



# SECOND OPINION

## Annual Meeting Preview: Emergency Ebola Roundtable Now Scheduled

December 3-7, 2014 | Washington, D.C.

ALEX EDMONDS (U AMSTERDAM)

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The SMA is pleased to have a particularly stimulating program at the AAA Annual Meeting this year in Washington D.C. There will be 66 panels, which include seven invited sessions, five roundtables, and a special “emergency roundtable” on the Ebola epidemic, recently added to the program. Assembling the program we were impressed by the regional and intellectual breadth of the field. A few themes in particular stood out.

Several panels tackle healthcare politics and policies, from critical reflections on the politics of evidence in global health to an invited session on politics and risk in the wake of Obamacare. There are various cross-disciplinary explorations. Two invited sessions examine boundaries between medical anthropology and linguistic anthropology and between medical anthropology and public health, while a third panel—co-sponsored with the American Ethnological Society—addresses “care” in ethnography. In fact, care is the theme of seven other panels as well, spanning issues of lifespan, place and time. Another theme of interest this year is the eating body, with a roundtable on eating disorders, and panels on obesity, metabolism, and the microbiome.

As has often been the case in the past, there continues to be considerable interest in reproductive and sexual health, including a roundtable revisiting Rayna Rapp’s

*Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America*. A double session (one of which we were able to invite) engages a book by another seminal figure in medical anthropology: the forthcoming *Affliction* by Veena Das.

We noted other clusters of interest (and this is by no means an exhaustive list!) around religion and healing, mental health, and biotechnology. Finally there are at least two events of special career interest: a roundtable on NIH funding and all-day workshop on the intriguingly titled “That Almost Finished Journal Article.” Also on this year’s schedule is the AAA Distinguished Lecture to be given by Bruno Latour on Saturday, December 6, 4:30-6:15 p.m.

The emergency roundtable on Ebola (“Averting Chronically Acute Crises: Bringing Anthropology to and from the Global Ebola Response”), organized by Doug Henry (U North Texas) and Susan Shepler (American U) will occur Friday afternoon, 2:30-4:15 p.m. Participants include Sharon Abramowitz (U Florida), Julienne Anoko (WHO, UNICEF Guinea, Niger), Patricia Omidian (WHO Liberia), Fernanda Falero (MSF Spain), and Mark Nichter (U Arizona). The session will discuss the current state of the epidemic and global response to it.

Following on the heels of a meeting of the AAA Emergency Work Group on

the Ebola outbreak, the session brings in a diverse group of global anthropologist-practitioners who have been active in the current epidemic. They, together with members of the AAA Work Group, will explore possible new structures of collaboration between academia and practice among anthropologists as related to this and future epidemics, disasters and global health emergencies. Relevant issues will include the insights medical anthropologists bring to global response teams, what anthropologist-practitioners in the field need most from colleagues located elsewhere, limitations in anthropologists’ contributions to such crises, and the ways in which biases or assumptions about “culture” have influenced responders’ efforts.

Due to a record number of submissions this year there were many high quality sessions that were regrettably not included in the program. For more information about this, a discussion about changes to the AAA venue, and more elaboration on SMA sessions and program events, see McLean’s article in the previous (August) issue of this newsletter.

We highly encourage members to attend the SMA Business Meeting, which is scheduled slightly later than in past years: on Friday night, 8:30-10:30 p.m. The meeting will include the Awards Ceremony and Presidential Address, to be given by SMA President Linda Garro. The business meeting will be followed by a reception and cash bar as in previous years.

Finally, we’d like to thank Claire Snell-Rood (U Kentucky, postdoc) and Adrienne Remmert (Central Michigan U, recent B.A.), who served on the program committee and gave invaluable help in putting together the program this year.

# Student Members Awarded Travel Grants

## *Preview Their Annual Meeting Papers*

SMA Student Travel Scholarships provide \$500 for travel expenses for SMA student members to present at the AAA Annual Meeting. This year's winners, who will attend the upcoming meeting in Washington D.C. are Zakea Boeger (U Hawai'i at Manoa), Danya Glabau (Cornell U), Jocelyn Killmer (Syracuse U), Anna Ruddock (Kings C London), and Lily Shapiro (U Washington).

Our society will recognize these students at the SMA Business Meeting and Awards Ceremony on Friday, December 5, 2014, 8:30-10:30 p.m. We invite you to preview their paper abstracts, below, and to attend their talks to learn more about their work.

**Zakea Boeger** will present "The Promiscuity Vaccine: Biomedical Hegemony in Human Papillomavirus (HPV) Vaccination and Education" in the session "Methods, Strategies, and Processes Toward Health," on Saturday, December 6, 9-10:45 a.m.

The HPV vaccine Gardasil, released by Merck in 2006, contributed to the reframing of HPV to the general public, raising questions regarding the purpose and necessity of such a vaccine. In particular, Gardasil's "One Less" campaign was especially integral to establishing a nearly synonymous connection between HPV

and cervical cancer. In the U.S., this led to debate over whether the "Promiscuity Vaccine" should be legally required. Alternatively, in places such as Australia and the U.K., school-based pilot programs offered HPV vaccinations to young women as part of regular preventative care.

Taking these diverging paths as a starting point, this presentation draws on an international body of anthropological and public health literature to highlight how, while some of these programs enjoyed "success" in terms of increased vaccinations rates, follow-ups later revealed that many of the women vaccinated remained unclear regarding the basic "tenets" of HPV, including connections between HPV and cervical cancer.

This presentation argues that HPV education has come to occupy a peripheral space in HPV vaccination campaigns, leading to distressing gaps in public knowledge, and raising questions regarding how "success" is both defined and pursued within biomedical vaccination paradigms.

**Danya Glabau** will present "The Moral Life of Epinephrine" in the session "Magical Machines: Mysticism and Modern Technology" on Wednesday, December 3, 2014 12-1:45 p.m.

Epinephrine auto-injectors are medication-delivering devices that allow a per-

son to self-administer epinephrine in order to stop a severe allergic reaction. While this technology is commonplace, ongoing ethnographic fieldwork in allergy clinics, patient support groups, and food allergy advocacy communities in the United States reveals that the moral significance of auto-injectors is a complicated matter.

Access to epinephrine auto-injectors is now a rallying point for efforts to lobby for the interests of food-allergic people, based on a risk calculus that equates access to these devices with safety, life and health. Knowledge about the appropriate use of epinephrine auto-injectors and the willingness to use them when needed can signify the strength of a caretaker's sense of obligation toward people with food allergies, especially food-allergic children.

In an effort to make them easier to use, a new auto-injector model literally speaks to users in a calm, robotic voice, underscoring the complicated moral status of this class of devices. Studying the varied uses and meanings of epinephrine auto-injectors offers a way to explore how medical devices can become thickly imbued with meaning within communities of users, and how such objects can subsequently anchor disease advocacy and support projects.

**Jocelyn Killmer** will present "Reluctant Villagers: Young Urban Doctors in Rural North India" in the session "Doctors: Influencing and Being Influenced by Their Work and Subjects," on Sunday, December 7, 2014, 10-11:45 a.m.



*Travel grant winners Zakea Boeger (left) and Danya Glabau (right)*

Desperate to improve health indicators in underserved areas, the state government of Rajasthan, India requires medical graduates who wish to work in the public sector to serve at a rural clinic. Most young doctors, however, enter rural service with reluctance.

In this paper, Killmer explores how the migration of urban-trained allopathic doctors produces a particular story of the Rajasthani village. She focuses on how doctors' narratives overlap with and stand in contrast to popular narratives of the Indian village. For example, the move from city to village is not a satisfying return to the "real" India and to the extended family, as it is often portrayed in popular media, but is a source of isolation and anxiety. Moreover, doctors see the village as a space populated with "backwards" and uneducated people who are likely to retaliate with violence if something goes wrong with their treatment. Doctors become vulnerable outsiders, far from their protective social networks. Killmer asks how doctors have produced this story of the village, and how the rural landscape as experienced by doctors ultimately affects the provision of village health care.

**Anna Ruddock** will present "Producing Medical Citizenship at the All India Institute of Medical Sciences (AIIMS)" in the session "Doctors: Influencing and Being Influenced by Their Work," on Sunday, December 7, 2014, 10-11:45 a.m.

The rich anthropological literature on medical citizenship attends overwhelmingly to the experience of patients. Practitioners are rarely discussed as embodying a form of medical citizenship in their own right, with a particular bearing on a

politics of health. At a time of burgeoning conversation around the poor state of Indian public healthcare, the paper presents mid-fieldwork reflections from the All India Institute of Medical Sciences (AIIMS) in Delhi, India's pre-eminent public teaching hospital.

Based on participant observation and interviews with MBBS students and senior surgical residents, the paper is set against a national backdrop of variable public health infrastructure, a thriving corporate sector, and a growing trend towards "super specialization." It asks whether the idea of a practitioner-citizen is at all helpful in trying to understand the roles that AIIMS students may go on to play in the politics of Indian healthcare.

**Lily Shapiro** will present "Visiting Surgeons, Indian Roads, and Medicalizing Risk," for the session "Doctors: Influencing and Being Influenced by Their Work and Subjects," on Sunday, December 7, 2014, 10-11:45 a.m.

This paper draws on pilot research conducted with visiting surgeons at a

large hospital in South India. While earlier work on "clinical tourism" (Wendland, 2012) considers the implications of untrained or semi-trained medical students doing rotations at under-resourced hospitals, this paper focuses on qualified surgeons visiting high-tech hospitals in India. These surgeons come from around India and the world to observe surgeries or complete a fellowship at a hospital specializing in plastic and orthopedic surgery to which they are drawn, not by altruistic motives, but rather by the sheer volume of surgeries, particularly those in the wake of serious accidents.

This paper critically investigates this notion of volume and the medicalization of risk. As many of the most serious surgeries occur in the wake of road traffic accidents, this paper considers how these doctors discuss, engage with and judge Indian roads, finding that many of these doctors are quite critical of the state of roads in South India, while only occasionally acknowledging the fact that their experience in the operating theater is enabled by such conditions.



*Travel grant winners Jocelyn Killmer (left), Anna Ruddock (upper right) and Lily Shapiro (lower right)*

# Revisiting the SMA Takes a Stand Initiative: Applying Scholarship to Health Policy

MARK NICTER (U ARIZONA)



In recent years, the policy-related efforts of the Society for Medical Anthropology have centered around the policy statement (PS) initiative (see “From the President” column in this issue).

As the board of the SMA reassesses how best to support future public policy agendas, I have been asked to reflect on the SMA Takes a Stand (TAS) initiative introduced during my term as president, 2001-03. At that time, I also served on the American Anthropological Association’s first public policy committee, which was charged with finding ways to make anthropological research more visible in the press and to policymakers, and providing informational support to the AAA on high profile public policy issues.

During the first year of my presidency, the SMA Executive Board took the important step of hiring a part-time webmaster to create and maintain a dynamic website essential for the SMA to remain a relevant and effective organization in the years ahead. We began to discuss, as part of this new site, a mechanism that would better enable SMA Special Interest Groups (SIGs) and other working groups to engage in public policy issues in a more organized and visible way that could benefit the broader SMA membership, other AAA sections, and the public.

I proposed Takes a Stand as an opportunity for SMA to test different ways of encouraging dialogue and educating members about policy-related issues through our website.

## TAS Goals and Process

The Board approved the TAS initiative based on a set of five agenda: (1)

to identify anthropologists with expertise in key health-related areas; (2) to raise consciousness about high profile public policy issues within the SMA membership, using the website to foster dialogue and circulate balanced, authoritative working papers and policy issues; (3) to identify high-priority gaps in research warranting attention by university-based and practicing anthropologists; (4) to provide anthropologists with a substantial supporting document (developed through a process of critical assessment by experts in the field) to inform grant applications on topics related to TAS initiatives; and (5) to propose, when warranted, policy recommendations that might be approved by the SMA Executive Board and forwarded to the AAA Committee on Public Policy for review and possible adoption.

The ideal TAS process was designed to have eight steps and take two years to complete. First the SMA or SIG would identify potential issues to consider, then an ad-hoc committee would be constituted to take the lead in guiding the TAS process through next steps. The committee would assemble a working bibliography on the topic, requesting feedback from experts and eventually posting the bibliography on the SMA website as a teaching resource.

One or more members of the ad-hoc group would be charged with producing a short overview paper (or in some case papers) related to the issue to identify research gaps and priorities for anthropologists, posting the working paper on the SMA website and revising it based on comments received. The committee would next organize a session at the annual AAA or SfAA meeting to introduce the anthropological community to the issue and generate feedback. To encourage dynamic conversation, the session would include additional relevant papers on the topic by experts and new voices outside of the ad-hoc committee.

Based on feedback received, members of the committee would write an overview article for *Medical Anthropology Quarterly* or another appropriate journal, identifying the article as the product of a TAS process under the auspices of the SMA or a SIG, depending on who initiated it. The TAS article would undergo the journal’s peer review process. Where appropriate, additional manuscripts, such as those presented during the meeting panel, could be submitted to comprise a special issue of the journal on the TAS topic. The TAS materials would remain on the website, with committee members updating them as the issue evolves and additional literature is generated.

## Reflections

I recommended that the SMA Board try the TAS process as proposed and modify it based on experience. If the TAS process proved effective, we could encourage SIGs to take up TAS initiatives on their own in the future.

To test the Takes a Stand model, the SMA first convened an ad-hoc task force to consider the role of anthropology in critically assessing, monitoring and contributing to clinical trials to make them more ethical, culturally sensitive and scientifically valid. At the time, the ethics of clinical trial implementation and the outsourcing of clinical trials were growing public policy issues. Only a handful of anthropologists were conducting research on what was clearly a large policy issue in need of additional lines of inquiry.

The ad-hoc committee leading that first TAS initiative carried out the first six steps of the process. A working overview of the issue document and bibliography were well received, comments from members on the web were forthcoming, and a conference session at the AAA’s was well attended, though the TAS process did not result in a publication.

When I stepped down as SMA president, I was asked to take on a leadership role in the newly reconstituted Critical Anthropology for Global Health SIG

(CAGH, joining together the Critical Medical Anthropology and Global Health SIGs). With the strong approval of SIG members, we convened an ad-hoc committee to undertake a TAS on anthropology and global health from a health systems perspective. This proved to be a positive experience for the SIG and resulted in a widely cited *MAQ* editorial by James Pfeiffer and myself—the first SIG-initiated TAS publication.

Based on this positive experience, CAGH began organizing its meetings around the TAS process as a means of mobilizing members to work on high profile policy issues. To date, the SIG has fully completed another two TAS processes and produced peer-reviewed articles published in *MAQ*. The first TAS focused on migrant worker health and the second on health insurance reform. Notably, the migrant worker TAS committee (Heide Castañeda; Jessica Mulligan; and Sarah Willen, chair) has maintained an active blog on the topic.

The second TAS committee, exploring insurance reform, worked in conjunction with an insurance working

group constituted by the SMA Board and assembled by Carolyn Sargent. This group (Cesar Abadía; Amy Dao; Sarah Horton, chair; Jessica Mulligan; and Jennifer Jo Thompson) also reached out to members of other SIGs. Articles generated by this TAS process were also published in *MAQ* after going through peer review and addressed both international and national insurance reform issues.

Two other CAGH-initiated TAS are well underway and have produced working bibliographies and statements. A TAS focusing on e-health (Tanja Ahlin, chair; Victor Braitberg; Vincent Duclos; Nora Kenworthy; and Mark Nichter) cosponsored a session at the AAAs with members of the Science and Technology SIG that was well attended. New CAGH leader Rachael Chapman is presently guiding a recently convened TAS group on health austerity (Megan Carney, chair; Judith Justice; Vinay Kamat; Mark Nichter; and James Pfeiffer). What has impressed me most is that all four of these TAS initiatives have involved ad-hoc committees composed of junior and senior anthropologists as

well as graduate students.

Based on experiences to date, I believe TAS initiatives have proven to be one effective mechanism for engaging public policy issues, be they sponsored by the SMA Executive Board or SIGs. At the level of SIGs they have also proven to be a productive way of mobilizing members around issues. They are not the only public policy mechanism needed, however, and are best suited for topics can be carefully examined over a two-year time period. Other mechanisms are required to address urgent policy issues.

Have TAS served the purposes they were originally intended to address? They have no doubt informed the field of medical anthropology, but have they informed policymakers and the media? These questions require further examination. It would appear to me that we are more likely to have a broad, tangible impact on policy issues when the SMA works in concert with a proactive AAA Committee on Public Policy, and when our publications become more publicly accessible.

*From the President*

## Getting Ready for SMA Business at the AAA Annual Meeting

LINDA C. GARRO (U CALIFORNIA, LOS ANGELES)



It is hard to believe that almost a whole year has passed since I became SMA president at the close of our society's business meeting on November 22, 2013. But the

2014 AAA meetings are fast approaching and I have been spending even more time than usual on SMA business, preparing for discussions and meetings that will take place in Washington, D.C.

Our annual SMA Business Meeting and Awards Ceremony will be held at the Omni Shoreham Hotel, 8:30-10:30 p.m. on Friday, December 5, 2014. This later

start time than in recent years is, in large part, a consequence of some scheduling changes instituted by the 2014 AAA program co-chairs that left us with few options. Similarly, while 10:30 p.m. is a late start time for our reception and cash bar, we hope that members will stay for the less formal part of the evening, to socialize with other members and congratulate our award winners. It is truly the attendance of SMA members at these annual events that makes them successful.

As part of the review of the Society's business and board activities over the past year, there are two topics that I feel merit special attention. The first is, once again, the future of publishing given that the current AAA "collective portfolio" contract with Wiley-Blackwell will end in

December 2017. Given the options described below, what are the relative merits of a move toward "gold" or "green" open access? The second, complementing Mark Nichter's piece in this issue, concerns the SMA's policy agenda and the implications of different approaches for endorsing statements that relate to these policy efforts.

### **The Future of Publishing: Green or Gold?**

In August 2014, a report titled "Society for Medical Anthropology: Response to the AAA Committee on the Future of Print and Electronic Publishing's (CFPEP) Request for a Five-Year Sustainability Plan (2016-2020)" was submitted to CFPEP by the SMA. This report was first supportively reviewed by SMA's Committee on the Future of Publishing (composed of SMA Board members, including the editor of *MAQ*, former editors of *MAQ*, and other SMA members) and subsequently endorsed by a strong positive vote of the SMA board. CFPEP, in turn, forwarded

the document, along with other reports submitted by publishing sections, to their “Publishing Oversight Working Group” (this working group includes representatives from publishing sections).

As I review the copy-edited version of this piece (on November 21), we have not received any response from the working group, or anyone else at AAA, that specifically addresses the report submitted by the SMA. While publishing sections have been told to expect feedback from the working group prior to the AAA meetings, and perhaps even Thanksgiving, the absence of a significant response to date complicates planning for the upcoming SMA business and board meetings.

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## “...what are the relative merits of a move toward ‘gold’ or ‘green’ open access?”

Things may indeed look different by the time of our business meeting.

Nonetheless, some comments are in order, with the caveat that my summary here inevitably oversimplifies a complex situation. The report submitted by the SMA conveys the assessment that our section’s interests are best served through continuing an arrangement with a professional publishing partner, rather than the SMA attempting to assume the responsibilities of a professional publisher. This does not mean, however, that the SMA necessarily supports something similar to our current contract as part of the collective portfolio. In addition to this possibility—which projections suggest would require increasing subsidies from member dues—the report assesses other potential paths. Additional options that we are open to exploring further include a partnership with a nonprofit publisher, such as a university press, and a gold open access publisher (which could also be a nonprofit publisher). The report indicates that the SMA remains receptive to continued consideration of options, through AAA-initiated requests for proposals to

potential publishing partners, for remaining aligned with other AAA journals as part of a collective agreement. Still, even as the SMA continues to dialog with AAA-level publishing committees, it behooves us to continue discussions among ourselves concerning future possible paths and the effort to strike a balance between increasing accessibility and sustaining our journal.

Under “gold” open access the final version of journal articles would be freely available without a subscription. As the free availability of journal articles to readers does not mean that there are no costs associated with publication, careful consideration of how costs are to be covered remains central when the move to “gold” open access is contemplated. The report presents a preliminary exploration of the financing implications of supporting gold open access through either member dues or article processing charges and raises the possibility of SMA fundraising initiatives to garner membership support for gold open access.

Taking steps to shore up and enhance *MAQ*’s status as a “green” open access journal (with the final copy-edited but not yet typeset version of an accepted article freely available without subscription) is another option discussed in the report. While the retrieval of final, typeset articles would still require some form of subscription-based access or other form of payment, the financial exposure of the SMA is potentially considerably lessened as the final publication costs of producing the journal (and these are real costs that must be paid by someone) can be largely covered by fees paid by subscribing institutions along with support through membership dues paid to the AAA/SMA. And it may be that non-profit publishers are better able to meet the complementary goals of strengthening “green” open access for all articles while reducing the article-processing fees needed to achieve “gold” open access for an individual article (in line with the requirements, for example,

of a funder or institution).

While other efforts may well follow, the SMA business meeting offers a possible forum for hearing from members about the strength of interest in pursuing gold open access versus further strengthening green accessibility, and the financial commitments and structures required for each.

### **SMA’s Policy Agenda and Process**

As I mentioned in my last newsletter column, in recent years the SMA’s policy agenda has centered on the SMA Policy Statement (PS) initiative. The SMA Policy Statement Initiative was envisioned as providing a route for allowing SMA official policy to emerge from the work and policy formulation of committees or groups affiliated with the SMA, especially the SMA special interest groups (SIGs). Prior to the PS initiative, the SMA’s main policy focus was the “Takes a Stand” (TAS) initiative, introduced when Mark Nichter was president of the SMA. As initially formulated, TAS statements could be put forward by a SIG (a SIG TAS). Alternatively, the SMA board could authorize the formation of a working group to develop a TAS on a policy-relevant matter (an SMA Board-initiated TAS).

The TAS and PS processes and work products differ in a few key ways. With a target length of around 1250 words, policy statements are intended to be much shorter than TAS statements, which have often taken the form of an in-depth, article-length exploration of an issue. While wide circulation and impact beyond anthropology and academia are desired outcomes of both the TAS and PS, the PS is explicitly oriented around promoting greater public awareness of the SMA’s stance on important policy issues. Thus, a PS needs to include recommendations for the public. For TAS, the achievement of a consensus position was never central to the initiative. For PS, one outcome of the process is an “endorsed” or “approved” document that can be broadly circulated as representing the position of the Society for Medical Anthropology.

Mark Nichter is currently chair of the SMA’s policy committee. One of the first

things we discussed after Mark agreed to serve as chair was our shared concern that the difference between TAS and PS was not well understood among our members, adding a level of complexity to efforts to convey the SMA's current policy efforts.

Mark's piece on revisiting the SMA TAS initiative in this issue of the newsletter began as a document Mark sent me soon after our first conversation. As Mark notes, TAS initiatives continue to offer a framework for lively and productive discussions that effectively mobilize engagement with public policy issues. A recent example of a TAS, published in the March 2014 issue of *MAQ*, is titled "Critical Anthropology of Global Health 'Takes a Stand' Statement: A Critical Medical Anthropological Approach to the U.S.'s Affordable Care Act." A preliminary version of this TAS on what was then called "health insurance reform" was available for review by the membership on the SMA website in February 2012 (more on this below).

This example demonstrates how although there has been a shift to a PS approach at the SMA board level that began some time before I joined the board, TAS remains relevant to at least some of the SIGs given the ongoing TAS-inspired efforts and/or discussions presently underway. A quite recent example is the Critical Anthropology of Global Health (CAGH) SIG's ongoing work on a TAS addressing austerity and health.

Over the past year Mark, other members of the SMA Policy Committee (Tazin Karim Daniels and SMA board member and incoming Policy Committee Chair James Pfeiffer) and I have worked to clarify the difference between the TAS and PS initiatives to SIG chairs, along with raising questions to learn about each SIG's involvement with and interest in the TAS and PS initiatives. With reference to the feedback and answers received from the SIG chairs (which have been carefully analyzed by Tazin), this discussion will continue in Washington when the SIG chairs have their annual meeting with SMA board members. The SMA Policy Committee and I concur that it is also time for the board to take stock and reassess the

SMA's policy agenda. This discussion will be on the agenda for the Saturday evening SMA executive board meeting during the AAA meetings in Washington, D.C.

As also reported in my last column, a draft version of the policy statement submitted by the Council on Anthropology and Reproduction (CAR), titled "CAR Opposes Legislation that Creates Barriers to Safe Abortion Care," was posted on the SMA website for review and comment by SMA membership during August 2014. Before being posted on the SMA website, this statement was reviewed by the SMA Policy Committee and Executive Board.

Based on feedback received through the review process (from the Policy Committee, SMA board members and the general membership), CAR submitted a revised PS to the board for their endorsement. I am happy to report that the board voted to endorse the PS submitted by CAR. Some issues relating to the PS's publication are currently under discussion, but once those are resolved a press release will be prepared in consultation with the Policy Committee for dissemination when the board-endorsed PS is published and made publicly available and easily accessible on the SMA's website.

In exploring the TAS and PS processes, and reading through some earlier material concerning TAS, I became curious about the process for designating a TAS as an "SMA Takes a Stand statement" because this implicates the SMA as "standing" behind (or with) a TAS. My curiosity was piqued by the statement, mentioned above, that was posted for membership review by CAGH in 2012 on the SMA website. CAGH referred to this initial posting (prior to revision and publication in *MAQ*) as a "preliminary SMA 'Takes a Stand' statement" on health insurance reform. I wondered about this rendering of the CAGH TAS as a preliminary "SMA TAS."

As I have been advised by Mark, the label of "SMA TAS" is only potentially relevant when a TAS process is initiated by the SMA board. The CAGH health insurance reform statement, in contrast, was the product of a SIG-initiated TAS process (as is the final publication of the TAS in *MAQ*). While there does appear to

be some confusion about statements that can aspire to the designation of "SMA TAS," the process of confirming any statement, including a board-initiated TAS, as an SMA TAS is murky. Can an SMA TAS be confirmed or endorsed as such by the SMA board or does such confirmation or endorsement require a vote by the SMA membership?

For the PS initiative, a parallel to the issue of who "stands behind" an SMA TAS statement is the question of who "stands behind" a PS. As noted above, the PS approach was envisioned in relation to the development of "SMA official policy" with an "approved" PS serving to convey the "SMA's stance on important policy issues." The issue of what it means for a PS to take on the status of the "official policy" of the SMA arose during my initial discussions with Mark and is more pressing now that the PS submitted by CAR has received the endorsement of the SMA board.

Is it sufficient to say that a PS has been endorsed by a vote of the SMA board for the goals of the PS initiative to be met? Or is a positive vote by the membership required? The SMA bylaws do differentiate between an "act of the SMA" and "an act of the Executive Board." Both are "official" but to say something is an "act of the SMA" requires a majority of votes cast by the general membership in support of a motion. A topic that I hope we will have time to discuss at the SMA business meeting is whether the membership would value being able to vote on endorsing policy statements.

### **Closing Thanks**

This is the last issue of "Second Opinion" that our founding newsletter editor, Dinah Winnick, will produce. As Dinah will not be in attendance at the SMA business meeting, I want to take this opportunity to thank her, on behalf of the board and the membership, for everything she has done for the SMA. Dinah sets high professional standards and the SMA was lucky that she responded to Past-President Doug Feldman's call for an editor. It has been a true pleasure to work with, and learn from, Dinah. She will be greatly missed.

# SMA Welcomes New Digital Communications Manager

DINAH WINNICK (UMBC)

After two years serving as newsletter editor and social media manager for the Society for Medical Anthropology, I'll soon be passing the baton. My time as editor has been a tremendous opportunity to expand the breadth of my knowledge of medical anthropology, from scholarship related to reproductive rights, mental health and e-health to aging and the life course. I find particularly exciting the ongoing SMA conversation around how to make anthropological research and perspectives more publically accessible and impactful.

SMA's new digital communications manager will be **Elizabeth Lewis**, a doctoral candidate in anthropology at the University of Texas at Austin. Her research examines the growing social movement within the rare and undiagnosed disability community, and she is particularly interested in the experiences of families struggling to obtain diagnoses for their children. Her work is closely

informed by her background in medical anthropology and disability studies, as well as by innovative approaches to digital methodologies and ethnographic writing.

Elizabeth is an outspoken advocate for the use of digital and social media in anthropology, and she has extensive experience in this arena. She is a contributing writer for *Somatosphere* and has been an editorial intern for *Cultural Anthropology* since 2010. She is also the founder and editor of *Disability Fieldnotes*, one of the few websites devoted to the anthropology of disability. Elizabeth is very active on Twitter and can be found at @lizlewisanthro.

Our incoming manager is passionate about using her skills to expand the SMA's digital footprint. She plans to significantly expand the SMA's social media presence to facilitate new connections within anthropology and beyond. She will also coordinate the SMA newsletter,

"Second Opinion," which remains an important resource for the medical anthropology community.

Please join me in warmly welcoming Elizabeth to our SMA community. She looks forward to collaborating with SMA members and leaders on upcoming initiatives, so please contact her with any ideas and keep an eye out for exciting developments in the year ahead.

For my part, I'm thankful for the wonderful community of scholars I've found in medical anthropology over the past two years. In my current role as director of communications at the University of Maryland, Baltimore County (UMBC), most of my day-to-day work does not focus on anthropology, but I look forward to staying connected with my SMA colleagues in the years to come. Thank you for two wonderful years.



Elizabeth Lewis

## Meet Our Incoming Board Members

*Newly Elected Leaders to Start Term at December Meeting*



**John "Juan" Luque** is an associate professor in the Department of Community Health, Behavior and Education at Georgia Southern University in Statesboro and adjunct member of the Georgia Regents University Cancer Center in Augusta.

Luque received his doctoral degree in medical anthropology and his MPH from the University of South Florida, where his research was focused on child respiratory health and natural disasters in Andean Ecuador. He also received postdoctoral training in behavioral oncology at the Moffitt

Cancer Center in Tampa. He has served as principal investigator on multiple research projects sponsored by the National Institutes of Health on cultural factors related to cancer screening and attitudes toward cancer prevention in Latino and African American populations in the U.S. South. He is currently testing the effectiveness of lay health advisor programs to increase cancer prevention and control in these populations. He has expanded his interest in cancer education to work with a cervical cancer screening clinic in Cusco, Peru to promote screening opportunities in low resource communities.

Luque has published over 30 peer-reviewed articles in scholarly journals in anthropology, medicine and public health. With Chad Morris, he co-edited

"Anthropological Insights on Effective Community-Based Coalition Practice" for a special issue of the *Annals of Anthropological Practice* in 2011 as part of his continued interest in community-based approaches to research.

Luque has served on the SMA Career Achievement Committee since 2012 and is a past member of the Critical Anthropology of Global Health Caucus.



**Lesley A. Sharp** is Ann Whitney Olin Professor of Anthropology at Barnard College and senior research scientist in sociomedical sciences of the

Mailman School of Public Health at Columbia University. Her areas of specialization include religious forms of healing, body commodification, anthropological



critiques of bioethics, and the moral dimensions of experimental science.

Sharp is the author of five books, including *The Possessed and the Dispossessed: Spirits, Identity, and Power in a Madagascan Migrant Town* (1993); *Strange Harvest: Organ Transplants, Denatured Bodies, and the Transformed Self* (2006), which won the SMA New Millennium Book Prize; *The Transplant Imaginary: Mechanical Parts, Animal Parts, and Moral Thinking in Highly Experimental Science* (2013); and the forthcoming co-edited volume with Nancy Chen, *Bioinsecurity and Vulnerability* (2014).



**Elisa "EJ" Sobo**

is a professor of anthropology at San Diego State University (SDSU). Prior to joining SDSU in 2005, she worked for the Veterans Healthcare Administration and, before that, for Chil-

dren's Hospital San Diego. Her current research focuses on the intersection of education and the cultivation of health.

Representative publications include "Salutogenic Education and the Lifescape Paradigm: Movement and Whole Child Health in a Waldorf (Steiner) School"; "Play's Relation to Health and Well Being in Preschool and Kindergarten"; and "High Physical Activity Levels in Waldorf/Steiner Education Reflect Alternative Developmental Understandings." Recent books include *Dynamics of Human Bio-cultural Diversity: A Unified Approach*; *The Cultural Context of Health, Illness and Medicine*; and *Culture and Meaning in Health Services Research: A Practical Field Guide*.

Sobo is presently on the editorial boards of *Anthropology & Medicine*, *Medical Anthropology*, and *Medical Anthropology Quarterly*. She has served on the Society for Medical Anthropology's executive board previously (2004-07), and she has chaired various SMA interest groups as well: the AIDS and Anthropology Research Group (AARG, 1999-2000), the

group for Clinically Applied Medical Anthropology (CAMA, 2001-03), and the Council on Infant and Child Health and Welfare (CICH).

Within the AAA, EJ has served on and co-chaired the Committee on Public Policy (CoPP, 2009-11) and she is presently on the steering committee of the Anthropology of Childhood and Youth Interest Group (ACYIG, 2011-present).



**Cathleen Willging**

is a senior research scientist at the Pacific Institute for Research and Evaluation. She is also adjunct associate professor in the Dept. of Anthropology at the University of New Mexico.

Willging received her doctoral degree in anthropology at Rutgers and undertook her postdoctoral studies at the University of New Mexico, where she specialized in both mental health services research and evaluation. Willging is a practicing medical anthropologist focused on public mental health and substance use services in the United States, institutional ethnography, health care reform, and the advancement of culturally- and contextually-relevant programs to support marginalized groups affected by persistent disparities.

Shaped by anthropological theory and praxis, Willging's research bridges the fields of public health, psychiatry, and social work, and typically involves mixed-method research designs, participatory methods, and team-based ethnography. She has researched and written about a variety of topics related to managed care, health policy, rural populations, and implementation of major systems-change initiatives to provide child welfare and mental health services in multiple states.

Willging's current work is concerned with adapting and developing mental health interventions to help ameliorate the effects of social injustice experienced by psychiatricized populations, including incarcerated women and gender and sexual minorities.

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