Society for Medical Anthropology • October 2013 • Vol. 1 No. 4

SECOND OPINION

Catch the SMA Program in Chicago

Annual Meeting Preview

MARY READ-WAHIDI (U ALABAMA)

We anticipate a great meeting in Chicago. In addition to our four invited sessions, which were featured in last month's newsletter, we have an outstanding offering of close to 50 SMA-sponsored sessions. A few exciting examples include "Global Cancer: Institutions, Challenges, Stakes"; "Big Data in Big Biomedicine: Mining and Meanings for Healthcare"; "The Blame Game: Accounting for the Global Pandemic of Chronic and Noncommunicable Diseases"; "Thinking With Care: Ethnographic Engagements in Medical Settings"; and "Emergent Technologies, Future Publics."

We will sponsor four roundtables: "Looking Back, Moving Forward: Reflections on Public Engagement in the Anthropology of Alcohol, Drugs, and Tobacco"; "HIV Infection and AIDS Risk: Past, Current and Future Engagements"; "Engaging Participants and Researchers in a Shrinking Ethnographic World: Current Issues and Future Directions"; and "Towards an Anthropology of Mental Health: Current Issues and Future Directions."

Friday's poster sessions will feature a number of posters engaging the themes of "Global Health in Local Spaces" and "Medical Knowledge, Caregiving, and Treatment Choices."

Jaida Samudra will host a Saturday morning workshop titled, "That Almost Finished Journal Paper." The workshop should be of particular interest to junior professors and advanced graduate students. This hands-on workshop will provide the guidelines and feedback you need to finish and submit your article for peer review. We encourage early registration as participation will be limited to 20 people. See the conference website for additional information on the workshop registration process.

Our special interest groups (SIGs) will host their own open business meetings. These meetings offer great opportunities to learn more about the recent accomplishments and future plans of particular SIGs and to explore SIGs that you find of interest.

Thursday's lunch hour (12:15 p.m.) business meetings include: the Complementary and Alternative Medicine and Integrative Medicine (CAM/IM) interest group and the AIDS and Anthropology Research Group (AARG).

Friday's lunch hour meetings include: the Anthropology and Mental Health Interest Group (AMHIG), the Disability Research Interest Group (DRIG), and the Dying and Bereavement Special Interest Group.

At 12:15 p.m. on Saturday you can catch the Medical Anthropology Student Association (MASA) meeting; the Council on Anthropology and Reproduction (CAR) meeting; and the Science, Technology and Medicine (STM) interest group meeting. Both the Alcohol, Drugs and Tobacco Study Group (ADTSG) meeting and the Critical Anthropology of Global Health (CAGH) study group meeting will be held Saturday evening, 6:00 p.m. and 6:15 p.m., respectively.

In addition to the SMA program line-up, we hope to see you all out-and-about in Chicago—strolling along Lakeshore Drive admiring the amazing architecture or feasting on a famous stuffed pizza pie at Giordano's.

View from 103rd floor of Willis Tower, Chicago, Ill., March 2013 (Photo by Jamie McCaffrey)

Student Members Awarded Travel Grants

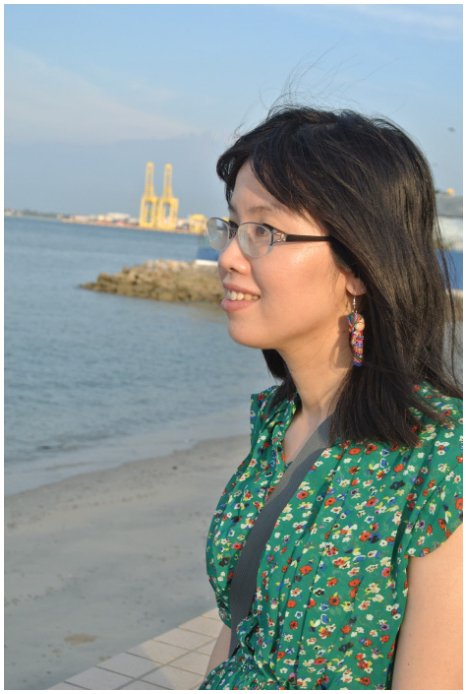
Preview Their Annual Meeting Papers

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 Chicago, are Tanja Ahlin (U Amsterdam), Yen Le (Australian National U, Canberra), Priscilla Magrath (U Arizona), Lisa Quirk (U North Texas) and Malissa Shaw (U Edinburgh).

Our society will recognize these students at the SMA Business Meeting and Awards Ceremony on Friday, November 22, 2013, 6:15-8:30 p.m. in Continental B (Chicago Hilton). We invite you to preview their paper abstracts, below, and to attend their talks in Chicago to learn more about their work.

Priscilla Magrath will present "Human Right to Health: A Flexible Friend?" for the session "Anthropology of Public Health Policy," Sunday, November 24, 2013, 12:15-2:00 p.m., Conference Room 4D. Drawing on ethnographic research at a district health office in West Java, Indonesia, the paper argues that the "right to health" operates as a "mobilizing metaphor" (Mosse 2004) that is used to garner support for government policies both within and outside of government, and to motivate health staff and volunteers to promote government programs. The right to health is written into the Indonesian Constitution of 1945 and into a number of laws and regulations. It is seen as being compatible with Islam and other faiths practiced in Indonesia. But it is successful as a mobilizing metaphor not only because of its moral force, but also because of its flexibility. An examination of specific health policies reveals how the human right to health is used in "everyday state formation" (Newberry 2006) to ensure congruence between divergent policy goals and to justify changes in policy over time.

Priscilla Magrath (U Arizona), at left, researching health governance in West Java, Indonesia



Yen Le (Australian National U, Canberra)

Yen Le will present "Beg in the City: Leprosy-Marred Bodies, Stigma and Agency—A Case Study of Leprosy-Affected Beggars in Vietnam" in the session "Health and Social Inequality," Wednesday, November 20, 2013, 8:00-9:45 p.m., Salon A-2. Drawing on ethnographic fieldwork in exclusive communities of people with leprosy and leprosy-afflicted street beggars in Vietnam, this paper seeks to elucidate lived realities of beggars affected by leprosy and their strategies to cope with such realities. Exploring leprosy-affected beggars' embodiment of experience (Csordas 1994), the paper argues the body is not only the site where leprosy enacts upon patients but also where sufferers in turn enact upon their leprosy, turning illness into the most compelling tool and powerful capital. Capabilities to deploy their bodily conditions and social stigma associated with their disease—the "leprosy capital," as this paper contends—constitute leprosy sufferers' agency to contest for the "leper" identity that they desire and manipulate public perception of leprosy for their benefits. As such, in contrast to stigma towards leprosy victims as weakened and marginalized, leprosy-affected people embody agency to encounter and engage the public in order to carve out various resources for themselves as ways to mitigate consequences of the disease.

Lisa Quirk will present "Food Environments and Food Security: Using Innovative Methodologies to Understand Food Sources for Low-Income Households in North Texas" with Nancy M. Gillis (U North Texas) and Lisa Henry (U North Texas) for the session "New and Renewed Methods in the Anthropology of Food and Nutrition: A Critique of What

Lisa Quirk (U North Texas)

Tanja Ahlin (U Amsterdam)

Works and Why, Part I," Thursday, November 21, 2013, 1:45-3:30 p.m., Conference Room 4M. As of 2010, food insecurity affected 48.8 million individuals in the United States. Of that number, nearly nine million lived in the state of Texas, making it one of the top ten states most affected by food insecurity. Previous research has shown that food insecurity is associated with poor health outcomes. The paper is based on research conducted on behalf of the North Texas Food Bank's Hunger Center, where we employed a variety of research methods, including in-depth ethnographic interviews and concept mapping, to learn how local communities utilize available resources and how they conceptualize "healthy" or "balanced" meals. This paper also discusses how specific methods bring context to the public health concern of food insecurity as a contributing factor in chronic nutrition-related disease, as well as provides recommendations and solutions for the Hunger Center.

Tanja Ahlin will present "The Doctor-Patient Relationship in the Internet Age: Health Practitioners' Perspective" (co-authored with Mark Nichter, U Arizona) in the session "Emergent Technologies, Future Publics," which she co-organized with Jennifer Jo Thompson (U Georgia) and Christine M Labuski (Virginia Tech), Sunday, November 24, 2013, 8:00-11:45 a.m., Conference Room 4M. Searching for health-related information online is the third most important activity for all generations of Internet users, including people who are over 65 years of age. According to estimations, there are over 20,000 websites that are dedicated to health, but the quality of these sites varies substantially. It has been claimed by some that the Internet has helped democratize medical knowledge and consequently contributed to patient empowerment, while others point out that Internet users are easily duped by infomercial sites pretending to be authoritative. Investigations of the impact of online health sites on doctor-patient relationship rarely focus on the health practitioners' reactions to technology-savvy and "better informed" patients. In this presentation, based on ethnographic data from Slovenia and USA, we examine practitioners' views of patients' searching for health information and participating in health forums online. In what instances do health practitioners find this problematic and/or positive? Do they discuss the use of Internet and online support groups with their patients or try to influence patients' searches of information on the Internet by either encouraging them to follow? Based on the fieldwork data obtained, Ahlin and Nichter will present the impressions that biomedical as well as complementary and alternative medicine practitioners in the two settings have about the future of doctor-patient relationship in the Internet age.

Malissa Shaw will present "Altering the Concept of Conception: the Medicalization of Reproduction in Colombia" in the session "Ethnographies of Reproduction and Neonatal Health," Thursday, November 21, 2013, 1:45-5:30 p.m., Conference Room 4H. Her paper draws on more than eight months of ethnographic research at two fertility clinics in Bogotá, Colombia. Shaw will discuss the context surrounding assisted reproductive technologies in Colombia, explaining that they have encountered a society that highly values children and parentage and defines status by one's access to medical treatment. Local values placed on these technologies are redefining the moment life is acknowledged and bringing into question the efficacy of bodily functions. Women seeing their bodies as faulty take to bed rest after IVF treatment, while others without medically explained fertility problems opt for treatment for convenience's sake. The increasing use of these high-tech treatments, particularly by couples with limited resources, is normalizing the use of these technologies, causing them to be seen as everyday medical interventions. Shaw will explore how the biomedicalization in this context is creating a generation of women who are convinced they need conception assistance to meet their societal role.

Malissa Shaw (U Edinburgh)

Session Spotlight

Remaking Life and Death in Chicago

SARAH FRANKLIN (U CAMBRIDGE)

For this year's AAA Annual Meeting, Margaret Lock and I organized a double-session sponsored by the AAA Executive Program Committee to commemorate the 10th anniversary of our volume *Remaking Life and Death: Toward an Anthropology of the Biosciences*. Since the book's publication by the School of American Research in 2003, this field has continued to expand rapidly. At this session we plan to look both forward and back at developments in the field.

Alongside many of the original contributors to the anthology—including Stefan Helmreich, Linda Hogle, Hannah Landecker and Lynn Morgan—the panel will feature papers from other anthropologists and historians engaged in conversations with the biosciences, including Sandra Bamford, Michelle Murphy, Aryn Martin, Janet Carsten and Sharon Kaufman. I will introduce the panel and my opening paper will address both the "turn to technology" in contemporary social thought more generally and the increasing engagement with reproductive technologies in particular. Margaret Lock and Henrietta Moore will serve as discussants.

A distinctive feature of the Chicago panel that resembles the earlier anthology on which it is based is the recurrence of very traditional anthropological themes in the analysis of many new high tech settings. Thus, for example, both Sandra Bamford and Janet Carsten will bring their longstanding expertise on kinship to bear on gamete and blood donation respectively.

Another continuing theme is the ongoing development of laboratory ethnographies, which are so crucial to the anthropological study of the "biosociety." These ethnographies bring the actual work of remaking biology into closer focus and challenge some of the stereotypes of "the age of biological control." This session will consequently be of interest both to anthropologists working on similar topics and to ethnographers engaged in research on science and technology. As one of the first volumes to introduce the concept of "biocapital," it is not surprising to see that this session will also continue to develop that theme, exploring the emerging bioeconomy-in-the-making in many of its aspects, from stem cells to what Michelle Murphy describes as "aggregate life."

The panel, "Rethinking Life and Death: Reflections on the Anthropology of the Biosciences" (2-0410), will be held 2:00-5:45 p.m. on Wednesday, November 20th, in Salon A-5 of the Chicago Hilton. It will be followed by a book launch for the two organizers' most recent publications: my new book B*iological Relatives: IVF, Stem Cells and the Future of Kinship* (Duke) and Margaret Lock's *The Alzheimer Conundrum: Entanglements of Dementia and Aging* (Princeton).

Meet Our New Board Members and Officers

Newly Elected Leaders to Start Term at November Meeting

Athena Mclean, PhD, is professor of anthropology in the Department of Sociology, Anthropology, and Social Work at Central Michigan University, where she teaches courses in medical anthropology, theory, ethnography, aging and global justice. During 2007-08, she was on leave to head the Ethnographic Research Unit of the TRIL (Technology Research for Independent Living) Project based in Galway, Ireland, where, as part of a multidisciplinary team, she explored elders' preferences and dislikes of technology. Her research has taken her to Greece and Cyprus as well as the U.S. and Ireland.

Mclean has enduring interests and publications in the production of medical knowledge, patients' rights and movements, and dementia care. She has more recently focused on personood and citizens' rights debates for clues on securing dignified dementia care and on the ethics of using monitoring technologies. She remains interested in the moral and experiential dimensions of caregiving and structural and ideological impediments to care.

Mclean's book *The Person in Dementia: A Study of Nursing Home Care in the U.S.* (U Toronto Press 2007) earned the SMA New Millennium Award in 2009. With Annette Leibing, she co-edited *The Shadow Side of Fieldwork: Exploring the Blurred Borders Between Ethnography and Life* in 2007 as part of her continued interest in subjectivity in ethnographic research. Her most recent articles explore ethical challenges introduced by monitoring technologies.

From 1994 to 1997, Mclean served as the co-chair of the group Critical Medical Anthropology (CMA)—now the Critical Anthropology of Global Health Caucus. She was CMA's coordinator for the Rudolf Virchow Award Committee from 1997 to 2007. *Contact: mclea1ah@cmich.edu*

James Pfeiffer, PhD, MPH, is associate professor in the Department of Global Health and the Department of Anthropology at the University of Washington, Seattle. He is also the executive director of Health Alliance International, a Seattle-based non-profit affiliated with the University of Washington, where he helps coordinate and manage a wide range of public health programs, operations research projects and program evaluations in

Mozambique, Cote D'Ivoire and East Timor.

Pfeiffer received his doctoral degree in medical anthropology and his MPH from UCLA where his interests centered on inequality and the political economy of health in southern Africa. He has conducted extensive fieldwork in Mozambique on primary health care, the scale-up of HIV/AIDS treatment and PMTCT, health system strengthening, and community health resources, including churches and traditional healers. Other research has focused on development policy, NGOs, churches and primary health care. *Contact: jamespf@wu.edu*

Jonathan Stillo is a doctoral candidate in medical anthropology at the City University of New York Graduate Center and SMA's new student representative. He was a 2013 international fellow at the New Europe College in Bucharest, an adjunct lecturer at John Jay College of Criminal Justice, and the former high school anthropology program manager at the American Museum of Natural History. He has received research grants from NSF, SSRC, Fulbright-Hays, IREX and the Romanian Cultural Institute.

Stillo has researched tuberculosis in Romania since 2006 and in that time has interviewed hundreds of patients and dozens of medical personnel. He also lived in a Romanian TB sanatorium for six months. His research focuses on the connections between TB and the health and social welfare structure, with a focus on the increasing role that medical institutions are playing in the provision of social welfare. Stillo served on the World Health Organization team that conducted the 2013 review of Moldova's national TB program and he is one of the founders of Romania's STOP TB Partnership.

His recent publications include: "Who Cares for the Caregivers? Romanian Women's Experiences with Tuberculosis" (*Anthropology Now* 4[1]); "Saving Lives or Just Documenting Suffering?" (Cac.ophony 2012); and "The Romanian Tuberculosis Epidemic as a Symbol of Public Health" in *Romania Under Basescu*, edited by Ronald F. King and Paul E. Sum. *Contact: jstillo@gmail.com*

Janelle S. Taylor, PhD, is professor and chair of the Department of Anthropology at the University of Washington. A medical anthropologist trained in sociocultural anthropology at the University of Chicago, she has researched and written about a variety of topics relating to medical technology, medical education and medical practice.

Taylor's publications include *The Public Life of the Fetal Sonogram: Technology, Consumption, and the Politics of Reproduction* (Rutgers 2008), and the co-edited volume *Consuming Motherhood* (Rutgers 2004). She is currently pursuing research on two topics: standardized patient performances in health professions education, and issues of recognition and care arising in relation to people with dementia. Both projects use ethnographic methods to explore how persons get represented within U.S. biomedicine and how these processes of representation carry social, cultural and political as well as clinical consequences.

Together with her University of Washington colleagues, Taylor has helped build a thriving medical anthropology program at both the undergraduate and graduate levels. She has also worked with colleagues at the University of Washington and other institutions in the region to organize two successful Cascadia Seminars in Medical Anthropology, and has held various other service roles in the SMA over the years. As someone who greatly values the professional community that the SMA provides, Taylor looks forward to serving as its secretary, as an opportunity to contribute to its ongoing vitality. *Contact: jstaylor@wu.edu*

Dying and Bereavement

SMA's Newest Special Interest Group

The Society for Medical anthropology has accepted a new special interest group (SIG), Dying and Bereavement. The objective of the group is to provide support to scholars who research in these areas, communicate information about resources and activities, and connect to other professional and academic groups with the same focus.

Anyone interested in participating in this interest group should send an email to Margaret.Souza@esc.edu. Please put "special interest group" in the subject. This email will enable you to join the Dying and Bereavement SIG listserv.

A name tribute at a funeral in Haycombe Cemetery, Bath, England, April 2005 (Photo by Adrian Pingstone)

From the SMA President

DOUGLAS A. FELDMAN (THE COLLEGE AT BROCKPORT, SUNY)

This will be my final column as SMA president. My two-year term in office as president ends on November 22nd. Looking back, it has been quite a productive two years. My philosophy from the beginning has been to provide greatly enhanced value to SMA members in exchange for their membership dues. With the cooperation of our Executive Board, I embarked on a series of changes within SMA that has substantially altered our organization.

Better communications were needed. I hired a new editor and we created an online newsletter, *Second Opinion*, which you are currently reading. We then created a Facebook page for SMA and a Twitter account. I also hired a new webmaster and we significantly revamped our website, which had not been updated for three years. We hired a new *Medical Anthropology Quarterly* editor, who has successfully streamlined the operations and budget of the MAQ editorial office. We also have made excellent progress in improving the SMA Global Directory, which had previously had several drawbacks. Our SMA blog, which had not been used for three years, was brought back to life. I also sent out a series of important messages to the SMA membership on the SMA President's Listserv.

During my term in office, the SMA Special Interest Groups (SIGs) took center stage. The AAA was no longer allowing our SIGs to maintain their own bank accounts or charge dues. So we began contributing at least $100 annually (more if needed) to each of our SIGs, paying the prizes for all SIG annual awards, and keeping a ledger for each of the ten SIG subaccounts, which could be rolled over yearly. We happily welcomed two new SIGs: the Anthropology of Mental Health Group and the Dying and Bereavement Group. I changed the SIG Chairs' Meeting, which had no refreshments served, into the SIG Chairs' Breakfast Buffet. I also strongly encouraged the development of SMA policy statements by our ten SIGs. Several SIGs have developed subcommittees that are actively working on developing policy statements, which may soon become official SMA policy.

I am currently organizing the Past Presidents' Reception, which will honor our 29 distinguished living or deceased former SMA presidents. This is, to my knowledge, the first time that this has been done, and hopefully will not be the last. Several former SMA presidents will be in attendance. This important event is scheduled for Wednesday, November 20, 7:30-9:30 p.m. in the Grand Ballroom of the Chicago Hilton. All SMA members and their guests are cordially invited to attend.

We organized and held the first joint SMA meeting with the Medical Anthropology Network of the European Association of Social Anthropologists in Tarragona, Spain in June 2013. It was an incredible success, bringing together medical anthropologists from not only North America and Europe, but from all over the world.

I created a new Research Committee, which conducted two vital research studies. In 2012 we conducted a study on our lapsed members and in 2013 we conducted a qualitative study on some of our current members. Both of these studies have given us a clearer knowledge of how we can better serve our membership. I also began the process of creating a new Friends of the SMA Committee, similar in purpose to the Friends of the SfAA, which will serve as the new fundraising arm of the SMA.

Early in my term, at the request of the AAA president, I encouraged the developers of the MCAT medical school entrance exams to include anthropology questions, and particularly medical anthropology questions, in the new MCATs.

We organized and held the first joint SMA meeting with the Medical Anthropology Network of the European Association of Social Anthropologists in Tarragona, Spain in June 2013. It was an incredible success, bringing together medical anthropologists from not only North America and Europe, but from all over the world.

We enhanced our business meetings, award ceremonies, receptions, programs at the AAA and the SfAA, and the presidential addresses. We reduced the student membership fee to only $10 in 2013, and we will be providing an option for receiving MAQ online-only for student members either in 2014 or 2015. Our overall membership reached a peak of 1,540 members in June 2013.

Sadly, however, during 2013 we lost our beloved board member Diane Weiner, who passed away. Lucille Newman, SMA president from 1997 through 1999, also sadly passed away this year.

The SMA business meeting, awards ceremony, and presidential address will take place on Friday, November 22, 6:15-8:30 p.m. at the Chicago Hilton, with our regular reception occurring afterwards, 8:30-10:00 p.m., in a nearby room. I hope to see everyone there! Thank you for having me as your SMA president during the past two years.

Is There an App for That?
Anthropology Takes the Pulse of E-Health

TANJA AHLIN (U AMSTERDAM)

Electronic devices have rapidly entered people's lives everywhere around the world, but in such a subtle way that we've barely noticed the tremendous changes they have brought to our lives, including in the area of health. Not everyone is familiar with terms such as e-health, m-health and telemedicine, yet it is safe to assume that a large number of people across the globe have already had some experience with these practices.

Defining e-health, m-health, telemedicine and other related terms has proven to be a difficult task; a systematic review of academic literature by Oh and colleagues in 2005 produced 51 unique definitions of e-health alone. According to the World Health Organization, e-health primarily concerns the delivery of health information, for health professionals and health consumers, through information and communication technologies (ICT). E-health is also often understood to include electronic health records, consumer health informatics, health knowledge management, virtual healthcare teams, population health management and healthcare information systems. A growing component of e-health is m-health (mobile health), which refers to medical and public health practices, such as patient monitoring, supported by mobile devices, including mobile phones and other wireless devices. Another part of e-health is telemedicine, which focuses more specifically on the use of ICT in making diagnoses and providing treatment at a distance and is therefore more linked to medical professionals.

Earlier this year the WHO recognized e-health as one of the most rapidly growing fields in health today. This is hardly surprising, given the striking speed of the spread of the Internet and mobile phone use around the globe. The use of the Internet and mobile phones is also significantly related to seeking health information. People increasingly complement the information about health conditions they receive from clinicians, family members and fellow patients with the information they receive online. According to a recent study by the Pew Research Center, 59% of adults in the United States report having looked online for health information, and 35% of them say they have used the Internet specifically with the intention of identifying a medical condition for themselves or someone else.

E-health is increasingly present the world over. The WHO recommends that 75 target countries, including the world's poorest 49 nations, integrate the use of ICT in their national health information systems and health infrastructure by 2015. The European Commission (EC) has included e-health in its recent action plan to tackle some of the greatest health challenges, such as population aging. India sees telemedicine as a potential solution for improving healthcare services and reaching even the most remote rural populations. Latin American and Caribbean countries have been developing online tools for remote consultation, diagnosing and teaching purposes to overcome the problems of limited availability of highly trained healthcare professionals in remote areas and limited access to healthcare among the poorer segments of populations. Moreover, a Pan-African e-Network for Telemedicine and Tele-education has been launched in cooperation with Indian ICT providers to establish an ICT-based healthcare system across the continent.

Having enormous potential for expanding health markets, e-health is changing health organization, health-seeking behavior and health-related practices substantially. There are also grand challenges that will emerge as e-health becomes even more ubiquitous, including "transforming all health workers into e-health practitioners," as S. Yunkap Kwankam, the executive director for the International Society for Telemedicine and eHealth (ISfTeH), suggested in the *Bulletin of the World Health Organization* in 2012. This will without doubt involve significant transformations of doctor-patient relationship and restructuring healthcare.

Because small- and large-scale projects as well as everyday practices in e-health

Army Staff Sgt. Tristan Mizer tours the Digital Imaging Visualization Environment room at the National Intrepid Center of Excellence, Bethesda, Md., June 23, 2010. Mizer is viewing brain images on the room's 3D screen, part of the center's brain imaging equipment that is considered one of the best in the world. (Photo by Linsey Pizzulo, NICoE) 100623-D-0000P-003

Maj. (Dr.) Pedro Lucero, eICU consultant, explains the capability of the telemedicine system installed here, the first of its kind at military medical centers. (Photo by Kevin Downey, Tripler Public Affairs Office) 2008-02-20-143837

are relatively recent and groundbreaking, it is difficult to evaluate their impact and efficiency with quantitative research methods. As Jeannette Pols argues in her book *Care at a Distance*, ethnography is crucial as a method of investigation of these innovative practices.

Critical medical anthropologists can investigate potential new inequalities, such as an even sharper division between resource-rich urban centers and resource-poor rural locations. The potential for market expansion in e-health calls for "technical criticism" and the examination of the processes and structures that define the extent and significance of new technologies in healthcare.

Potential research topics could be related to concerns over the issues of surveillance, for example by means of electronic health records, and of privacy, confidentiality and ethics, such as in online consultation. Another question is how e-health can represent new means of monitoring and disciplining both health workers and patients in terms of regimes of accountability and performance measures.

E-health also entails numerous questions regarding the commercialization and commodification of health care that force us to re-think the very definition of "care" and the "practice" of medicine. There is a need to critically investigate online health forums and support groups and to critically assess health information available online. Furthermore, as governments seek to extend health access while controlling costs, the links between the ontologies of e-health and the political economy of health care call for scientific investigation.

Finally, international and inter-continental collaborations in telemedicine projects, such as between Latin America and the European Union as well as India and Africa, should be investigated as emerging transcultural and transnational practices that motivate an emerging global social organization and consciousness.

As e-health is a decisively global phenomenon with a significant impact on people's understanding of care and health practices in their local contexts, critical medical anthropology of health should be attentive to the ethical, ontological and political-economic dimensions that are at stake with these emergent forms of healthcare.

Tanja Ahlin *is a PhD candidate at the University of Amsterdam.* *She would like to thank Victor Braitberg (U Arizona), Nora J. Kenworthy (U Washington, Bothell) and Roberta Raffaetá (U Lausanne, U Trento) for their much-appreciated comments on an earlier draft of this article. Thanks also to Mark Nichter (U Arizona) and Rachel Chapman (U Washington), the former and current chair, respectively, of the special interest group Critical Anthropology of Global Health (CAGH), for promoting e-health as a "CAGH Takes a Stand" initiative.* *Contact the author at T.Ahlin@uva.nl.*

SMA Executive Board

Officers
Douglas A. Feldman, *President* dfeldman@brockport.edu
Linda C. Garro, *President-Elect* lgarro@anthro.ucla.edu
Elizabeth Cartwright, *Secretary/Spain 2013 Conference Co-Chair* carteliz@isu.edu
Doug Henry, *Treasurer* dhenry@unt.edu

Members-at-Large
Roberta Baer baer@usf.edu
Mara Buchbinder mara.buchbinder@gmail.com
Alexander Edmonds A.B.Edmonds@uva.nl
Clarence C. Gravlee cgravlee@ufl.edu
Juliet McMullin julietm@ucr.edu
Mark Padilla padillam@umich.edu
M. Rebecca Read-Wahidi, *Student Representative* mrread@crimson.ua.edu
Sarah Willen sarah.willen@uconn.edu

Ex-Officio Members
Clarence C. Gravlee, *MAQ Editor* cgravlee@ufl.edu
Kathleen Ragsdale, *AN SMA Column Editor* kathleen.ragsdale@ssrc.msstate.edu
Carolyn Smith-Morris, *Spain 2013 Conference Co-Chair* smithmor@smu.edu

Staff
Sean Bruna-Lewis, *Webmaster* sbruna@unm.edu
Irene Ketonen, *SMA Admin. Assistant/Research Associate* ireneket@buffalo.edu
Dinah Winnick, *Newsletter Editor* dinah.winnick@gmail.com

Cover photo: Transfusion donor bottles, Baxter Lab, Glenview, Ill., U.S. Office of War Information, Oct. 1942 (Photo by Howard Hollem)