

BOOK REVIEWS

Half-Lives and Half-Truths, Confronting the Radioactive Legacies of the Cold War.

Barbara Rose Johnston, ed. Santa Fe: School for Advanced Research Press, 2007. x + 326 pp.

Brian McKenna

University of Michigan-Dearborn

The world is in a perilous financial meltdown. This book addresses the industry that introduced us to that term. There are 439 nuclear power facilities on the planet to look after. At least two nuclear reactors have already suffered partial or full meltdowns (Three Mile Island in 1979 and Chernobyl in 1986) causing much bodily and psychological suffering, especially in the now-radiogenic communities that surround the plants. The current financial meltdown has come from the U.S. government's embracement of neoliberalism, a movement that abandoned effective regulatory oversight over banking, housing, and Wall Street. Has the homeland security state, under neoliberalism, done any better regulating the most lethal industry in the world, nuclear?

Not on your life. As Johnston and her 14 anthropology colleagues make abundantly clear, it's not just nuclear meltdown disasters that we should fear but the cradle-to-grave circuit of nuclear production. This circuit includes: (1) uranium mining (Navaho miners have been especially hard hit with thousands of deaths), (2) uranium processing (there are 2.35 billion tons of radioactive "tailings" remaining after uranium extraction), (3) weapons development (between 2001 and 2004, tens of millions of cubic meters of liquid radioactive waste were dumped into Russia's Techa River), (4) testing (2,057 nuclear tests have

occurred the world over spreading fallout far and wide), and (5) disposal (anthropologist Edith Turner, astounded at a very high cancer rate in Alaska's Inupiat community in the 1990s, helped illustrate that it was not "lifestyle" but a nearby radioactive dump site that accounted for the spike). Worldwide thyroid cancer, leukemia, birth abnormalities, and other conditions linked to nuclear exposures are far more extensive than previously thought. The anxiety of living next to a radiogenic site is felt by millions.

Moreover, the majority of the suffering—more than 70 percent—has occurred in indigenous communities, referred to by one critic as "national sacrifice zones" (p. 301). Johnston entitles one of her own chapters "more like us than mice" (lower case as in original). The phrase is drawn from a transcript from the Atomic Energy Commission Advisory Committee on Biology and Medicine that referred to indigenous peoples as such. Johnston writes, "This view—that human groups are more or less evolved, with primitive 'natives' being biologically inferior to Western 'civilized people'—was a common and useful notion . . . dampen[ing] any moral qualms about the planned use of the Marshallese population in human radiation experiments" (p. 26).

The Marshall Islanders have suffered greatly. As we learn in the chapter by Holly Barker, they live in Micronesia, acquired as a trust by the United States as a kind of war booty after the United States defeated the Japanese in World War II. On the atolls of Enewetak and Bikini in the Marshall Islands the United States detonated 67 thermonuclear weapons from 1946 to 1958. It was the equivalent of 1.5 Hiroshima-style bombs dropped every single day for 12 years (p. 214). The 6.3 billion curies

of iodine-131 released there is 150 times greater than the estimated 40 million curies released at Chernobyl. U.S. government researchers evacuated some Marshallese and enrolled them in a secret medical experiment, called Project 4.1, to ascertain the radiation effects on human beings. Marshall Islanders were placed back on the radiogenic islands—with its contaminated food, soil, and water—to monitor their health and calculate radiogenic effects. And they found a very long list of them, from diabetes, growth impairment, and sterility to miscarriages, congenital birth defects, and cancer. The National Cancer Institute predicts hundreds of additional cancer cases into the 21st century. The medical and public health infrastructures are overwhelmed. Meanwhile, in 2009 the U.S. government contributes just \$7 per patient per month in the communities most affected by the testing programs. According to Barker, “There is no oncologist in the Marshall Islands, no chemotherapy, no cancer registry, and no nationwide screening program for early detection” (p. 215).

Johnston and her contributors used participant-observation, interviews, surveys, literature reviews, government documents, freedom-of-information-act (FOIA) requests—with much governmental material redacted—and engaged advocacy to ascertain the hidden history of what Johnston calls the “first nuclear age.” It is, of necessity, transdisciplinary work. The chapters represent critical ethnographic case studies from the United States (secret nuclear dumping in Alaska, mammoth radiation releases in Hanford in Washington State, rebellious Navajo uranium miners in Arizona and New Mexico, frightened downwind communities in Nevada, and pseudopublic participation programs in Rocky Flats Colorado), the South Pacific (e.g., the toxic Marshall Islands), and two former Soviet republics (secret nuclear cities in Russia’s Chelyabinsk, a site whose radiologic accidents were worse than Chernobyl; and Kazakhstan, a region blanketed with radiation from 496 Soviet-era nuclear tests). The articles are well integrated and build to a

powerful concluding essay by Laura Nader and Hugh Gusterson. The book has seven maps, 16 photographs, and seven tables. My favorite figure is on the cover itself: a bright yellow and orange rendering of a nuclear explosion replete with seven soldiers in silhouette. It signals that the book will be unconventional, and it is.

The decades-old silence within biomedicine and anthropology regarding nuclear catastrophes is duly noted. When scientists produced data that contradicted the official story they found themselves outcasts, discredited, or unemployed. The message: there are severe consequences for speaking out. The results are deplorable. As Johnston puts it, “control over scientific findings allowed the systematic use of half-truths to pacify public concerns while expanding the nuclear war machine” (p. 2). In this light every anthropologist must learn the name Earle Reynolds, and the chapter by David Price is a good place to start.

In 1951, Reynolds, a physical anthropologist, moved his family to Hiroshima to work as a biostatistician for the Atomic Bomb Casualty Commission’s Pediatrics Department. The more he learned about the devastation and the physical and psychological horrors endured by the Japanese, the more he became convinced that the nuclear arms race had to be stopped. He understood that his work was to survey the bodies of Hiroshimans to predict casualties in a later nuclear war. He quit and became a world renowned activist. He received letters of support from around the world, even from Martin Luther King Jr., but his colleagues in the American Anthropology Association came to regard him as “a dangerous outsider” (p. 62).

Price used FOIA requests to learn to what extent Reynolds’s actions were monitored by the state. He was closely watched. Moreover, as Price notes, “Reynolds’s activist-applied anthropology radically unhitched mission from employment. His story illustrates how applied research findings can bear a weight of uncomfortable responsibility—a responsibility that if acted upon can lead anthropologists to take duty

bound actions... [that endanger] their careers. That it seems unusual to consider the outlaw Reynolds an applied anthropologist tells us more about the ethical banality we encounter in our work in mainstream applied anthropology than it does about Reynolds" (p. 70).

If one wonders why most choose to shun social activism and remain silent, a letter from a Marshall Islander to one Dr. Conard, a physician, helps provide part of an answer.

Your entire career is based on our illness. We are far more valuable to you than you are to us. You have never really cared about us as people—only as a group of guinea pigs for your government's bomb research effort. For me and the people on Rongelap, it is life which matters most. For you it is facts and figures. There is no question about your technical competence, but we often wonder about your humanity. [p. 45]

The anthropologists in this book are, however, critical rebels like Reynolds rather than that letter's addressee. True to their interdisciplinary training and moral conscience, they do not compartmentalize knowledge to restricted technical fields. Rather, as citizen anthropologists, they advocate for the people they study.

One of the most significant case studies in this regard is by Edith Turner who openly reflects on how she transformed from a traditional academic into what Johnston calls a "proactive scholar-advisor-advocate who works for and with her host community" (p. 14). Turner shows that there have been professional advances within anthropology since Reynolds's era: she can legitimately become an open advocate circulating in the corridors of power in Washington, DC, on behalf of her community.

Again and again the book illustrates this dramatic form of anthropology that directly intervenes into public policy—and often gets results. For example, in 1999 Johnston joined Barker to conduct a form of anthro-

logical action research to help develop personal injury claims for the Marshallese. With support from the Public Advocate for the Nuclear Claims Tribunal and a Marshallese Advisory Committee, they developed a model to rethink the meaning of land value in accordance with traditional views, where land is not owned but is a means to sustain life. Drawing on Native American–First Nation–Aboriginal case law and related methodologies, they wrote reports, organized testimony and worked tirelessly behind the scenes as advocates. In a spectacular April 2007 decision, 16 years since the first claims were filed, the Nuclear Claims Tribunal awarded the claimants \$1.03 billion, setting enormous precedents for years to come.

And yet, despite this terrific work, Johnston and Barker often seem to be doing it in the margins. As Laura Nader notes, "over the past fifty-plus years, relatively few American anthropologists... have voiced opposition to this [Marshall Islands] destruction" (p. 304). Nader critiques the scores of anthropologists who worked in the Pacific, like Margaret Mead, but never spoke up about the nuclear testing. More than just to criticize, the book provides much insight into why.

The book has only a few minor weaknesses. It would have benefitted from a more intricate theoretical discussion of the culture of neoliberalism. Also, I would have added an appendix that explained the treadmill of nuclear production, in simple form, using graphics and pictures, for those readers new to the subject. And the book would have benefitted from a case study on emerging nuclear powers like India, or China, which has had more than 40 weapons tests to date.

But these gaps pale in relation to the book's fundamental strength: it serves as a means to inform as it models how to do engaged medical–environmental anthropology. It underscores the importance of studying up. I have used the book as a template for student research with good effect, for instance in my "Anthropology of Health and Environment" course. I teach just a few miles from Monroe's Fermi plant, site of a

“partial fuel melting event” in 1966. News of this was kept from the public for seven years. My students conducted ethnographic research into the Monroe area and found deep community fear and anxiety over exposures. Although official medical and public health documents reassured them that all was fine, a good many attributed their cancers and health problems to the Fermi complex and were frustrated that their physicians discounted their concerns. As of this writing there are plans for building a new reactor at the site, despite increasing community protest.

Beyond its use for galvanizing student researcher-activists in anthropology, the book will be helpful in courses on energy policy, ethnographic methodology, engineering, and science and technology studies. The writing is suitable for both undergraduate and graduate students.

As a youth in the 1970s, I remember attending a powerful speech by physician and nuclear activist Dr. Helen Caldicott. I was struck by her sharp intelligence, passion, and by how well she integrated health, society, and politics to an important medical end. I did not see this happening in medical school, so I turned away from a career as a physician and chose medical anthropology instead. Unfortunately, in graduate school, activism was frowned on. I wish I'd had this book then. This book is a blueprint for a kind of engaged anthropology that matters.

Jinn Eviction as a Discourse of Power: A Multidisciplinary Approach to Moroccan Magical Beliefs and Practices. *Mohammad Maarouf*. Leiden, the Netherlands: Brill, 2007. xiv + 337 pp.

Bill Ward
University of South Florida

The book spends only a small portion of its focus on actual illness and health, but it does lay a foundation for understanding how mental and physical illness fit within Moroccan traditional culture. The author provides the perspective that the important

role played by indigenous spiritual healers or *shurufa* suggests the low status of Western medicine in parts of Morocco (indeed, some physicians use terminology originating from spiritual healers to attract patients).

Moroccans seem to attribute specific diseases to specific tribes of *jinn* [demons]. Jinn are identified by Maarouf as being of Muslim, Christian, and Jewish faiths, and *kuffaar* [infidels]. They are linked to fire, heat, and drought (p. 61) as well as illness. To heal certain illnesses, jinn must be evicted. Functions of the eviction process include: socialization of the patient, developing a shared worldview, provision of group support, assisting the patient to master the problem, eviction of the jinn, and membership in a cult. Not all of these functions have to take place for the process to be considered successful. What is apparent is that the client must admit to some moral lapse in judgment for the jinn to be willing to release him or her. The eviction process is very close to that I found among priests and witches in rural Ghana and the *Houngan* in Haiti.

Jinn eviction is a process that presents an alibi to explain irrational fears and anxieties: “The *Shurufa* are, in this sense, intuitive psychiatrists” (p. 166). Women and the unschooled seem to be the most frequent clients. Maarouf also mentions that there is a system of charging patients based on their ability to pay.

It is interesting that a part of the eviction is done without reciting from the *Quran* but, rather, by beseeching the Saint. This may support the theory that the system of Sainthood may parallel, rather than be subservient to, Islam and may explain why small movements seem to spring up around the Muslim world appearing to conflict with the true tenants [tenets] of Islam. Sufism and Sainthood generally have received the support of the kings of Morocco, perhaps as a way of keeping the more radical movements of Islam at bay, because Sufism tends to be more of an individual internal system of beliefs. In fact, the royal family has continuously made efforts to be legitimized by

the Moroccan Islamic Order. To show the nature of this reciprocation, the king and his father have held under house arrests leaders of the Islamic Jihadist movement tied to the Saudi Wahhabis (very conservative orthodox Sunnis typically at odds with the Sufi movement predominating in Morocco).

Maarouf spent considerable time in fieldwork in communicating directly with the subjects of his book and in translation of religious documents. He introduces a number of sociologic and anthropologic models to integrate his fieldwork and historical documents. He references Souriau's model of the "founding" legend (Gilgamesh, etc.) and its components and asks "How well does this fit with the Saint/*barakalafriyt*/jinn legend of Morocco?" He also provides kinship and descendent charts and includes maps showing the juxtaposition of the various lineages, their fields, and their *zawaayah* [religious corner or hangout]. At the end of the book, there are numerous photos of documents along with translations and photos of the settings in which he worked; these enhance the book's message. Because I was familiar with the Arabic terminology but not how it is in use in Morocco, I found myself flipping back and forth between the writings, the documents, the charts, and the maps. They were extremely useful. Readers are encouraged to print out a copy of the glossary and keep it at hand while going through the book.

The book is useful reading for those in the field of cross-cultural mental health and psychological rehabilitation. It would not be useful for someone simply interested in gaining a brief overview of aspects of traditional life since it is much too deep for that and is heavy reading. Its strengths are its detail, its in-depth understanding of certain aspects of Moroccan society, and its modeling of a process of spiritual healing.

There are not a lot of weaknesses in the book. The author has done a good job of making a personal transformation from what appears to be a rather urban orientation to the primarily rural view the book gives. Further, although not the apparent intention of the author, as addressed briefly

above, the book helps answer important questions of interest to the Western audience who often draw incomplete opinions about Islam, a religion typically of peace and submission.

In conclusion, the book is very well done and is an important addition to the fields of medical anthropology, mental health, and psychiatry. It also adds significantly to our understanding of Middle Eastern religion, culture, history, and politics.

The Making of Psychotherapists: An Anthropological Analysis. James Davies. London: Karnac Books, 2009. vi + 312 pp.

Karen Seeley
Columbia University

Although psychoanalysts place a premium on developing individuals' capacities for self-reflection and self-knowledge, when it comes to examining their own discipline they have failed to cultivate a similar reflexivity. According to James Davies's fascinating book, the medicalized mental health landscape in which English psychoanalytic institutes currently operate—which favors cognitive and pharmaceutical treatments—further discourages analysts from critically assessing their institutional systems, theoretical assumptions, and professional practices. Indeed, the struggle for survival that this landscape fosters has increased the insularity and conformity of a field that already is distinguished by its rigid adherence to orthodox traditions.

Davies's provocative study invites readers to do what psychoanalysts long have refused to do: to closely examine the workings and aims of psychoanalytic training institutions or institutes—especially the overriding aim of ensuring their preservation. Treating the institute as a community, he sets out to discover its social structure, mythologies, and rituals, and the ways it secures their reproduction. Because the author is a psychotherapist as well as an anthropologist, he enjoys dual vantage points and an uncommon degree of access, letting readers enter a world that ordinarily is closed to outsiders.

Before continuing, it is important to note that this book, set in England, uses the term *psychotherapists* to refer to those who are trained in models “stemming from Freud’s original teaching” (p. 18), including the classical analytic stance of abstinence and objectivity. This distinguishes them from the majority of U.S. practitioners. In the United States, English psychotherapists would be called psychoanalysts.

The book’s key question is: How do the pedagogical, experiential, and relational components of training ensure that the next generation of analysts acquires absolute faith in orthodox theories and their therapeutic efficacy? The strongest parts of this book directly address this question. As Davies makes clear, psychoanalytic training is a highly personal endeavor. Candidates’ subjectivity, sense of self, and emotional life are the principal tools of the trade. Moreover, to become psychotherapists, candidates first must be analyzed—a process that can take several years. This kind of requirement is unique to psychoanalytic training; medical residents do not have to undergo heart surgery to become cardiologists. The usual rationale for it is that trainees must resolve unconscious conflicts and other personal issues that might undermine their neutrality and objectivity as therapists. But the author effectively argues that much more is at stake. Patients, by definition, are troubled and are in need of expert help. Even when they are off of the couch and are engaged in the didactic aspects of their education, trainees can find it difficult to shake this sense of self-as-patient. Because the stuff of their private psychic life is also the stuff of their professional training, they often feel vulnerable, exposed, and judged both as persons and as aspiring practitioners.

The imbalances in power that characterize traditional patient–therapist relationships form the basis of other dyadic interactions in the institute. Davies claims that this is a key piece of the institute’s strategy for securing trainees’ conformity; the more powerless trainees feel, the more they seek to prove their worth by accepting estab-

lished formulas. Moreover, because dissent is pathologized, trainees quickly realize that it is unsafe to challenge teachings or to propose new perspectives. Psychoanalytic institutes thus systematically inhibit the free expression and critical thinking that they claim to prize.

At the same time, as the result of their personal analysis, trainees become psychoanalytic subjects; they come to see themselves and their minds in psychoanalytic terms. After experiencing an intense course of treatment, psychoanalytic precepts are no longer abstractions but are deeply internalized and embodied. Once trainees embrace them as true, they can apply them to others with absolute conviction.

This book’s insights are especially valuable when they are supported by ethnographic evidence. For instance, transcripts of clinical supervision enrich the author’s arguments on the reductionism of psychoanalytic etiology. The particular case presented illustrates the ways supervisors teach trainees to reshape patient’s stories to privilege internal experience and intrapsychic fantasy. During this process, they discard cultural information that is crucial to the patient’s predicament, because it has no place in psychoanalytic explanatory models.

The book is less convincing when it moves away from ethnography and imposes overly broad categories drawn from other studies to characterize psychoanalytic concepts and practices. In these cases, it fails to capture what is distinctive about institute training. For instance, in discussing the varieties of knowledge that are transmitted during trainees’ professional formation, the book informs us that senior psychoanalysts rely on “secret knowledge,” which they “intentionally conceal” (p. 110) from trainees to augment their power. However, rather than trying to withhold knowledge, they may be enacting specific norms regarding how and when its transmission should occur.

Further, while the book clearly depicts significant power imbalances between senior analysts and trainees, this emphasis

sometimes obscures other facets of their interactions. As an example, where prior accounts have discovered parallel interpersonal dynamics in institutes and in families, complete with intense attachments, such perspectives are absent here.

In addition, some of the book's arguments are problematic. In Chapter 6, the book attempts to explain why Freud developed "psycho-centric" theories that locate the sources of mental distress in the individual's psyche, rather than the social environment. The book suggests that Freud created such theories because he fit comfortably into his society. However, Freud came of age in Vienna during a period of virulent anti-Semitism. Key medical texts depicted Jews as malignant and mentally deficient. Freud was marked as racially other, to the detriment of his career. Consequently, it is critical to ask how Freud's tenuous position in his society, as well as his conflicts with it, influenced his work on psychoanalytic etiology.

Similarly, while the book is critical of psychoanalysis for supporting "the conservation rather than the development of psychodynamic ideas" (p. 116), it simultaneously criticizes the field's fragmentation due to the emergence of new schools of thought. If, as cogently argued in the book's final chapter, psychoanalysis arose in response to social problems created by modernity, then we should expect it to evolve as changing social conditions impose new demands on mental functioning; we should also expect it to take varying forms in different communities. Indeed, this "fragmentation" results from the same rejection of conformity and embrace of innovation that the author appears to desire.

Despite these concerns, *The Making of Psychotherapists* clearly accomplishes what it sets out to do. This thought-provoking book, which is suitable for teaching at both the graduate and undergraduate level, should make even the most unreflexive analyst question traditional institutional practices. If such questioning ultimately leads to better patient care, then we all stand to benefit.

When a Baby Dies of SIDS: The Parents' Grief and Search for Reason. *Karen Martin.* Edmonton: Qual Institute Press, 1998, ix + 315 pp.

Lisa M. Mitchell
University of Victoria

What is it like to lose a baby to Sudden Infant Death Syndrome or SIDS? This is the central question asked by sociologist Karen Martin in her qualitative analysis of interviews with 21 bereaved Canadian parents. Adopting a grounded-theory approach, Martin draws from the words and experiences of these mothers and fathers to offer a theoretical model of grief following SIDS and an examination of factors affecting parents' grieving processes. Her analysis focuses on how parents experience the loss, differences between mothers and fathers, the impact of the death and grief on marriage, and the factors affecting parental guilt. The book and her theoretical model are organized along a temporal framework of the SIDS death, beginning with the parents' emotional attachment to their infant, discovering the death, being devastated, trying to carry on as workers, spouses, and parents, and, finally, "learning to let go" of the grief. On the basis of her findings, Martin offers numerous recommendations for health and law enforcement professionals, as well as discussing the activities of SIDS agencies, and she provides a lengthy list of hypotheses to be investigated in future research.

When a Baby Dies of SIDS has much to commend it. Martin suggests that SIDS deaths are distinctive for several reasons including, for example, the automatic involvement of law enforcement officials, the absence of a simple explanation for what causes SIDS, and the fact that it entails the sudden death of an otherwise healthy infant. The book includes many quotes from the interviews with mothers and fathers and, as one might expect from a grounded-theory approach, the analysis stays close to their words, phrases, and ideas. Martin does not translate parents' experiences and ideas

into abstract or complex theoretical constructs. Although she does situate her findings within the sociological and psychological literature on bereavement, her focus is clearly on finding order within parents' stories of loss and suffering.

Many of the quotes are painful to read, and I suspect that bereaved parents will find much here that resonates with their own experiences, ideas, and statements. It is evident that Martin has attended carefully to both commonalities and diversity in the parents' suffering. Particularly noteworthy is her attention to the gendering of parental responses, frustrations, emotions, and interpretations and to the ways in which spouses interpret each other's response. In addition, Martin is frank in her estimation of the strengths and weaknesses of her work and writes openly about losing herself in the research and being overwhelmed by the grief of the parents. This reflexivity provides some insightful material for students and researchers.

Anthropological readers, however, may find several aspects of Martin's analysis frustrating. Although there are numerous passages quoted from the interviews, there is little sense of the men and women as individuals, living in and creating particular configurations of family, work, income, friends, neighbors, personal history, identity, and meaning. Bereaved parents appear only as brief interview passages undifferentiated even by pseudonym and abstracted from what are undoubtedly complex, entangled, partial, and contradictory stories of loss, grief, and struggle. Martin explains that ethical concerns and a desire to preserve participant anonymity within a relatively small research community motivated her to leave out these details, but this has two problems. First, to a large extent, parents' interpretations and actions are decontextualized from the very aspects of their worlds that inform, sustain, complicate, or mitigate their grief and through which they make some or no sense of the death of a child. Second, without being grounded in particular social worlds, parental emotions, grief, attachment to their infant, and cop-

ing strategies appear as if they are universal, rather than products of particular histories and particular ways of ordering society and meaning. The inclusion of longer passages or narratives about individuals or couples even without identifying details would work to convey a fuller sense of the relationships, meanings, challenges, and strengths through which the death of a child is experienced and interpreted by parents.

A further problem is that her analysis often feels as if it is imposing a particularly neat and tidy order and structure on the tumult and agony of having one's child die. In particular, throughout the analysis Martin makes use of 2×2 matrices, a strategy for organizing data by investigating the interaction of two factors under investigation in terms of four possible outcomes. This analytical strategy leads Martin to conclude, for example, that from among the diversity of parental experiences there are four mourning strategies, four marital types, four explanations of death, and four choices in dealing with challenges to "assumptive worlds." As useful as this sort of analytical technique might be for organizing data, the result feels contrived.

Martin's writing style and analysis is likely to be accessible to diverse audiences, including students, health care professionals, and researchers. However, the book reads very much like a thesis or dissertation: statement of problem, review of literature, data chapters, a return to the literature, conclusion and recommendations. The book is, in fact, based on research done by Martin for her master's degree; a thorough editing would reduce repetitive phrasing, bring the literature more fully into conversation with her findings, and enhance the narrative flow of the text.

In summary, *When a Baby Dies of AIDS* offers readers a glimpse into the suffering and struggle for meaning of mothers and fathers in Canada who lose a child to this disorder. For medical anthropologists, however, the absence of attention to the historical, cultural, and social contingency of parents' experiences and interpretations may raise more questions than it answers.

Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950–1980. Rebecca M. Kluchin. New Brunswick, NJ: Rutgers University Press, 2009; xi + 269 pp.

Gina Louise Hunter
Illinois State University

Rebecca M. Kluchin examines the legal history of sterilization in the United States in the second half of the 20th century, documenting how the surgery evolved from a tool of eugenics into a popular form of birth control. Surgical sterilization (via tubal ligation and vasectomy) has not received the level of scholarly attention that abortion and the birth control pill have garnered. However, *Fit to be Tied* shows that the history of sterilization use and abuse is key to understanding the struggle for reproductive rights in general in the United States. The book also illustrates dramatically how the reproductive experiences of American women have been highly stratified along race and class lines.

Kluchin contrasts the role of sterilization within the formal eugenics movement of the early 20th century with the neo-eugenic policies and practices that followed. Eugenics developed as a response to social anxieties in U.S. society wrought by industrialization, woman suffrage, and the influx of Southern and Eastern European immigrants. The “science” of eugenics offered a solution to limiting the supposed hereditary defects of criminality, illegitimacy, prostitution, and sexual promiscuity. Such social engineering appealed to white, middle-class Americans who feared that immigrants would outbreed the native born or “pollute” white racial purity, and that the offspring of “degenerate” families would become burdens on the state. Eugenics proponents sought to “better” U.S. society by encouraging “fit” (i.e., white, middle-class, native-born) women to reproduce, while restricting the reproduction of those deemed “unfit”—poor, minority, “feeble-minded,” and immigrant men and women, and women found guilty of sexual delinquency. “Fit” women were pressed to reproduce in service to the nation, while

poor women, immigrants, and women of color became the target of state-enforced sterilization laws. Future battles over reproductive rights would spring from these divergent trajectories.

As the crude biological determinism of eugenics fell from favor in the post-WWII era, neo-eugenics emerged in response to new social anxieties posed by incipient civil rights movement, Mexican immigration, the expansion of welfare, and women’s roles outside the home. As Kluchin defines it, neo-eugenics is the continuity of ideas, policies, and practices of eugenics reframed for a new social context. Although never a formal movement, the ideology of neo-eugenics combined racist fears about “welfare queens” and “pregnant pilgrims” with concerns about an impending population explosion to promote the voluntary sterilization as a solution to these and other social ills. Interestingly, Kluchin demonstrates how the Association for Voluntary Sterilization (AVS) in particular was one agency that effectively bridged the transition from eugenic and neo-eugenic moments (as evidenced by its membership and politics). Through its political activities, public campaigns, and service provision, AVS helped to define medical and legal policy regarding sterilization as well as shape public acceptance of sterilization.

Although eugenic sterilization decreased after WWII, the practice of forced sterilization continued especially in the South where doctors secretly subjected black women to “Mississippi appendectomies.” In addition, the emergence of federal family planning policy, increasing legitimacy of voluntary sterilization, and lack of codified informed consent practices converged into a new form of coercion in which physicians, using their own neo-eugenic ideas of acceptable motherhood and family size, compelled “unfit” women to agree to sterilization. Thus, many women signed away their future fertility without the desire to do it or full knowledge of the implications of the procedure.

Other women were denied access to sterilization. With the introduction of the contraceptive pill in 1960 and the improvements to

IUDs in 1964, women came to expect nearly 100 percent effective birth control. By the 1970s, technological advances in tubal ligation made sterilization more accessible and attractive to women. As negative side effects of the pill and IUD appeared, women increasingly turned to sterilization as an alternative to greater control of their reproductive careers. Many white, middle-class women, however, encountered pronatalist attitudes among physicians and restrictive hospital policies such as age and parity guidelines for sterilization. Adherents to neo-eugenic ideologies allied with feminists fighting for greater access to reproductive health care to remove restrictions on sterilization.

Using court cases, news articles, and official documents, Kluchin follows both the middle-class white women's fight for greater access to reproductive health care and poor and minority women's struggle to be free of coercive sterilization. Her juxtaposition of fit and unfit women's legal battles in the post-WWII era is perhaps the book's greatest strength. Her discussion of specific court cases is the most engaging aspect of the book as we see how arguments from various sides were constructed and deliberations unfolded. Kluchin argues that the legal basis for legitimizing contraceptive sterilization followed precedents set by abortion cases in which reproductive freedom was defined primarily in terms of access. Although fit women fought for greater access to sterilization, women of color and other activists sought to put in place measures to protect women from undue influence of coercive doctors and social workers. Ultimately, competing reproductive politics proved divisive among feminists and within the reproductive rights movement.

Fit to be Tied is a valuable addition to the history of reproductive rights and wrongs in the United States and the history of American women's struggle to obtain reproductive control. It will be of greatest interest to historians of U.S. population policies, reproductive rights, and women. Although focused on U.S. legal history, it might be useful in women's and gender studies courses or anthropology of reproduction courses as it illustrates so well the stratified treatment

of reproduction and could be productively paired with a nuanced ethnographic study of reproductive decision making. This accessible and highly readable book will work best for students at the intermediate undergraduate level and beyond.

The usefulness of *Fit to be Tied* in the classroom is hindered by one major fault—the lack of an explicit definition and discussion of reproductive rights. Current conceptions of reproductive self-determination (and informed consent) take shape in the time period under investigation. Kluchin's discussion and interpretation of court cases rest on current notions of reproductive autonomy that she never fully explains or explores. Yet an understanding of the various facets of the concepts of reproductive rights and politics is necessary to be able to grapple with the history that Kluchin tells, and it is especially important given that neo-eugenic attitudes remain entrenched in U.S. society today.

Ethnographies of Prostitution in Contemporary China: Gender Relations, HIV/AIDS, and Nationalism. *Tiantian Zheng*. New York: Palgrave Macmillan, 2009. x + 244 pp.

William Jankowiak
University of Nevada, Las Vegas

Building on her earlier important ethnographic account, *Red Lights: The Lives of Sex Workers in Postsocialist China* (University of Minneapolis Press, 2009), Tiantian Zheng seeks to push her thesis that the social transformation of urban China has not only enhanced male hostility toward the central government; it has also fostered a related anger toward women, especially those who work in China's large-scale sex industry. Zheng argues that a new form of Chinese masculinity is being constructed from the ground up in response to requirements to participate in the emergent market economy. This economy rewards ambition, roughness, individualism, conspicuous consumption, rather than restraint, understatement, and gentility. These new and modified Chinese values have also

given rise to a more pronounced misogyny, most vividly manifested in the way Chinese males interact with sex workers.

Zheng discusses how men are ready to foster male bonding or solidarity by verbally abusing prostitutes assigned to flirt with and service them. Women for their part seem to put up with these rude and, for some, criminal acts to keep what is for many a good income compared to that earned through alternative nonsex service work (e.g., waitress or department store employee). In fact, the women are adamant about using their youth (18–22 years old) as a means to gain whatever high income they can obtain and say they will move on later to something else. Zheng does not explore what post-sex-worker employment might look like. Rather, she rightfully focuses on the lives of sex workers now and what it can tell us about social change across a number of different domains in contemporary China.

Zheng provides a concise, insightful overview of early-20th-century attitudes toward and advice regarding the importance that females reach orgasm (e.g., “go slow to receive her *qi* or essence,” p. 31) and prevention of pregnancy (e.g., “eat lots of live tadpoles,” p. 34). She cites trends in urban attitudes toward sexuality as revealed in local magazines that comment on the shift in China’s sexual morality from puritanical to libertarian (but does not say if these are state publications or part of the emergent mass of private publications that now litter the Chinese landscape). Zheng informs us that China’s rate of STDs along with AIDS is rapidly increasing. It is now estimated in the southern Chinese city of Shenzhen that HIV infection rate is increasing by 25 percent annually (p. 5). Clearly, Chinese society is facing a massive health crisis in the coming years.

Given China’s high rate of HIV infection, Zheng wants to understand the reasons Chinese males are reluctant to use condoms. For her, Chinese males’ disinterest in condoms constitutes a key symbol for understanding wider social issues. Zheng rejects Chinese males’ assertion that condoms reduce sexual pleasure or, in the words of one male, “feel like you are wearing a raincoat” (p. 52).

This sentiment—let alone this expression—is not unique to China. Being a careful scholar, Zheng cites research that reports similar attitudes among Thai, Kenyan, and Mexican men; I would add that many males on U.S. college campuses use this phrase too. Zheng insists, however, that the folk explanation of “reduced sexual pleasure” is a secondary or incidental motivation. For her, the primary reason for male reluctance has more to do with males’ desire to make a symbolic statement concerning their anger and hostility toward what many view as the state’s intrusive efforts to regulate personal and intensely private conduct.

In effect, males are tacitly engaged in a covert effort to undermine state efforts to discipline private morality. Oddly, Zheng notes a Chinese sociological study that found that 57 percent of men wore a condom if the prostitute was “high class” (i.e., more physically attractive and more educated) whereas “15 to 20 percent wore one for a [lower-class] streetwalker” (p. 5). Following Zheng’s logic, men who select a high-class prostitute would have less anger toward the Chinese state compared to men who select the cheaper, albeit less educated and, no doubt (because of, in part, the stress and strain of poverty), less physically attractive prostitute. However, it could be argued that men prefer educated, better-groomed, and physically attractive women and are more than willing to compromise their desire to achieve maximum physical sensation (i.e., wear a condom) to momentarily possess the more precious and valued object of desire.

Zheng is also adamant in her insistence that the primary reason males go to prostitutes is to make up for earlier years of state socialist induced sexual repression. She does not comment on why men in other Western and non-Western cultures, who never experience this repression, visit prostitutes. For her, Chinese men are simply responding via personal behavioral acts “against [repressive] socialist moralities” (p. 104). She also argues that the primary reason for Chinese engagement in extramarital affairs is motivated by an “active rebellion against government repression” (p. 106).

Zheng's analysis is anchored within a formalistic political economy framework that sees males and females as simply engaged in competitive, often hostile engagement that is based entirely around the pursuit of personal interest and gain. Against this view of basic "humanness," the notion of "agency" is periodically invoked to demonstrate that, no matter how much men and women are at odds with one another, on occasion, they can form common bonds against what they view as the Chinese state's relentless efforts to control their private lives.

Tiantian Zheng has that rare ethnographers' eye for detail and ear for conversational nuance that makes her work required reading for anyone interested in contemporary Chinese culture of sexuality. Although I disagree with her explanation for many of the behaviors that feature in her analysis, I am most taken with the quality of her data. It is a difficult undertaking to obtain this level of ethnographic insight, and Zheng's ability to obtain such rich information is impressive.

In sum, this book contains wonderful rich data and bunches of keen insights worthy of contemplation, reflection, and intellectual engagement. For those looking for a supplementary text, however, I would highly recommend Zhang's *Red Lights: The Lives of Sex Workers in Postsocialist China*. The book covers most of the topics explored in this study but does it in a more nuance and balance fashion. *Ethnographies of Prostitution in Contemporary China* is worth an earnest peek, but I suspect undergraduate and graduate students will find her first study the more rewarding read.

Biomedical Ambiguity: Race, Asthma, and the Contested Meaning of Genetic Research in the Caribbean. Ian Whitmarsh. Ithaca, NY, and London: Cornell University Press, 2008, viii + 225 pp.

Robert A. Halberstein
University of Miami

Biomedical Ambiguity is a monographic analysis of the epidemiological profile and

biomedical care systems of the Caribbean. It is largely based on data collected from two large-scale field investigations: (1) the Barbados Asthma Genetic Study, conducted as part of the multidisciplinary Collaborative Study on Genetics of Asthma (CSGA) and jointly carried out in several communities by research teams representing eight U.S. universities; and (2) the Genetics of Asthma in Latin America Study, a similar project expanded with data from additional Caribbean countries. The author notes that the Barbados portion of the study has produced "the largest database of asthmatics of African descent" (p. 30), and "Barbados is among the countries with the highest levels of asthma in the world, estimated at 18–20 per cent of the population" (p. 9).

The author states that Barbados was selected as a major research site because it is also considered a center for health care, medical education, and pharmaceutical field investigation in the eastern Caribbean by both industry and government officials. Nine chapters deal with topics ranging from theoretical problems with the race concept, the genetic basis ("chromosome linkage") and predisposition to the many forms of asthma, pharmaceutical approaches to asthma management, and logistical fieldwork problems encountered in drawing blood samples, administering questionnaires, and conducting medical exams.

The author offers his own recommendations regarding the possible redefinition of the disease and new approaches to its management, based on indigenous concepts of causes and meanings in the Caribbean. A number of scattered subtopics are briefly visited along the way: mothers as primary health care providers in traditional Caribbean societies, variations in Caribbean family structure, "biomedical excesses" (ch. 9) in rapidly changing health care systems, and possible reasons for documented resistance to the acceptance of modern medical care.

With its narrow focus on a limited number of topics, the book completely overlooks several important and relevant

subjects relating to Caribbean health conditions and healing systems, for example, the extensive inventory of medicinal plants and other natural medicines, the many culture-bound syndromes recorded for the region, religious and spiritual healing traditions, and so forth. M. Laguerre's classic book *Afro-Caribbean Folk Medicine* (1987) and the special issue of *Journal of Caribbean Studies* (Halberstein 1997) are not cited in the text or bibliography, nor were important compendia published by the Pan American Health Organization (PAHO) in Washington, DC, consulted.

In addition, *Biomedical Ambiguity* is completely devoid of tables, charts, graphs, figures, photographs, or other visual aids. The data mainly consist of unquantified anecdotal reports and quotes obtained from anonymous sources such as "drug supplier John," "Drug Service committee member Janet," and "a professor at the University of the West Indies in Barbados" (p. 49). The author also interviewed "one general practitioner who has a private practice in an eastern rural area," "a public health official," "a family doctor," and "one pharmacist" (p. 105). At the least, the author could

have consolidated all informant and interview details in one location in a "Methods" section before the findings are discussed. As is, no methods section exists, and we are left to imagine how the data may have been procured.

Despite the above-listed shortcomings, the volume does shed some needed light on the unusually high prevalence of asthma in Barbados and other areas of the Caribbean. In provoking questions, it will help clarify a similar finding in an ongoing epidemiological study by the present reviewer on the Caribbean American population of Miami, Florida, and should stimulate further research. The book is more suitable for research purposes than for use as a classroom text.

References Cited

- Halberstein, Robert, ed.
1997 Health and Disease in the Caribbean. Special issue, *Journal of Caribbean Studies* 12(1).
- Laguerre, M.
1987 *Afro-Caribbean Folk Medicine*. S. Hadley, MA: Bergin and Garvey.