projects.

Kostick, Kristin, University of Connecticut, Mekki-Berrada, Abdelwahed, University of Laval, Singh, Rajendra & Banak, Shweta, International Center for Research on Women: Culturally-based Women’s Gynecological Problems as Markers for Emotional Disorder and HIV/STI Risk in Mumbai, India

Bojko, Martha, University of Connecticut, Tikoo, Minakshi, University of Connecticut School of Medicine, Nastasi, Bonnie, Tulane University, Maitra, Shubhaba, Tata Institute for Social Sciences: Improving the Sexual
Health of Married Women in Urban India through Group Couples’ Intervention
Schensul, Stephen L. (organizer & chair), University of Connecticut: Anthropological Approaches to Public Health Interventions: Case Examples from Mumbai, India
Schensul, Jean J., Institute for Community Research (chair), Singh, Shrikant, International Institute for Population Sciences, Gupta, Kamla, International Institute for Population Sciences: Collaborative Research, Cultural Scripts and Intervention Strategies for Preventing Alcohol-Related Sexual Risk among Among Low Income Men in Mumbai
Cromley, Ellen K., Institute for Community Research, S.K. Singh, International Institute for Population Sciences, Schensul, Jean J. (organizer) & Berg, Marlene, Institute for Community Research: Spatial Structural Factors Associated with Alcohol Use in Low-Income Communities in Mumbai

Session 6: Sunday 4:00pm-6:00pm
Across the Globe: Mental Health in Time and Space
This panel charts out the the territories between societal and mental illness using case examples drawn from four countries (Germany, the Netherlands, South Korea, and Finland). Park looks at how patients resistant to psychiatric care are interpellated as being possessed and exercised in a nationally broadcast, popular television show in South Korea. Funahashi examines a neuropsychiatric phenomena in Finland called työuupumus (“burnout”) blamed on an inability to be “modern” and an excess of being Finnish. Wienecke draws from his psychiatric practice and fieldwork in Brazil, Chile, and Germany to argue for a culturally meaning-centered philosophy of mental illness.

Funahashi, Daena, Cornell University: Metaphors of Time and Nation: Burnout in Finland
Park, Hyejun, Boston College: Over the Power of Psychiatry: Exorcism through the Mass Media in Modern South Korea
Wienecke, Markus, Free University Berlin: Meaning Making and Recovery from Mental Illness: Case-studies from Socio-culturally Very Different Settings
Chair: Nakamura, Karen, Yale University

Articulations and Experiences: Biomedicines in the Asia-Pacific Region
This panel seeks to expand on the foundational and persistent problematics of “biomedicine” through an analysis of how biomedicine is constructed, experienced, embodied, and articulated in Asian-Pacific countries. Much research on the Asian-Pacific region is confined within the discursive borders of countries or regions, making the strategic juxtaposition of Asian-Pacific countries from Fiji to Japan significant to examine the multidimensional facets of biomedicine and the medicalization of bodies. This panel seeks to render biomedicine—the “unmarked” reality, often treated as universally applicable—to biomedicines—multiple, fluid, and “marked” constructs that take root in particular ways in various sites. The panel addresses two fundamental questions. First, how can we highlight the ways particular biomedicines are often agentive means of articulating the social and political institutions they are embedded within? Second, how do anthropologists utilize ”biomedicine” as a concept to ground theoretical and applied models? These papers explore various levels of discourse, ranging from individual bodily experience to community health frameworks, in order to capture and represent the implications and significance of border crossings between theory and practice. We are concerned with these issues both for our informants, whose everyday embodied experiences are shaped by theoretical and practical biomedical discourses, and for our own practice as anthropologists.

Hardin, Jessica A. (organizer), Brandeis University: Intersecting Samoan Discourses: Embodiment and Chronic Illness
Ikeuchi, Suma (organizer), Brandeis University: One Name, Plural Realities: The Experience of Women with Eating Disorders in Contemporary Japan
Miller, Casey J., Brandeis University: Pragmatism’s Promises and Pitfalls: The Importance of “Theory” in the Anthropology of HIV/AIDS
Labbé, Fabienne, School for Advanced Studies in Social Sciences, Centre for Research and Documentation on Oceania, Marseille, France: Contributing to the Well-being of Patients: Anthropology, Health Policy-making and HIV in Fiji
Mills, Brianna, Brandeis University: Immunity: The World-Body, Virus Rights and Shifting Discourse on Global Health
Discussant: McCullough, Meghan, Wheaton College

Circulating Numbers: Convergences of Enumeration and Identity
Knowledge of populations, constituted through techniques of enumeration, has long been associated with modern state-building projects. Recent anthropological inquiries into scientific discourses have demonstrated that enumeration and statistics play an important role in how diseases and “at-risk” populations become knowable, represented and acted upon. They also suggest that people come to know and govern themselves through the language of enumeration. Based on ethnographic research conducted in the US, Malawi, Sierra Leone, and Taiwan, on the topics of mental health, HIV/AIDS and biobanking, this panel shows how the significance of numbers is evidenced in lived experiences of health and science, and in novel forms of subjectivity and governance. The papers in this panel attend to: the shifting relationships among public health, science and categories of people, and the ways they are involved in producing, silencing, and distorting numerical discourses; how experts and consumers circulate scientific knowledge through enumeration; the effects of enumerating differences and categories of people; and the mechanisms by which identity and subjectivity become entangled in processes of enumeration. Through these discussions, this panel exemplifies growing interdisciplinarity in medical anthropology and demonstrates the need for further collaboration in the study of global public health and biomedical sciences.

Biruk, Crystal, University of Pennsylvania: “Every year they write those numbers on our doors”: Enumeration, Seeing, and Invisibility in AIDS Research in Malawi
Liu, Jennifer, University of California, Berkeley/San Francisco: Enumerating Ethnicity and Identity
Sangaramoorthy, Thurka (organizer), University of California, Berkeley: Numerical Subjectivity in the Time of HIV/AIDS
Ozkan, Esra, Massachusetts Institute of Technology: Becoming a Better Number: The Landscape of Quantification in the United States
Benton, Adia (organizer), Harvard University: “You don’t know how we suffer!” Numbers as Modifiers of Experience in Sierra Leone
Discussant: Nelson, Diane, Duke University

The Circulation and Travel of Public Health Models: Critical Intersections
Over the last two decades, numerous anthropological explorations of science and technology have closely examined the concepts of “travel” and “circulation.” Such analyses tend to investigate how different knowledge, technologies, and techniques become not only “situated” in particular locations, but also how they become mobile. This panel follows this analytic thread by exploring a topic which medical anthropologists yet few science and technology scholars have studied to date: public health models. These models — often times originating in the global north — have increasingly traveled to sites where a particular “public health” issue may exist under different circumstances and may be produced in ways that resemble and differ from the original context. This panel, therefore, closely examines how various public health models have traveled to and within different ontological, institutional, and philosophical environments. Drawing on research conducted in both the global north and south, panelists investigate...
how these models are potentially morphed and transformed during the course of their circulation, creating difficulties, innovations, and transformations in their reproducibility across different terrains. They also explore the potential areas of contestation that are produced in the definition and implementation of models in the name of public health.

Reyes-Cortes, Beatriz (organizer), University of California, Berkeley: Structural Negligence, Padrinaje and the Maya Exotic: Explorations of a Traveling Mental Health Model

Stoneking, Scott, University of California, Berkeley / University of California, San Francisco: Global Circulation of Palliative Care: Junctures, Disjunctures and Social Change at the Deathbed in Thailand

Aulino, Felicity, Harvard University: Volunteers for Hire: The Promotion of Volunteer-Based Home Health Care in Thailand

Harris, Shana (organizer), University of California, Berkeley / University of California, San Francisco: Out of Harm’s Way: Drug Use and the Uses of Harm Reduction in Argentina

Montoya, Alfred, University of California, Berkeley: Twilight of the Iyllys: PEPFAR’S Possibilities for “Harmonization” and the Uses of Corruption in HIV/AIDS Prevention and Control in Vietnam

Mahaffey, Erin, University of California, Berkeley: Markets as Models for Public Health: Social Marketing and Public-Private Partnership for HIV Prevention in Tanzania

Westgard, Bjorn, University of Illinois, Urbana-Champaign: Doctors in Development: Circuits of Public Health Training and Transnational Governance in West Africa

Food, Identity and Health: Political and Constructivist Frameworks

This panel presents ethnographic and quantitative research on food and health from a diverse set of sociocultural settings. Central to all the papers is the importance of food and food systems in people’s lives, and the strategies, struggles, and conflicts about food and health that may ensue through intervention by powerful political structures—whether these are governmental, public health, or the research establishment. Taken as a whole, the papers present historical and ethnographic perspectives on dynamic, contemporary patterns of food identity and consumption and the importance of anthropological research for understanding how and why people choose what to eat.

Garth, Hanna, University of California, Los Angeles: Food and Subjectivity in Santiago de Cuba


Manton, Elizabeth, Monash University: Obese is When You Can’t Really Walk

Methaphat, Chingchai, University of Washington, Seattle: “I’m more afraid of having nothing to eat”: How Thai Farmers Reframe Health Risk in the Contexts of Chemical Use in Fruit Production

Zekovich, Linda, Rutgers University, Camden: Phap Thu’nakphuk: Understanding the Khmer Rouge Regime’s Systematic Restriction of Dietary Intake and its Impacts on Khmers Living in the United States

Chair: Bentley, Margaret, University of North Carolina, Chapel Hill

Part 2: Health, Medicine, and the Body in Latin America

The domain of health and illness provides a unique perspective on understanding the interrelatedness of social identities and subjectivities, the individual and the state, and the processes through which health care decisions are made and treatment unfolds. Health and illness may be situated within individual bodies, but who those individuals are often shapes the types of illnesses faced and the paths that people have to seek treatment and healing. The papers in this session examine these themes through research in Latin America, focusing on how individual experiences of health and illness are shaped by the social, political, economic and cultural contexts of health and healing in Mexico, Colombia, Argentina, Venezuela, Guatemala, Ecuador and Chile.

Timura, Catherine, Vanderbilt University (chair): The Impact of Migration and Gender on Intracultural Variation in Health Beliefs in Pichacato, Mexico

Gongora, Andres, Universidad Nacional de Colombia & Medina, Ana Maria, Pontificia Universidad Javeriana & Abadia, Ces, Universidad Nacional de Colombia: Afflictions and Crises in Colombian Health

Hall-Clifford, Rachel, Boston University: Turning Diarrhea into Dinero: The Rags-to-riches Promises of Pharmaceutical Pyramid Schemes in Guatemala

McDonald, Emily A., Rutgers University: Patients in Circulation: Argentina and the Transnational Politics of Health Citizenship

Morrissey, Suzanne, Whitman College: Giving Birth to Indigeneity in Highland Ecuador

Parson, Nia, Southern Methodist University: The Structures of Feeling: Gender Violence, Trauma, and Subjectivity in Chile

Part 2: Learning the Clinical Gaze: Anthropological Perspectives on Medical Training

Medical anthropologists have a long-standing tradition of critically analyzing medical education. This work has engendered new social movements and influenced medical training, contributing to the development of the “biopsychosocial” model now prevalent in medical schools. However, the bulk of the ethnographic treatment of medical training took place prior to 1990. Since that time, medical education has undergone numerous changes. In addition to the spread of an essentialized version of the “biopsychosocial” model, there are contested legitimatizations of knowledge and definitions of evidence in medicine, alterations in the power-structure and economic relationships inherent to medical training, incorporations of molecular and DNA technologies into every-day practice, and growing structures of global health and cultural competency education. These transformations call for a reexamination of the socialization process in its current form. In this panel, we present a series of papers that tackle both the above-listed changes as well as more traditional concerns in the socialization of health care professionals. The authors utilize diverse methodologies—from auto-ethnography to comparative analysis, and a wide array of theoretical perspectives including political economy, science and technology studies, phenomenology, and practice theory—to enhance our understanding of the socialization of health care professionals.

Jones, Kohar, Yale University: Learning to See Like a Biomedical Scientist: My Medical Education at Yale

Menchik, Daniel, University of Chicago: Circumstantial Evidence: Managing Medical Knowledge

Homes, Seth (organizer), Columbia University & Ponte, Maya (organizer), University of California, San Francisco: Managing Uncertainty in the Clinical Presentation: The SOAP Note as a Disciplinary Form

Kenyon, Susan M., Butler University: Doctors in the Making: Medical Education in Central Sudan

Shao-hua, Liu, Academia Sinica: Learning to be Leprosy Doctors in China

Brada, Betsey, University of Chicago: Discursive relocations: Contradictions in Ward Teaching in a Referral Hospital in Botswana

Kane, Tanya, University of Edinburgh: A Clinical Encounter of East Meets West: An Anthropological Case Study of the Production of “American-style” Doctors in a Non-American Setting

Discussant: Nguyen, Vinh-Kim, Universite de Montreal

Materializing the Moral

Recent work on the biological and the political exposes an interesting intimacy; that of materiality at work in everyday life and as a product of economic relations. Yet, how can considerations of the material, in its sociality, inform our questions of both morality and the ethics of the human? In the realms of bioscience and the body, we have critical meeting points: morality as both embodied and disembodied, at once
reducible to the cell and yet imagined as immaterial and elusive. How are various conceptualizations of the moral and the material actualized in institutions and bodies? In this panel, we examine the moral imaginary at a variety of intersections: science and culture, body and soul, evolutionarily bootstrapped and divine, radium and enlightened. We explore how beliefs about materiality come to be inhabited, how it indexes a geography of knowing the world, and what counts as evidence? Across various projects, one sees that there is much at stake in where human morality is located and how it is constituted: from the rights and duties of citizenship, the treatment of health illness, and the advancement of medical technologies, to the acceptance of everyday evils and the constitution of moral orders.

Mole, Noelle (organizer & chair), Princeton University: Existential Damages: Soul Trauma and Work Harassment in Italy

Dumit, Joe, University of California, Davis: Moral Insurers: Patient Risk Prevention vs. Prescription Maximization

Robinson, Mark (organizer & chair), Princeton University: "Neuromaterialism": Mind, Monsters and The Chaos of Moral Experience

Gordon, Deborah R. & Manca, Maria Cristina, University of California, San Francisco: Producing Ethical Blood for Ethical Genome Diversity Science: Technical Innovation and Ontological Reproduction in the HapMap Project

Kopra, Abbe Rose, University of Chicago: The Illegitimacy of the Immaterial: Biomedicine's Problem with the Chronic Pain Patient

Discussants: Hogle, Linda, University of Wisconsin, Madison & Thompson, Charis, University of California, Berkeley

The Natural Environment and Human Health: Beginning Intersections with Occupational Science

Occupational science is an increasingly inter-disciplinary field which developed out of occupational therapy and which attempts to analyze the links between human activities (or "occupations") and health and well-being. While the natural environment has so far received almost no attention from occupational scientists, this panel suggests that an occupational perspective may help to further our understanding of the relationship between human health, well-being and the environment. Papers in this panel will attempt to begin a dialogue on the common theme of links between the natural environment, human health, and human activities. The panel will include presentations from occupational science as well as from related fields. Some of the main questions we wish to consider are: Why is nature important for human well-being? How do humans interact with the natural environment through occupation? How can knowledge from occupational science be used in conservation science and environmental policy making?

Aoyama, Mami (organizer), University of West Kyushu: The Natural Environment and Human Health in Occupational Therapy and Occupational Science

Ikiugu, Moses & McCollister, Larissa, University of South Dakota: The effectiveness of an Occupation-based Framework for Facilitating Change in Occupational Performance to Ameliorate Global Issues

Hudson, Mark J. (organizer), University of West Kyushu: Health, Occupation, and Climate Change in Medieval Hokkaido

Cassady, Joslyn, Drew University: Self-determination, cultural survival, and bureaucratic assessments of environmental risk

Stern, Pamela & Hall, Peter V., Simon Fraser University: “They come in, they go, they go get another job. They knew the heritage didn’t matter to them”: When Residents Oppose Environmental Clean-up

Discussants: Singer, Merrill, University of Connecticut & Morgan, Lynn, Mt. Holyoke College

Negotiating Personhood and Producing Populations through Genetic Technologies

The production of genomic knowledge and the commercialization of genetic technologies are playing an increasingly important role in redefining notions of personhood and reshaping populations. This panel illuminates these biosocial transformations from a variety of geographic settings and analytical orientations. Aglaia Chatjoul examines how emerging genetic technologies are transforming the experience of selfhood among thalassaemic individuals in Greece. Situating genetic knowledge in familial context, Claudia Petruccio examines competing understandings of heredity and risk among African Americans in Harrisburg, PA who utilize family health histories. Taking us to the population level, Jennifer Hamilton maps the intersections of race, ethics, and genomics in the International Haplotype Map project. Jan-Eerik Leppänen investigates how biobanking projects among southwest China’s ethnic minorities intersect with state development priorities, practices of race making, and contestations between medical researchers and social scientists. Finally, Jennifer Rioux takes us beyond the realm of genetics to consider how indigenous theories of Ayurvedic medicine correlate with emerging biomedical paradigms of epigenetics and personalized medicine. Together, these papers present ethnographically diverse and theoretically innovative perspectives on how emerging genetic technologies are shaping human experience, from intimate constructions of selfhood and redefinitions of kinship, to practices of race-making and the production of populations.

Chatjoul, Aglaia, University of the Aegean: Being a Thalassaemic in Greece: From Stigma to Difference

Hamilton, Jennifer A., Hampshire College: Race and Health in Post-HapMap Ethics and Genomics

Leppänen, Jan-Eerik, University of Amsterdam: Biobanking of Ethnic Chinese Minorities and Genetic Sampling Programs: Production of New Genetic Knowledge, Exchange Process and the Response

Petruccio, Claudia, University of Pittsburgh/Institute for Cultural Partnerships, Harrisburg, PA: Gifts and Stories: Community-Based Family Health History and Narratives of Risk

Rioux, Jennifer, University of North Carolina, Chapel Hill: Ayurvedic Scientific Theory and Emerging Correlates in Biomedicine: Epigenetics and Personalized Medicine

Chair: Song, Priscilla, University of Washington in St. Louis


Occupational therapists in the United States, Canada, Australia and elsewhere are engaged in vibrant conversations and actions to promote occupational justice. The concept of "occupational justice" was proposed by occupational therapy scholars Elizabeth Townsend, Ann Wilcock and Gail Whiteford. Their intervention follows upon the founding of occupational science at the University of Southern California in 1989, a new discipline drawing from occupational therapy, anthropology, and other fields. New movements, edited volumes and projects such as Occupational Therapy without Borders, A Political Practice of Occupational Therapy, and the NAPA-OT Field School in Antigua, Guatemala focus on occupational justice. Occupational justice is defined as access and participation of marginalized groups in the culturally meaningful forms of activity that make a life well-lived. Occupational science was intended to help liberate the profession of occupational therapy from narrow constraints imposed by hegemonic institutions of health care and higher education. The question arises how to keep a radical edge to "occupational justice" and free it from the same structural constraints that prompted occupational therapists to found a new, demedicalized discipline. This panel offers critical perspectives on occupation for marginalized groups and reports on empirical research, new alliances, and social practices that promote occupational justice.

Mernar, Thomas J. (organizer), Seton Hall University: Using a Transactional Approach to Address Occupational Injustices of Nursing Facility Institutions

Pizzi, Michael, Touching Humanity, Inc.: Promoting Personhood: Awareness and Occupational Social Justice through a Community-Based Arts and Education Not for Profit Organization

Rudman, Deborah Laliberte, Governing “Later Life Workers”: Critical Reflections on “Productive Aging” Discourses in Relation to Occupational Justice
Discussants: Townsend, Elizabeth (organizer), Dalhousie University & Frank, Gelya (organizer), University of Southern California

Rethinking Health and Consumption: Models of Wellbeing, Paradoxes of Value
This panel explores the dynamic relationship between consumption, health and the creation of contemporary subjectivities. Much has been written on the roles of consumption and commodification in fashioning and validating modern identities, but linkages between consumption and health beg to be further documented and interrogated. Shifting distinctions, globalized desires and transnational agendas come together, privately and publicly, as consumption patterns change with wide-ranging effects. These papers engage lived experiences of consuming and their significance for political economies of health and identity. Bourdieu remarked that distinction, inequality and difference are produced and reproduced through common desires and daily practices. Along with creation, there is erosion. While consuming and longing to consume, we get consumed by deceptive fears, distorted appetites and insidious messages. Traditional practices are globalized, vilified or forgotten as new forms of (inter)dependency are created. The authors examine the role of health in choosing what/how to consume and the unique ways in which informants link consumption to wellbeing; tensions among public health messages and corporate messages; specific rationales and experiences behind what is consumed; new categories of consumption; struggles to resist dominant paradigms through acts of consumption, and the significance of particular goods or services for articulating health and worth.

Giroux, Stacey (organizer), University of Florida: “Well….if you Consider potatoes healthy”: Models of Healthy Consumption in Upstate New York
MacDonald, Margaret, York University: Making Bodies and Selves in the Consumption of Midwifery Care
McNamara, Karen, Syracuse University: License to Sell: The Consumption of Herbal Medicine in Bangladesh
Moran-Thomas, Amy, Princeton University: The Paradox of Non-Communicable Epidemic: Contradictions of Consumption and the Emergence of Diabetes in Northern Ghana
Quiroga, Seline Szcupinski, Arizona State University: Advertising and Perceptions of Nutrition by Low-Income Latino Youth
Rhine, Kathryn A., Brown University: Ambiguity, Beauty, and (In)Conspicuous Consumption: Living Positively with HIV in Northern Nigeria
Ross, Anamaria V. Josif (organizer), Utica College: From Sweet to Sour: Unpacking Raw Milk Debates in the Margins of Europe

Discussant: Masquelier, Adeline, Tulane University

Stigma, Dissent, and Prevention in HIV/AIDS
Four papers will be presented within the context of HIV/AIDS stigma, resistance, and prevention. The first presentation turns to understanding how racial disparities in infection and the transition to post-AIDS converge in the lives of older HIV-positive people. The role of stigma is examined in the illness narratives of older HIV positive minority men. The second paper addresses the emergence of two opposing ideologies in the US—the Religious Right and the gay/queer rights movement. This presentation focuses on John Lauritsen's persistent rejection of the HIV thesis, two fictions by the African-American fantasy writer Samuel L. and alternatives to views found in Diseased Pariah News and Infected Faggot Perspectives. The third paper compares the experiences of a small cohort of poor, HIV positive mothers with medical care and treatment in Brazil and the United States in order to understand how these prevention efforts might be made more effective. It argues that stronger social and institutional networks, as well as the Universal HIV treatment program, provided Brazilian women with forms of support that were absent in the experiences of their US counterparts. The final paper argues that the HIV virus is fraught with a standpoint of reductionism that simplifies HIV transmission and prevention and builds upon the foundation of negative stereotypes within the purview of American popular culture. Therefore, the stigmatized social construction of Black women with HIV/AIDS further complicates African American women’s efforts to empower themselves with HIV/AIDS prevention, care, and treatment.