Journal of Undergraduate Anthropology

Photo by: Heather Elizabeth Pitts

ISSUE 4
Spring 2014

The **Journal of Undergraduate Anthropology** aims to create a place for those pursuing anthropology to share their research and view that of their peers. Founded at Binghamton University in 2011, the **Journal** is an annual online publication.

The editorial board is comprised of undergraduate students from within the State University of New York system, but submissions are accepted from a national audience.

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Table of Contents

Photo By: Mary Zheng

Contributors

Nadia Waski

A native of Westport, CT, Nadia Waski is a senior from the University of Massachusetts Amherst graduating in May with a Bachelor's degree in Anthropology, a history minor and a certificate in Native American Indian Studies. She interned in the American Museum of Natural History's NAARCH Laboratory this past summer, as well as having experience interning for the Yale Peabody Museum. Currently she is working on creating an exhibit on Pre-Columbian artifacts for Amherst College's Mead Art Museum, opening this May. A member of AIA, SVP and her University's Anthropology club, she hopes to attend graduate school within the following year.

Laura Buckley

Laura Buckley is a graduate of Fordham University's Class of 2013, receiving Bachelors of Arts in Anthropology and Biological Sciences. Laura is currently working as a Jesuit Volunteer and case manager for homeless seniors in Oakland, CA. She completed the following research while studying abroad in Gaborone, Botswana and is interested in continuing to develop it while pursuing her Masters of Public Health next year.

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Saudi Garcia is first generation U.S. citizen and Class of 2014 Brown University graduate. She concentrated in Anthropology and is interested in Latin American history, neoliberalism and migration. Outside of her research and academic commitments, she enjoys cooking, learning new languages, and playing rugby.

Emily Lamberty

Emily Lamberty is a senior Sociology and Anthropology major and Latin American Studies concentrator at Carleton College. She recently completed her senior thesis based on ethnographic field research she did in Cochabamba, Bolivia in the summer of 2013. Her research interests lie in the intersections between public policy and culture, both domestically and internationally.

Tiffany Eberhard

Tiffany Eberhard is a third-year student at the University of Georgia majoring in anthropology and environmental health science. Her goal is to attend graduate school in an interdisciplinary program combining water quality and management with cultural outreach and research. She is a Teaching Assistant for an Intro to Anthropology class and has learned how to be on the other side of the test as the grader. While at the University of Georgia, she has been a leader of a club called Bag the Bag. Its mission is to reduce plastic waste by promoting sustainable alternatives. She is also a water quality intern, monitoring the streams and creeks on campus for contamination and outreaching to the community. She loves to stay active and play on indoor and outdoor soccer teams, climb on the rock wall, and mountain bike. If she is not reading anthropology or water quality articles, you can find her in her hammock by the river.

Rebecca Solem
Rebecca Solem is a student at Western Washington University and has been in love with studying culture from a very young age. She has interned at the Burke Museum's Archaeology department, as well as Museo Privato Bellini in Florence Italy.

Ogechi Nwadinobi
A graduate from Princeton University with a Bachelors in anthropology, Ogechi Nwadinobi is applying for admission to doctorate programs in neuropsychology. She is a native of Southfield, Michigan but her family originally hails from Umuahia in Abia State, Nigeria. She is very much interested in the intersection between culture, environment and health and upon receiving her doctorate in neuropsychology plans to contribute to neuroanthropological discourse.

Sean Smith
Sean Smith is a senior at The University of Tennessee, Knoxville pursuing a double major in anthropology and biochemistry with plans to pursue an MD/PhD after graduation with a focus in global health, global health equity, and medical anthropology.

Jennifer Mueller
Jennifer Mueller is a 21-year old student at the University of Virginia, studying anthropology and biology. During her time at UVA, she has had the opportunity to work, travel, and study abroad in numerous contexts. She has worked with a grassroots NGO on maternal health and child nutrition projects in Siem Reap, Cambodia through the student-run non-profit GlobeMed at UVA, of which she has been an executive member for the past three years. Jennifer has also studied global health in Geneva, Switzerland, and worked with an eye-health care NGO in rural Morocco. While in Morocco, she conducted independent research on midwifery and maternal healthcare access in Berber populations. She is building off of this research with an undergraduate anthropology thesis, entitled "Perinatal Appalachia: Maternity and Reproductive Healthcare Resources in Southwest Virginia", which focuses on maternal health options and access to care. Jennifer intends to continue her education through a Master of Public Health program in epidemiology and women's reproductive health next year.

Photographs contributed by:

Heather Elizabeth Pitts
Heather Pitts is a recent graduate from the University of Georgia double majoring in Journalism and Anthropology. She is in a current program under Dr. Don Nelson to study Latin American Culture. The pictures published are from the rural market Tunja in Colombia where she traveled to complete her study.

Mary Zheng
Mary is an Anthropology and Chinese double major at Grinnell College. Her focus is cultural anthropology, but she has experience in biological, archaeological, and

linguistic anthropology as well - she hopes to be a mini-modern Kroeber. She is currently conducting research based on advertisements that are posted around two of Grinnell's campuses to see if the content of the posters reflect the projected stereotypes of the campuses, i.e. North Campus is full of athletes and jocks, South Campus is full of "hippies" and party-goers. With humanity as an implicit focus in cultural anthropology, she is attracted to the philosophy that "my humanity is bound up in yours" and will be joining the Peace Corps to work on sustainable agriculture after graduation. Someday, she hopes to enroll in a master's program to study international peace studies, focusing on restorative justice and specifically, trauma healing.

Lithics of the Deerfield/Hatfield Area: The Wick Collection

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Abstract: The Wick collection report is the final project for the independent study course offered at the University of Massachusetts Amherst titled "Archaeological Lab Research." The lithic inventory was conducted in the spring semester of 2013 as a follow-up to a graduate student's previous work on the artifacts. The 448 specimens have been split up into types and updated to show raw materials for each individual lithic. This new information will enable museums, professors and students to access a systematic recording in a centralized data file. These objects have been donated as a gift, along with this report, to the Pocumtuck Valley Memorial Association. The organization of these artifacts will allow such organizations and persons to learn about the different kinds of materials and lithics local to the pre-historic period of Western Massachusetts.

Background to Wick Collection

The Wick collection is a prehistoric compilation of projectile points, bifaces, scrapers and knives, debitage and unfinished tools collected by an amateur archaeologist, from the areas in and around Deerfield and Hatfield. A few of the artifacts have been deemed "non-local," as a result of Mr. Wick trading with other collectors, for specimens as far as the Midwest. Some of the un-typed artifacts could be dated right up until the Contact period, including those labeled as being made of non-local materials or morphologies. The collection numbers at 448 pieces, each of which now has its own catalogue number that can be looked up in a database at the University of Massachusetts Amherst's Elizabeth Alden Little's Laboratory of Archaeology.

A lacking part to this collection is the fact Wick did not leave behind any provenience numbers or information on the sites and general areas in which he procured these artifacts. The recording of provenience and location is necessary for the collection to hold value in research and management purposes. Therefore, it would be important to add that the samples in the Wick collection have somewhat of a bias towards certain artifact types and raw materials. As mentioned in Eric S. Johnson's report on the Walter S. Rodimon collection, these biases surrounding certain types and materials may develop, consciously or unconsciously, as the collectors choose according to visibility of differences or as a product of personal taste (Johnson 1985, 4).

On many of the artifacts being typed, it was evident Mr. Wick concentrated on fixing unfinished and broken specimens as a means to bring them back to their 'original' shape. Some of these pieces had points and bases created out of hot glue, altering how the missing part initially looked. This likely affected how certain artifacts were typed because bases or blade shapes were altered as to how the collector saw fit. However, many of these glued lithics were placed in the 'unidentifiable' category in order to avoid uncertainties in the collected data.

Methods

This project started off as an independent study for two undergraduate students to complete. We were assigned the task of using typology to categorize all artifacts from the Wick collection, and then record these findings into a database in which multiple sources could refer to if needed. Even though a graduate student of Professor Elizabeth Chilton had already gone over

and analyzed this collection, museums in the Deerfield/Hadley area in Western Massachusetts are interested in using some of the collection. They want to display materials and projectile points common to Western Massachusetts from the pre-contact period.

After learning this information my fellow undergraduate colleague, Tristan O'Donnell, and I decided to split up the bags of artifacts and focus on individually typing certain bags. I specifically focused on the triangular and small-stemmed projectile points, as well as the corner and side-notched points. When it came time to start the bifaces, we worked as a team to decide which might have been scrapers or knives. After having both Professors Elizabeth Chilton and Eric S. Johnson come in to double-check our progress, agreeing or disagreeing with our final verdicts on the different interpretations, we were asked to establish the raw materials. Tristan started off with her typed projectile points first, and then she and I both decided to continue on together after using local comparative collections of materials. We both used publications provided to us by Professors Elizabeth Chilton, Steven Pendery and Eric Johnson. These sources included: *A Typology and Nomenclature for New York Projectile Points* (Ritchie 1961), *Projectile Point Typology for Pennsylvania and The Northeast* (Fogelman 1988), *A New England Typology of Native American Projectile Points* (Boudreau 2008), and *Guide to Prehistoric Site Files and Artifact Classification System* (Johnson et al. 1984).

Using FileMaker Pro Advanced as our database, the Wick collection was entered by both Tristan and I over the course of one week. The data fields that we filled in were the artifact number, type, its interpretation and date range, morphology of the blade, the base shape, point type, raw material and any extra notes. Although there is a category for photographs of the artifacts, the time allotted in this semester was not ample enough for us to photograph each, so for our project we took pictures of the main lithics we were working on individually. The photographs featured in this report are taken by a 5-megapixel-iSight camera featured on Apple's iPod touch.

Analysis and Interpretation

In this collection there are a total of 448 artifacts in which 405 are projectile points and the other 43 are considered to be bifaces, scrapers or knives. This collection is well rounded due to the fact we placed these specimens into 56 separate typologies, exhibiting its importance because it displays the variety of projectile points found on the east coast during the pre-contact period. Since the Wick collection lacks provenience and knowledge of the location in which the artifacts were found, it has little importance for archaeological research, but more potential to either be used as a comparative collection or as displays in museums for public education on prehistory of the local area.

Comparison: Walter S. Rodimon Collection

Our professor Eric S. Johnson analyzed the Walter S. Rodimon collection in 1985 for the Massachusetts Historical Commission. Not only does this collection contain well over 5,000 artifacts, all are inventoried with site proveniences from Massachusetts. In the case of the Wick collection, it was demonstrated that projectile points comprised around 91% of the assemblage's lithic artifacts. Similarly, in terms of numbers, the Rodimon collection's 71 sites had 67 where these points were represented or 40% of the entire collection (Johnson 1985, 5). As Eric Johnson points out in his report, this high percentage could support the idea stated in a previous section about the preference of these tool types by both collectors, Wick and Rodimon.

Looking at the date range of the collections, artifacts from both Wick and Rodimon exhibit specimens from the Archaic period (ca. 9,000 – ca. 2,500 B.P.). The Rodimon collection diagnostic artifacts dating from the Middle Archaic period (ca. 8,000 – ca. 6,500 B.P.) are classified as being Neville-like, Neville Variant-like, Stark-like and Archaic Stemmed (Johnson 1985, 19) (See Figure 6). Out of eight sites, the Neville Variant-like projectile points totaled to 11, with the majority manufactured on quartzite (Johnson 1985, 18). The Wick collection, disregarding how many different sites this grouping was taken from, exhibited 11 Neville Variants as well, with the raw material mainly consisting of quartzite, rhyolite and a few cherts. Within the Wick collection only one Stark-like projectile point was observed, thus correlating the trend that during the Middle Archaic Period, Neville points are most common.

Another comparative aspect can be made between the two collections in regards to the projectile points that I specifically typed. These are the artifacts associated with the Late Archaic period technology of the small-stemmed tradition. Small triangular (Squibnocket), small pentagonal, and a few varieties of small-stemmed points are related to this period (Johnson 1985, 25) (See Figures 10, 11, 12). The Wick collection consists of about 74 small-stemmed points, including Squibnocket projectiles. Interesting enough the Rodimon report corroborates this data by stating that in eastern and central Massachusetts' collections, points of the Small-Stemmed tradition range between 37% (Johnson and Mahlstedt 1982 as cited in Johnson 1985, 25) and 76% (Johnson and Mahlstedt 1984b as cited in Johnson 1985, 25) of typed points. The Rodimon collection's representation of these points is less, but is seen in 65 of the 71 sites inventoried, demonstrating that it is still a well-represented type in assemblages from Massachusetts. The majority of raw material in which the points of the Small- Stemmed tradition in the Wick collection were created is quartz: crystalline, rose and milky. The Rodimon collection substantiates this data, where the majority from this tradition was manufactured from quartz, with the second most common material being quartzite and a few being chert (Johnson 1985, 27).

The Rodimon is an excellent comparative collection, if the Wick collection was ever checked over, because it has the compiled data of over 5,000 artifacts from 71 sites around the Connecticut Valley. The assemblage of a wide variety of known locations from which all the artifacts, whose date ranges start at the archaic period to contact are known, is important and useful when comparing to the Wick collection. The patterns of areas where certain types and materials are found could potentially assist future researchers working on the Wick collection to determine possible sites or areas where these points may have been obtained. The two collections could be of use to determine patterns of dominant materials when comparing western and eastern Massachusetts' lithics. The variety seen in both material and assemblages of artifacts can provide museums and researchers with insight into the area's cultural history and are helpful when comparing the lifestyles of different areas in New England during the pre-contact period.

Materials: Quarry Sites

It was difficult to find maps on prehistoric quarry site distributors in the New England area, especially in regards to information on the different time periods they were in use. I found two articles on New England quarry sites, both discussing rhyolite lithic sources in different areas: New Hampshire and the Greater Boston Area.

The National Register of Historic Places for New Hampshire State approved the nomination of the Mt. Jasper lithic source in April, 1992 (See Figures 3 & 4). Mount Jasper Rhyolite was used locally in the Androscoggin River Valley during the Archaic and Woodland

periods (Boisvert 1992, 151). Located in Berlin, New Hampshire the time span in which the lithic source was used began with the Early Archaic period around 9,000 years ago, extending to the Late Woodland Period around 500 years ago (Boisvert 1992: 159). There is evidence that many of the diagnostic projectile points found in the hilltop workshop date to the archaic period, and radiocarbon dating of materials associated with debitage exhibits the obtained materials from this source ended up in other places around Maine and New Hampshire (Boisvert 1992, 160). This material site is of significance to the pre-contact period because stone that would be desirable for making knives and other cutting tools is of extreme rarity in New Hampshire (Boisvert 1992, 161). Chert or flint does not occur in the state and although quartz was widely available, it was difficult to work with. Therefore, high-quality, fine-grained stone was of great value to the prehistoric natives (Boisvert 1992, 161). The flow-banded rhyolite at Mt. Jasper possesses the qualities that would have been desired by toolmakers. Mt. Jasper is a major raw material site of a specific kind of common lithic used by New England's prehistoric toolmakers.

　　　Another prehistoric rhyolite quarry is located in Dover, Massachusetts in the Greater Boston area (See Figure 1). It was mined around 3,600 years ago by pre-contact peoples who removed nearly all of the rhyolite material from the dike, leaving behind an open cavity between 120 and 140 cm in width (Strauss and Hermes 1992, 159). The flakes or chipping debris of this rhyolite compare with other sites in Massachusetts that all exhibit dark gray rhyolite with white phenocrysts including ones in Wellesley, Brewster and Norton (Strauss and Hermes 1996, 167). It is an important site, similar to Mt. Jasper, where it may represent a single component Terminal Archaic rock quarry—a rarity for New England (Strauss and Hermes 1996, 170). The ability for a potential link between quarry sources and the actual destination of raw materials is essential for understanding how resource utilization and settlement patterns functioned during New England's prehistoric past (Strauss and Hermes 1996, 170).

Hadley/Deerfield Area
　　　In the late 19th century there was a surge in antiquarian activity in the Connecticut River Valley that resulted in an assembling of large private collections of prehistoric artifacts (Massachusetts Historical Commission 1988, 19). The collecting was concentrated in the towns of Springfield, Holyoke, and Northampton areas due to expansion of farming, periodic floods and transportation developments that exposed many sites. Paleoindian (ca. 12,000- ca. 9,000 B.P.) artifacts are found in both Hadley and Deerfield, including a few in the neighboring towns (Massachusetts Historical Commission 1988, 25). The Hadley site is located on a low-rise plain of the Connecticut River where all artifacts collected were manufactured on Hudson Valley chert (Curran and Dincauze 1977: 334, 335 as cited in Massachusetts Historical Commission 1988, 25). The DEDIC Deerfield site has undergone controlled surface testing and is situated on the former bottom of glacial Lake Hitchcock that overlooks the low floodplain of the Connecticut River (Ulrich 1978 as cited in Massachusetts Historical Commission 1988, 25). The report by the Massachusetts Historical Commission on Historical and Archaeological Resources of the Connecticut River Valley, describes the Early Archaic period in this region as a time when the valley lowlands for the most part had no severe resource restrictions that would have made the area inhabitable (Galvin 1988, 27-28). However, sites of the Middle Archaic are more numerous and identify with Neville, Neville-Variant and Stark projectile points as their components (Massachusetts Historical Commission 1988, 28). These sites are common at the edges of large rivers and small streams as well as in both lowland and upload areas. It is argued that in New England the seasonal scheduling of subsistence activities becomes established, but information

relevant to this statement in terms of data is difficult to obtain from study sites in the Connecticut River Valley (Massachusetts Historical Commission 1988, 29).

Late Archaic period artifacts occur in many locations of the units the MHC were studying but the majorities were near falls, on the banks of large and small streams, and on floodplain terraces (Massachusetts Historical Commission 1988, 30). In one study a large cache of biface blades from Hadley could be associated with the Susquehanna Tradition (Dincauze 1975 as cited in Massachusetts Historical Commission 1988, 30). In the Wick collection there are around 43 large bifaces that may associate with the Late Archaic caching and quarrying activities. The important lithic materials for this period in Western Massachusetts were "traprock" and steatite also known as "soapstone" (Massachusetts Historical Commission 1988, 30-31). Traprock can be found in the Mount Tom and Mount Holyoke ranges (See Figure 2)—an ideal material for ground stone tools such as chopping, pounding and grinding (Massachusetts Historical Commission 1988, 31).

It is important to remember that human land activities and naturally erosive agents have threatened many of the prehistoric sites in the Connecticut River Valley for the present and future. Another endangering factor is artifact collecting—when collections have poor provenience or are dispersed—as in the case of Wick's collection. Disregarding the fact there is little knowledge on areas in which certain artifacts were obtained; the Wick collection has been successfully entered into a database with raw material types for individual artifacts along with their typology. This information can allow educators and organizations like museums to obtain this collection and use it as a display that would show the variety of tools from the local area, ranging from pre-contact to the contact period.

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Photo By: Heather Elizabeth Pitts

The Kgosi is Kgosi Because of His People: A Foucauldian Analysis of Botswana's National Response to HIV/AIDS

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Abstract: This paper analyzes the power dynamics at play in Botswana's national response to HIV/AIDS through a Foucauldian lens. As this response developed from the mid-1980s to the present, an argument can be made that the government used Western involvement and funding not only as source of resources, but also for the country-wide promulgation of "modern" thought and science over more "traditional" values. To make this argument, each stage of the response is analyzed in detail, followed by demographic and anthropological assessments to critique the effectiveness. In relating these measures and their assessments to Tswana ideals of individual responsibility in the *kgotla*, the argument is made that the national government's response, in subverting these traditional norms, favors forms of international legitimacy over those stemming from its constituents and culture. Hailed as a "stunning achievement" throughout the West, Botswana's response portrayed the country's government as accountable and resourceful, increasing its international legitimacy. In analyzing the response in detail, this paper works to demonstrate that as the HIV pathology increased Botswana's international economic power, the power of the Batswana people was left unrealized and overlooked.

Introduction

With a rise in experience and knowledge of foreign disease through exploration and colonization, major Western powers of the 19th and 20th centuries encountered new pathology from which they had to protect their own citizens. Soon organizations with an international lens, like the World Health Organization, came into power, and the focus of who needed or warranted protection began to shift. The movement towards a globally centered health concern was pushed by private organizations and donors, as The Rockefeller Foundation and, much later, the Gates Foundation, funded the research and treatment of particular health issues that warranted the world's attention. As a global economic order burgeoned and strengthened, more eyes and hearts of the West were drawn to the plights of the developing world. With this funding and attention, Western ways of thinking also spread, as professionally trained and certified practitioners and policy makers were sent abroad to address health concerns.

This paper looks to analyze the power dynamics at play in global health initiatives through a Foucauldian lens. Focusing specifically on the response to HIV/AIDS in Botswana from the mid 1980s to the present, an argument can be made that Western involvement and funding became not only about access to resources, but the promulgation of "modern" thought and science over more "traditional" values. As Botswana's government was forging new economic ties to Western corporations, specifically in the United Kingdom, its response to the HIV epidemic, while primarily about providing for its people, was also an opportunity to make these Western ties even stronger. Hailed as a "stunning achievement" throughout the West, Botswana's response portrayed the country's government as accountable and resourceful, increasing its international legitimacy (Beaubien 2012). In analyzing this response in detail, this paper works to demonstrate that as the HIV pathology grew in international economic power, the power of the Batswana was left unrealized and overlooked.

Legitimizing Power

We must cease once and for all to describe the effects of power in negative terms: it 'excludes', it 'represses', it 'censors', it 'abstracts', it 'masks', it 'conceals'. In fact power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production. (Foucault, *Discipline and Punish*)

Foucault's understanding of power is one marked by flux, namely the flux of agents, directions, and roles. His theories of power directly contradict historical concepts of sovereignty, insisting that power, as it exists everywhere, is not a top down idea or concept (Foucault 1991: 22). His classic line, "power comes from below," legitimizes the existence of power in all relationships, which build to a foundation that supports and upholds the modern conception of power as domination (Foucault 1987: 94). Because of this way power is commonly understood, Foucault argues that most of the potential for power is unrealized. In having life, particularly human life, one has an innate power to think, do, and act.

He develops this idea in his work *The History of Sexuality*. In this, he first uses the term "biopower" to describe a development in Western thought that regards an individual's right to life through the context of his or her society. Biopower arises with a revolution of classical thought, where sovereigns had direct power to take their subjects' lives. With time, this power grew to become more indirect, as sovereigns could only take life directly as punishment for wrongdoing; otherwise having only the power to indirectly forfeit lives in battle (Foucault 1987). As Western societies shifted into the current age, so too did values, specifically through the rise of capitalism. In Foucault's view, from the 18th century onwards, life was not merely marked by its presence or absence, but by the possibility of its manipulation. As he states, "Western man was gradually learning what it meant to be a living species in a living world, to have a body, conditions of existence, probabilities of life, an individual and collective welfare, forces that could be modified, and a space in which they could be distributed in an optimal manner" (Foucault 1987: 142).

This gradual change in the Western understanding of existence caused a shift in the responsibilities those in power had towards those over whom they ruled. Foucault asserts that these changes all occurred with the rise of modern capitalism, as a shift in the value of one's existence to the state occurred. In order to grow, capitalist countries needed healthy bodies capable of working, following instructions, and learning new abilities. In this way, governments, especially those dedicated to democratic values or human rights, had a new concern for providing resources and goods to their constituents, keeping them healthy and productive. As medicine advanced and populations spread out and became less crowded, death also became less of an imminent threat, and life could be further enjoyed and embraced as a less fleeting. As Foucault states, "it was the taking charge of life, more than the threat of death, that gave power its access even to the body" (Foucault 1987: 143).

This paper will look at the way in which power was realized in Botswana's response to HIV/AIDS. In the case of this particular setting of disease, infection was not only the focus of international attention; it was also a source of power. The infected citizens of Botswana effectively allowed the government to form stronger ties with Western powers, promoting modernization and increasing the acclaim of this Sub-Saharan country in the eyes of the

developed world. As Botswana becomes more affected by globalization and continues to "modernize" and "westernize" its ideas of legitimacy, its traditional values falter as its ties to Western powers become stronger. This paper argues that the prevalence of HIV within the country, while a horrific reality that demanded government attention and resources, also opened new opportunities for Botswana's global economic advancement. In this way, Botswana has, in a sense, commodified HIV, using international funding and resources to both fight the illness and increase its global image. The problem with this arises because of the inefficiencies of this response in its overly Western focus and manner, as anthropologists have argued that more could have been achieved through culturally sensitive and traditional-minded practices. Using Foucault's understanding of power and biology, this paper analyzes each step of Botswana's national HIV/AIDS response to demonstrate this growing flux of power through pathology, while also demonstrating how a flux in the current power structure could have major advantages in empowering and authorizing the Batswana people.

Botswana: A Case Study

To understand the development of power structures in Botswana's response to HIV, one must first understand the country's history as a developing nation. By modern development standards, Botswana is often acclaimed as an unexpected success story, especially in comparison to other Sub-Saharan countries. What follows is a Western economic look at the country's growth. After declaring its independence from Britain in 1966, the state had a GDP per capita of about US$70, a number that has since increased through an average annual growth rate of nine-percent. In 2009, its GDP was US$11.8 billion (World Bank 2010). Many economists relate this growth to the prevalence of resources within the country and the relative stability of Botswana's democracy. In 1967, diamonds were discovered in a small village of Juaneng, located centrally in the country. With this discovery came economic stability, as the government quickly centered its economy on the export of these diamonds, locating mines in several other areas of the country. In 1969, the Botswana government created a partnership with the British company DeBeers to create its primary diamond mine company, Debswana (Holm, Molutsi, and Somolekae 2006). Solidifying its rise from poverty, Botswana has created a stable, middle-income economy from this resource, making it, what many major investment firms insist, "the safest credit risk in all of Africa" (Holm, Molutsi, and Somolekae 2006: 46).

Accordingly, there has been very little political unrest throughout the country's history. Though one political party has remained in power since Botswana's independence in 1966, there have always been regular elections, and current data shows an increase in party competition (Holm, Molutsi, and Somolekae 2006). This stability of the modern government has led to a decrease in more traditional forms of power. Whereas Botswana once stood as an example of the possibility of merging and upholding both traditional and modern governing bodies, the larger the role global production and consumption has come to play in Batswana social norms, the less power traditional values and systems have. For instance, the traditional court system remained, even after the country's move to a national democracy, an effective means of mediating problems between citizens and handling issues in village settings. These di*kgosi* have power over a town or village as a chief or judge, and they operate within centrally located di*kgotla* where they hear trials and requests along with a panel of respected elders. However, as time passed, the influence of these di*kgosi* diminished, as more people began to move to major cities, like Gaborone and Francistown, maintaining ties to their village identity while participating less in the life of the *kgotla*. As anthropologist Suzanne Heald puts it, "Bureaucratized, located in

distant centers, orientated to the needs of the global economy and transnational corporations, power has become to a large extent hidden and freed from the old ascriptive relationships" (Heald 2002: 8).

The rise of modernization came, however, with the rise of HIV within the population. To this day, Botswana's retains the second-highest adult HIV/AIDS prevalence rate in the world. According to UNAIDS, 23.4% of Botswana's national population is infected with HIV, while it is suspected that close to 300,000 Batswana are currently living with the virus (UN Statistics Division Website 2011). Whether this statistic includes expatriates form other countries currently living in Botswana is unknown. Throughout its spread from the mid-1980s to today, HIV has been inextricably linked with Botswana identity. In responding the plight of its infected citizens, the Botswana government aligned itself with powerful governments, private organizations, and pharmaceutical companies, all in the name of decreasing incidence. With the influx of resources came another means of sacrificing traditional norms, as traditional healers lost legitimacy in the face of Western pharmaceuticals and therapies.

Due to its economic stability and value, Botswana was the perfect case study for Western medicine and aid organizations to experiment with new AIDS policies. As it had an early response, marked by assistance from Western organizations and research, the plight of this nation seemed hopeful by global standards. Yet, even with this assistance from powerful countries like the US and Britain, the prevalence of HIV in the adult population of Botswana continued to rise throughout the final years of the 20th century. This number reached a maximum in 2001 with 38.8% of the population ages 15-49 infected (CIA World Factbook 2011). Apart from this, the total number of people infected doubled in the five years after 1992, when much of the current campaign began (Heald 2005: 5). While Botswana has done well in its proliferation of treatment and resources for its infected citizens, the question remains as to how the measures could have done more to decrease incidence rates more quickly.

Throughout the growth of HIV/AIDS in Botswana society, the national government has pursued many different response tactics as their knowledge of the disease and its effects grew. International organizations like the WHO, UNAID, USAID, and smaller NGOs helped fund this process from the beginning. It is important to note their presence throughout Botswana's response. This response, and its development over the past twenty-five years, is often split into three separate categories. Anthropologist from the School of Social Sciences at Brunel University in the United Kingdom, Suzette Heald, carefully analyzed these stages, noting their reliance and responsiveness towards human rights standards. In light of her assessment, each stage will be described in detail, followed by a statistical analysis of its effects on the prevalence and incidence of HIV, and an anthropological assessment of these findings.

Stage 1: Education (1987-1997)

We see before us the most dramatic experiment on the continent. If it succeeds, it will give heart to absolutely every country worldwide. (Stephen Lewis, UN Envoy, 1991)

The first, or "early stage," of the government's response to AIDS began 1987, two years after the first report of infection within the country. This initial step had two main concerns: treatment and education. The clinical response mainly focused on blood screenings to decrease transmission (Avert.org 2010). Along with these tests, the government also began a large media campaign, using radio stations and bus adds to spread awareness (Allen and Heald 2004). At this

time, at the beginning of the 1990s, Heald notes that the main societal response to AIDS was to "otherize" it and remove any connection to the people of Botswana. Just as the government's immediate reply to the Guardian's report was to separate the disease as one "of homosexuals" who did not exist in Botswana, so too did society tend to see it as a danger only posed from contact with those from outside, not from within (McDonald 1996: 1325). This campaign, therefore, was meant to dispel such rumors that AIDS was only spread by migrants from other countries and homosexuals from the Western world, while alerting the general public to the real danger it presented (Letamo 348).

Medical anthropologist from the University of Oslo, Benedicte Ingstad, studied the response of different populations within Botswana to these media campaigns over a two-year visit to the country from 1987 to 1989. She references a study completed by Ahmed and Brunborg in 1988 that found that 80% of a surveyed population around half the size of Gaborone's population had at least heard of HIV (Ingstad 1990: 29). However, this knowledge varied by location. Ingstad found many more Batswana could answer simple questions about HIV in and around Gaborone, but this ability was less common in rural areas (Ingstad 1990). Though knowledge of the disease was high, especially in urban tourist centers, Ingstad worried that it was only enough to connect the acronym back to advertisements on buses and billboards, and not necessarily to connect the disease with real life experiences.

Living in different areas of Botswana from 1987 to 1989, Ingstad saw the general public's mentality towards HIV programming shift. Whereas its beginning seemed urgent and well respected, this response began to seem unnecessary by the end of her two years. People began referring to HIV as the "radio disease," as 75% of a surveyed urban and suburban population had heard of the illness through radio programming, but had few experiences of it in their lives (Ingstad 1990: 30). To Ingstad, this mentality seemed similar, if not more dangerous, than the original feelings the public qualifying AIDS as a "foreigner's disease." Much of her own study was conducted through interviewing students from the University of Botswana, many of whom, she comments, had a greater depth of knowledge of AIDS than most similarly-aged US students at the time. In her original survey, 85% of students responded with a "general knowledge" of the disease, many then relating it to the ad campaigns and radio messages (Ingstad 1990: 30). Surveying this same population further, she found that only 45% reported changing their sexual behavior due to knowledge gained through this campaign, even if 85% of this same population had answered having ample understanding of the dangers associated with unprotected sex and 93% of respondents knew that even healthy-looking students could be carriers (Ingstad 1990: 30). Because of this, Ingstad questioned, even at this early stage, the effectiveness of this education-focused step.

Were the radio messages properly assuring Batswana of the real threat of HIV/AIDS, or were they creating an over-dramatized look at a disease that had not yet had enough of an effect on the population to warrant the insistence? Heald also confronts this initial educational program, as she warns,

> "The built-in assumption in most AIDS awareness campaigns that 'knowledge' will dispel 'ignorance' ignores the fact that knowledge exists at many different levels, and is contextualized differently. What one 'knows' in one place or time – in a school classroom or an NGO-run seminar – may have little relevance outside of this context, where other 'knowledges' and incentives come into their own and are more compelling." (Heald 2005: 4)

As this phase developed, the educational information shared became less focused on spreading awareness of HIV as a disease and began to highlight means of prevention. As part of the Medium Term Plan (MTP) begun in 1989, The "ABC Method" was first titled and used in 1992 and soon became the catchphrase of this new stage in the education process (Avert.org 2013). This method, an acronym for "Abstain, Be faithful, and Condomize," was meant to make prevention methods easier and more accessible to Botswana's citizens. Clearly an English-based design, many anthropologists have criticized this technique as ineffective in this particular population, as its message alienated and overlooked much of the country's population.

As the WHO was a major funder of this campaign, it continued this research to gauge effectiveness, and published a summary document of these findings up to 2008. In this work, the number of infected pregnant women living or accessing health care in urban areas grew to 34.2% in 1995 and 42.9% in 1996 (WHO 2008: 7). A survey of pregnant women in rural areas of the country showed similar growth in incidence, as the number rose from 10.1% to 19.4% between the years of 1992 to 1994, reaching 31.6% in 1996 (WHO 2008: 7). Within the years from 1990 to 1995, the life expectancy of the total population dropped from 65.0 to 56.3 years, a drop many relate to the high prevalence of HIV (Ramiah and Reich 2005: 545). This growth in infection is similar to the statistics obtained in urban areas, indicating that the initial response to the ABC educational model was not as efficient as the government hoped.

In another work, "It's Never as Easy as ABC: Understandings of AIDS in Botswana," Heald argues that the primary problem with this method is that it is culturally insensitive to the Tswana people that made up 80% of the Botswana population (Heald 2002: 2). To assume that the entire population of Botswana would be able to abstain, be faithful, and condomize, assumes that a person always acts with self-preservation in mind, even against cultural norms and power dynamics. For many in the population, especially women, abstaining or using a condom was not a choice that they had the power to make (Heald 2002). The Tswana concept of sexual identity and intercourse was also overlooked in these demands, as for many who followed traditional values; condom usage was an immoral act in itself. In fact, due to its immorality, a condom, for many, was believed to be the actual conduit of the disease's spread (Heald 2002).

This stage of the government's response was important in that it addressed the problems of HIV early and with urgency. Resting power in the hands of international aid organizations like the WHO, however, forged education through Western values without much concern for the specific demography of Botswana's population. If this stage had a greater focus on the traditional functioning of separate villages, informing and empowering separate *dikgosi* to spread awareness to the people, perhaps more of the population would have been reached through a medium that would have expressed the danger of HIV and certain life choices in a more understandable and relatable way. However, this would have gone against the tide of modernization, favoring power structures that are more traditional over nationalistic ones. Therefore, the Botswana government pursued measures that demonstrated to a global audience their compliance with WHO standards for which it would receive greater international legitimacy, even if sacrificing effectiveness.

Stage 2: Treatment (1997-2002)

We are threatened with extinction. People are dying in chillingly high numbers. It is a crisis of the first magnitude. (Festus Mogae to the UN General Assembly, 2001)

Growing from this educational first phase, the Botswana government and international organizations began to devise a means of providing treatments to those infected. With this realization in the late 1990s, Botswana began what most scholars view as the second phase of their response to this epidemic. Batswana sociologist Gibopamang Letamo claims that it was this stage when HIV/AIDS was recognized as "not just a medical and health problem, but one having social, economic, and cultural dimensions" (Letamo 2003: 249). With the transfer of power from President Masire to President Mogae, there was an increased governmental focus on providing treatments in the form of Western pharmaceuticals to those infected (Letamo 2003). What followed was an international agreement and partnership that allowed for one of the largest drug rollouts in the history of HIV.

One of the most historic moments of Botswana's response to HIV occurred in 2001 with the creation of the African Comprehensive HIV/AIDS Partnership (ACHAP), a public and private joint venture among Merck Pharmaceuticals, the Gates Foundation, and the Botswana government. The program resulting from this international communion was formally titled the *Masa* ARV Program, using the Setswana term for "new dawn" as a means to connect it with national hope and identity. Its original goal in 2001 was to provide treatment to one-fifth of the infected population in Botswana with a CD4 count of 200 or less by 2002 (Heald 2005: 7). Both the Merck and Gates Foundations provided US$50 million for this five-year partnership, while Merck also allowed the government to provide Crixivan (indinavir) and Stocrin (efavirenz), two ARV drugs, free to its people (Ramiah and Reich 2005). The *Masa* Program began in 2001 in major urban centers, namely, Gaborone, Francistown, Serowe, and Maun. It continued to spread to areas that are more rural over the next two years. Apart from providing ARV treatment, this program also focused on capacity building. These trainings focused on increasing numbers of medically trained officials throughout Botswana. In this way, Mogae ensured that Western protocol was pursued and upheld, increasing his international repute.

The strength of this program lied in its the provision of resources. In providing ARV drugs at a reduced price while funding other training programs for medical officials, Merck allowed Botswana to grow in Western treatments and healers for the infection. Merck and Gates also funded and promoted the construction of new treatment facilities throughout the country, erecting the first new facility only three months after the partnership began (Ramiah and Reich 2005). The connections of both the Merck and Gates Foundations also allowed for a more comprehensive program, as these groups attracted international consultants that provided needed information for its optimal development. The Botswana government insisted that without these international connections, it would have been impossible to find and attract such qualified and connected groups (Ramiah and Reich 2005). All in one year, Botswana was receiving pharmaceuticals that were still being processed by the FDA in the US, while also working with consultants from the British financial sector in determining future moves. Though saving or prolonging life was the primary prerogative of this partnership, so too was solidifying a stable relationship with these Western funders and corporations, thus creating connections and a new kind of legitimacy in the eyes of the developed world.

However, even with these great strengths, the program also suffered many setbacks, mainly due to the lack qualified of local administration and practitioners, especially in rural settings. In order for the program to deliver proper treatment to the 110,000 people it aimed to reach in its first year, the country of Botswana would need a 30% increase in doctors and an almost 200% increase in pharmacists (De Waal 2003: 17). This, in part, was due to the extensive professional regulation of Botswana's international agreement. Through accepted codes, only

registered physicians were allowed to draw blood, and as blood tests were needed to access ARVs, this greatly reduced the availabilities of treatments. Due to an insufficient Batswana workforce, the government had to fund international workers to fill in while its own citizens were trained. Finally, the *Masa* partnership was only set for five-years, as each participant expected the total incidence and number of patients untreated to drop dramatically by the end of the agreement. If Botswana were to cover the entire cost after these five years, the drop in incidence would have to be significant if the program was to be sustainable (De Waal 2003).

In numbers, this stage saw continued increase in HIV infections throughout the population. In the survey of pregnant women in urban areas, the number of those infected grew from 38.5% in 1997 to 41.5% in 2002. In rural areas, the increase was less, growing from 33.7% to 36.7% from 1997 to 2002 (WHO 2008). With the rise in technical and medicinal possibilities, officials began to ask what the response was missing. Even as this stage saw the peak in HIV infection prevalence in the country, more thought needed to be taken as to how these resources were actually confronting the disease on the ground.

This ACHAP was the first partnership of its kind in the battle against HIV/AIDS. In providing free access to treatment and heightened programs in medical training, Botswana was able to confront the major drain of its resources, HIV-related illnesses, while also promoting a new section of its economy, medical practice. However, while providing needed resources for its people, Botswana, particularly through the movements of its president, Festus Mogae, was able to make a binding partnership between itself and Western corporations. Suddenly Botswana was being recognized for its promotion of health and determination to provide for its citizens, especially in comparison to South Africa and other Sub-Saharan nations. Because of the reliability of its diamond market, Botswana was a safe country for Merck and Gates to invest in, allowing the country to further its economic growth. Many argue that a less top-down approach should have been taken, as a more community-based effort would have reached more people in an informative and effective manner. In providing resources that satisfied its peoples' physical needs while downplaying societal consequences like the loss of traditional power structures, Botswana furthered its international growth while both providing and concealing power to those infected.

Stage 3: Testing (2003-present)

This is a harsh reality we have to collectively confront—otherwise we shall be caught in a never-ending vicious cycle (Festus Mogae 2004)

Despite the huge influx of resources and funding by 2003, Botswana's national response still had a major hole when it came to its overall effectiveness, namely in enforcing and incentivizing HIV testing. Dr. Ernest Darkoh, Operations Manager of the Masa Program at the time, stated, "Our single largest problem is the lack of knowledge of HIV status… When you have that many people who don't know their status, anything could happen… If each person infected another person, they you could have 35 prevalence turn into 70 percent prevalence" (Avert.org 2012). At this stage, the government continued to question what role it could play in enforcing testing while still maintaining human rights standards (De Waal 2003: 17).

With the realization of this problem came the third and present aspect of the national response. Unofficially, this portion began after June 2003 when the current president, Festus Mogae, fell ill and publicly announced his decision to test for HIV. With this display, he became

the first African leader to publicly admit fear of infection, as well as to being tested (Heald 2005). Henceforth, he created the National AIDS Coordinating Agency to further the government's ability to normalize testing for all citizens (Avert.org 2012). In an attempt to "make Batswana face up to the disease," by making HIV/AIDS testing a practice newly detached from past stigmas, Mogae created an opt-out policy for regular and routine governmental clinic visits (Allen and Heald 2004: 1147). This policy hoped to not only normalize testing but also to incentivize those with negative results to maintain them through the prevention methods and materials dispensed.

In this practice, a government servant was paid to go to a particular village, making stops at personal homes and community gatherings. This stage was the first to include local *dikgosi* as part of the plan. By meeting with the local *kgosi*, the government employee would then pass on the responsibility to educate the remainder of the village to this chief. Though this seemed like a rational response to community awareness, these *dikgosi* received a stipend for their support of national programs, only if it had been judged by visiting governmental officers that they did so in particular, government sanctioned ways. While empowering local power structures as part of the response, this phase also sacrificed these same actors' power as decision makers (Allen and Heald: 2004: 1147). It seemed that the national government mistrusted or had little faith in these local leaders, furthering their decline as sources of power in the current system.

With a larger focus on testing and normalizing, the government has taken steps to confront the localized reasons for the disease's spread, while also providing treatment and counseling to those already infected. This final step, marked by a continuation of funding from international NGOs and aid organizations, saw an increase in localized responses through these international funders. A new partnership was created with Project Concern International, or PCI, a California based foundation that promotes family and community based outreach through funding local NGOs. Through projects like this, Botswana's response has since become more subjective; nonetheless, it maintains a dedication to international standards, rather than the resources provided from the traditional power dynamics of these regions. In this way, the quality of the response is judged by its Western compliance, not effectiveness, as more efficient traditional measures could thus far be untapped.

Since this stage and focus, there has been a decrease in the overall prevalence of HIV in the population. The national prevalence rate also decreased, as mentioned above, from the peak of 38.8% in 2001 to the 2011 estimate of 23.4% (UNAIDS 2013). As this stage focused on changing opinions in different aspects of Botswana society, its effects can also be measured through the prevalence of testing knowledge in different sectors of the population. To ascertain general feelings towards this testing-centric phase, a study was completed in 2005 to survey close to 1,300 adults from the five districts of Botswana with the highest prevalence rate of HIV. 45% of respondents had heard of routine testing, and after explaining the process to the rest of the testing population, 81% were "very much" or "extremely" in favor of it. 48% of the respondents admitted to having been tested for HIV, and 92% of them insisted that their experience with testing led them to encourage others to test (Weiser et al. 2006).

These numbers demonstrate that this stage has seen much success in pushing for proper testing in face of an epidemic. Many anthropologists argue that the current program structure should rely more on local management and resources. In ending ties with international organizations, the government would do better to promote those growing from within. Over fifty international organizations are currently based in Botswana assisting HIV related caused, and many argue that their work could be done better, by both health-related and economic standards,

through empowering more local, Batswana originated and operated, organizations to fill their niche (Avert.org 2013). The power that Batswana have as actors in the global HIV response could be more influential, yet is wholly unrealized as the Tswana belief in self-empowerment falls to the claims of modern nationalism.

Kgosi ke Kgosi ka Batho-Morafe

Discourses are not once and for all subservient to power or raised up against it…We must make allowances for the complex and unstable process whereby a discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling point of resistance and a starting point for an opposing strategy. (Foucault, *The History of Sexuality*)

Foucault insists that power comes from below, as a foundation provides the strength for anything above it to exist. Because of this, Botswana's power, like that of all nations, depends on the legitimacy its people give it by following its laws and codes. As a new country, the difficult process Seretse Khama, the first president, had of uniting many different villages and traditional power structures under one national, identity is important to note. In his address marking the 10th anniversary of Botswana's independence, Khama urged his audience, "Here we will have to learn how to share aspirations and hopes as one people, united by a common belief in the unity of the human race. Here rests our past, our present, and, most importantly of all, our future" (Khama 1976). Though previously united in language and culture, the different villages of Botswana now came together under a common national understanding of self and community. However, without much time for national development, economic growth soon launched the country into a new global role, furthering its legitimacy in international power, while maintaining the same, undeveloped intra-national connection (Nyamnjoh 2002). Due to the hierarchy of Tswana culture, reorganizing it by national standards throughout the end of the 20th century, at first, created an even more stringent concept of belonging, which remained tied to village identities.

Over time, however, modernization and nationalization brought many of the different regions and peoples of Botswana together through common economic goals. Many scholars have also noted that the influx of expatriates from neighboring countries, mainly from Zimbabwe, has caused increased fidelity among Botswana nationals. As a researcher at the University of Botswana found in 2002, "The customary Tswana policy of inclusion (opening up to minorities and foreigners) is under pressure from the politics of entitlement to the benefits of economic growth in an era of accelerated flows of capital and migrants" (Nyamnjoh 2002: 756). In this way, modernization threatened the Tswana identity, as it united the people of Botswana under a national one (Nyamnjoh 2002). As international economics began to influence Batswana relations and livelihoods, many began moving to major cities. 61% of the current population now lives in urban areas (CIA 2013). This decreased ties to villages and di*kgosi* and increased national focus on economic gain rather than previous Tswana ideals.

Due to this reorganization, some researchers fear that it has decreased the possibility of personal identity and empowerment among the population as a whole. The Tswana *kgotla* culture was built on two important understandings of individual power. The first, *Mafoko a kgotla a mantle otlhe*, or "all opinions aired in the *kgotla* are precious," ensured that each individual who speaks before the *kgosi* is justly respected and supported for doing so. The second, *kgosi ke kgosi ka batho*, or "by the grace of his tribe," describes the limited power of the *kgosi* as defined by his

responsibility to those whom he serves. How these ideals have modernized to include women and other less empowered members of society is different for each village. However, overall, these mandates legitimize the *dikgotla* as they recognize its true source of power, the people (Balule and Maripe 2000). In this way, Tswana culture functions through a Foucauldian understanding of power from all directions, with a respect for the individual's role over modern economic order and financial standards.

Nationalism, as a movement, has caused a decrease in the personal realization of power among Batswana. In Kenneth Good's article, "Enduring Elite Democracy in Botswana," he argues that Botswana's title as the "shining light of democracy in southern Africa," is really a overstatement of the country's economic success, rather than a celebration of its role in protecting and supporting democratic values (Good 2007: 51). Because of this, the country remains constrained, with unrealized power on the part of its people. Regulation throughout most Botswana sectors remains top-down, as the national government allocates resources and devises programs. Though Good does not reference Foucault, he evaluates Botswana's democracy on terms of unfulfilled biopower, as continued top-down legislation and loosely checked executives allow for the Tswana values of personal empowerment and responsibility towards one government to be overlooked (Good 2007).

Nyamnjoh and Good do not relate their arguments to the fight against HIV, but their understanding of Tswana beliefs and their unrealized power could open a discussion on new, more effective ways of combating the disease. Many of those infected with HIV in Botswana benefit from the current system in that they have access to needed resources and treatment that would otherwise be difficult for them to afford. However, throughout the entire process, they have had very little say in what projects are implemented and how treatment is dispensed. In fact, the progress of the battle against HIV thus far has only served to further alienate those infected from gaining this type of power, in that, they have been provided treatment without adequate understanding of what it means or how it works (Heald 2002). If the amount of Western scientific thought pervading the country before 1985 was negligible, it has now become the dominant health force.

As Foucault writes, "Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart" (Foucault 1998: 100-1). With difference of opinions comes resourceful means of handling difficulties. As a democratic republic, Botswana's government should take lessons from the *kgotla* system off which it was built: *Kgosi ke Kgosi ka Batho-Morafe* (a chief is the chief because of his people) (Mitchison 1967: 260). The HIV discourse in Botswana is one dominated by global opinions and Western understandings of science. Though benefiting physically from the treatments available, these measures subvert the personal empowerment and understanding of infected Batswana, producing physical power while concealing a more transformative type. In this way, the national governments' power to decide how to fund and treat HIV measures is left unchecked in the hands of those, who, overall have not endured the illness' symptoms or suffering. Desires of global regard and financial growth can cloud these decisions, preventing the deployment of efficient, popular-driven measures in favor of ones with international support and regard. HIV has brought the world's attention to Botswana, and in capitalizing on this international acclaim, the government may have undermined its very identity and claim to power.

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Dominican Diaspora Youth and Identity-Making

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Abstract: In this paper, I analyze the process by which members of the U.S.-born second generation living in the Dominican diaspora sites of New York City, NY and Providence, Rhode Island construct their identity as Dominicans. I argue that the process of identity construction for the second generation is influenced by the tension between maintaining a bounded, nationalist and exclusively 'Dominican' cultural identity and creating unique hybrid identities. Instead of adopting a single pattern of identity construction and performance, my interlocutors' actions and discourses support both the bounded and hybrid definitions of the "diasporic identity."

"Identity has as much to do with positioning oneself within a specific culture, following particular codes and practices, as it has to do with shaping a sense of belonging through appropriating and adapting the self and cultural discourse."

-Myria Georgiou, 2006.

According to several scholars, one of the key characteristics of diaspora communities is the continuation of a 'diasporic identity' past the first generation. "That migrants themselves maintain boundaries is only to be expected," writes Brubaker (2005:17). "The interesting question, and the question relevant to the existence of a diaspora, *is to what extent and in what forms* boundaries are maintained by second, third and subsequent generations." Over time, the 'diasporic identity[1]' has been defined in multiple ways: It is an "ethno-communal consciousness and a [sense of] solidarity" that is shaped by negative experiences in the host-land and by the desires to remain connected and eventually return to the 'homeland' (Safran 1991). The sense of community and connectedness forms when distinctive cultural traits, like language, musical styles, religious tradition and more, are preserved in the 'host society.[2]' The diasporic identity may also signify "community solidarity which allows people to make contacts between groups and to organize activities aimed at preserving that identity" (Dufoix 2008: 21).

Together, these scholars highlight two key components of the diasporic identity: The conservation of a set of cultural traits that distinguish this group from others and the fostering of solidarity-based ties to other members that share these traits. Stuart Hall (1990) stated that some scholars define 'cultural identity' as an essential "one true self… which people with a shared history and ancestry hold in common" (223). A specific cultural tradition can provide a racially or ethnically heterogeneous group of people with a stable, unchanging, and continuous frame of reference that can protect the group's cohesion against tumultuous changes that occur over time (such as internal conflicts and migration) (223). The example of nationalism[3] highlights the enduring power of believing in a bounded, shared identity or 'one true self.' Nationalism's powerful feeling of group belonging can influence individuals to accept all manners of

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[1] I thank Dr. Hilda Llorens for her thoughts on the meaning of the diasporic identity during our many discussions on the topic.

[2] According to Brubaker, boundaries are maintained through the deliberate resistance to assimilation and/or through social exclusion via segregated residential patterns and socioeconomic marginalization.

[3] Nationalism is defined as a powerful, socially-constructed belief in collective identity within the delineated borders of an individual nation-state (Anderson 2006: 7).

indignation, force them to willingly sacrifice their lives and even to end the lives of others.

The rise to prominence of the postmodernist critique in the social sciences over the past four decades has enabled scholars to adopt a more critical stance towards projects that treat identity, culture, and community as natural, homogenous, and unchanging entities. Robin Cohen (2008) writes that postmodern scholarship presents collective identity as vibrant and produced by constant cultural interaction (127). This scholarship is founded on the assumption that political and cultural categories that privilege 'boundedness' have become "too ossified to capture the fluidities of the contemporary world" (2008: 129). In keeping with the traditions of this line of inquiry, many scholars have also ventured to question the validity of concepts like 'homeland', 'host society', 'nation', and 'border'.

The influence of postmodernism has come to redefine the 'diasporic identity' as well: It is now understood to be composed of mixed and hybrid practices. According to Hall, another vision of culture and identity recognizes ruptures with the past and constant transformation (225). This view of identity presents it as ephemeral, always in the process of 'turning into.' Indeed, "far from being eternally fixed in some essentialized past, they [cultural identities] are subjected to the continuous play of history, culture and power…in this second sense, [it] is a matter of *becoming* as well as *being*" (225). Myria Georgiou (2006) saliently connects Hall's assertion about cultural identity's fluid nature to the process of culture-making in diasporic spaces. She writes that "diaspora…illustrates the hybrid and ever-changing nature of identities that are not inescapably dependent on homogeneity, purity and stable localization," (2006:3). In attempting to reproduce the cultural identity of the homeland in a new setting, communities and individuals borrow from the cultural resources present around them (Mintz 1976). Over time, diasporic communities and individuals form new traditions and styles, rather than perfectly reproduce the cultural practices of the homeland.[4] Since members of diaspora communities largely reside outside of the control of the state,[5] they are free to 'play' with the meaning of formerly fixed elements of group culture—such as music, food, religious traditions, etc.—in spaces where new dynamics of power also exert their pressure.

The topic of this paper is the tension between the maintenance of a bounded 'Dominican' cultural identity and the creation of unique, hybrid identities among second generation youth. On different occasions, young women's actions and discourses individually support *both* the bounded and fluid definitions of the 'diasporic identity.' This analysis does not pose a contradiction; rather it is an opportunity to understand how adopting a diasporic analytical stance makes it possible to document both cultural continuity and change in the Dominican community. In their diverse communities, youth inherit Dominican culinary and musical practices from their families, self-define with the ethnic label 'Dominican', and perform a nationalist Dominican cultural identity in the highly structured contexts of parades and festivals. By sharing the basic components of the culture (i.e. food, music and language) and engaging in powerful moments of visibility with others in the community, youth's actions support the idea that 'diasporic identity' is simply the culture of the 'homeland' preserved in a new community.

Simultaneously, youth identify as another kind of 'Dominican,' one whose aesthetics and life experiences are starkly different from those of recently-arrived Dominican immigrants, who youth refer to as "hicks." Influenced by the anti-immigration backlash that has affected many

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[4] This process is often called "creolization," a mixing of cultural identities (Cohen and Toninato 2010)

[5] According to Charles Carnegie, the modern nation-state is an inherently homogenizing entity that needs its citizens to be similar in terms of race, language culture and gender ideologies. Disruptions occur when citizens do not assimilate in the ways the nation-state demands, thereby threatening its control (2002: 4).

Latino ethnic groups in the United States during the last two decades (Perea 1997), the young women in my project discursively distanced themselves from the cultural trope of the recently-arrived Dominican immigrant. My interviews revealed that young women's everyday performances of cultural identity are structured by the dilemma of identifying as Dominican, but policing themselves to not be considered 'hicks.' They invoke their unique experiences growing up in Dominican households and neighborhoods located in the United States as the basis for their identities as 'Dominicans' who also undoubtedly belong in the U.S. While young women largely do not yet consider themselves Dominican-American or "Dominicanyorks," the artistic production of U.S.-born artists like Dister, Maluca la Mala and M. Tony Peralta is symbolic of a similar kind of hybrid identity that blends Dominican ethnic symbols with diasporic elements, such as the aesthetics of the Hip-hop musical genre.

Interviews and participant observation sessions for this project were carried out between January and August of 2013 in Providence, Rhode Island and New York City, New York. I was born in the Dominican Republic and partially raised in New York City. As a native ethnographer, I had the privilege of accessing some of the cultural practices and slang of Dominicans in both of my field sites. However, due to fieldwork constraints, I do not presuppose expert knowledge of the rich urban youth culture that I witnessed.

20th Century Dominican Migration and Diaspora Formation

The Dominican communities that have formed outside of the Dominican Republic may be considered part of a diaspora due to the violent, traumatic, and historically unprecedented conditions that caused mass emigration out of the island.[6] Dominicans began leaving their nation in large numbers after the fall of the military dictatorship of Rafael Leonidas Trujillo in 1961.[7] Trujillo's assassination ushered a period of political unrest that included the coup d'état of a democratically-elected leftist government, a civil war and a military occupation by the United States in 1965. According to Ramona Hernandez (2002), mass migration to the United States was encouraged by the remnants of the Trujillo government in the early 1960s in order to rid the country of dissidents, most of whom were university students. In the 1970s, mass migration became widespread as families took advantage of family reunification programs (Hendricks 1974). Economic deterioration as a result of globalization-cum-authoritarianism in the late 1960s and early 1970s (Canterbury 2005), as well as neoliberal socioeconomic policies in the 1980s and 1990s (Eckstein 2004) further encouraged a varied group of lower, middle, and upper class migrant (from both rural and urban backgrounds) to leave in search of economic opportunity.[8]

It is estimated that 1,035,963 Dominicans have left a nation of 10.28 million people since the 1960s (World Bank 2012). Most extra-national Dominicans reside in the United States (787,015) and Spain (130, 832), with significantly smaller communities flourishing in Italy, Venezuela, the Netherlands, and Haiti.[9] Dominicans are the fifth largest ethnic group in the U.S. Latino community with a population of 1.5 million people (U.S. Census 2010). In New York, Dominicans are concentrated in the Washington Heights, Inwood and South Bronx neighborhoods (Duany 1994, Dicker 2006). In 1980, 73.4% of Dominicans resided in New York City, but by 2000 this number declined to 53.2% (Hernandez and Rivera-Batiz 2003: 5). On

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[6] Basch-Schiller et al. 1994, Butler 2001, Cohen 2008, Jackson 2011.

[7] Bailey 2000, Hoffnung-Garskof 2008, Derby 2008, Moya Pons 2009.

[8] Duany 1994, Grasmuck & Pessar 1991, Pessar 1995, Torres-Saillant and Hernandez 2002, Bailey 2000, Vasti 2004, Canterbury 2005, Aparicio 2006, Hoffnung-Garskof 2008, Duany 2011

[9] Peoplemovin' Data imaging project: http://peoplemov.in/#f_DO

average, Dominicans in Providence arrived more recently to the United States than Dominicans in New York City (Garcia-Coll & Marks 2009). They have the lowest per-capita income of all Dominicans in the U.S. and mostly reside South and West Side neighborhoods (Hernandez & Rivera-Batiz 2004, Itzigsohn 2009).

Social Profile of the U.S.-Born Second Generation

The majority of scholarship about Dominicans in the social sciences has focused exclusively on immigrants at the expense of knowledge about the experiences and process of identity formation among U.S.-born Dominicans.[10] Despite the fact that many young people migrate to the United States from the Dominican Republic each year, the composition of the Dominican youth population remains 82% native-born. From 1990 to 2000, the number of U.S.-born Dominicans increased from 203,723 to 400,221 (Migration Policy Institute Report 2004), and to 656,000 in 2010 (Ennis et al. 2010, data from American Community Survey 2010). On average, the U.S.-born population is young: 439,000 are 18 years old or younger and 319,000, or nearly half, are currently receiving K-12 educations (Ennis et al 2010). Given the fact that 4 of 10 Dominicans were born in the United States, this group should be dedicated as much academic attention as the immigrant population.

In 2009, Rivas-Drake et al. wrote that youth of Dominican origin is a highly understudied group. Despite recent growth studies about the Dominican community as whole, the number of studies in the disciplines of anthropology, sociology, and education focusing on Dominican youth exclusively remains low. The lack of knowledge about the second generation corresponds to a greater trend of portraying the Dominican community as one composed primarily of transient immigrants yearning to return 'home' (Hernandez 2013, personal communication). According to Hernandez and Torres-Saillant (1998), decades after Dominicans began settling in the U.S. "the state of knowledge about the cultural expressions and contributions of Dominicans in the United States is precarious" (101). In her bilingual annotated bibliography of research about Dominican migration to the U.S., librarian Sarah Aponte (1999) writes: "This group of immigrants is often treated as a foreign policy issue rather than an ethnic minority or an integral component of the U.S. population" (9).

The representations of Dominicans exclusively as "bird of passage" immigrants (1999: 9) have resulted in a sort of 'epistemic violence' (Spivak 1988, DeGenova 2002) that denies individuals of Dominican ancestry visibility as Americans with deep roots in U.S. society. According to Edward Said, "the power to narrate, or to block narratives from forming or emerging, is very important for culture and imperialism, and constitutes the main connections between them," (1978: xiii). Given the imbalanced power relationship between the United States and the Dominican Republic,[11] the lack of scholarship about the lives of Dominicans born and raised in the United States contributes to Dominicans remaining social 'others,' foreigners in relation to other members of U.S. society.

When Dominican youth are included in social science scholarship, it is in the context of the growing concern about the academic success and social mobility of Latinos in the U.S.[12]

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[10] Some notable exceptions include Bailey 2000 and 2007, Aparicio 2006, Rivas-Drake et al. 2009, Llorens and Quijano (Forthcoming).

[11] Atkins 1998, Hernandez and Torres-Saillant 1998, Hernandez 2002, Aparicio 2006, Stevens 2007, Candelario 2007.

[12] Lopez 2003, Itzigsohn 2009, Bartlett & Garcia 2009, Garcia-Coll and Marks, 2009, Kasinitz and Mollenkopf 2009, Caro-Lopez and Limonic 2010

Dominican youth's prospects for social mobility are constrained by structural barriers in urban centers. Kasinitz et al. (2008) write that Dominican immigrant families are not incorporated into U.S. mainstream society and this negatively impacts the second generation's educational access. In their comparative study of second generation members of eleven Asian, Hispanic, Black and white ethnic groups in New York City, Kasinitz et al. concluded that Dominican youth are more likely to live in residentially segregated neighborhoods with underfunded schools. Dominican families are most likely to be larger; to be be headed by a single parent without formal education, and to earn the lowest household incomes of all (2008: 26-7). All of these factors contribute to "the Dominican second generation [growing] up with more disadvantages than the children of other immigrant groups," (2008: 27).

Despite many barriers, the second generation is benefiting from an overall increase in the level of post-secondary educational attainment among U.S. Dominicans since 1980. From an aggregated data set[13] collected in 1990, Caro-Lopez and Limonic (2010) concluded that 39% of New York Dominicans had obtained a high school diploma and that 6.3% had obtained a post-secondary degree. By 2008, these numbers had increased to 66% and 13.4% respectively (Caro-Lopez and Limonic 2010). In 2000, 19.7% of U.S.-born Dominicans had attained a college degree or higher, a number that increased from 16.7% in 1980 (Hernandez and Stevens Acevedo 2004:2). By 2010, an aggregated data set indicated that Dominicans' overall college completion rate increased to 15%, two percentage points higher than the average for the Hispanic population (Pew Research Center 2012).

Scholars note that an educational gender gap is forming in the U.S.-born Dominican population; girls are benefiting more than boys from trends of increased educational attainment. According to Caro-Lopez & Limonic, in 2008, 33.8% of U.S.-born Dominican women had a post-secondary degree or higher, while only 17.0% of U.S.-born Dominican males had done the same (21). At the end of Qin-Hilliard and Baolian's (2003) longitudinal study, 91% of Dominican girls, compared to 68% of boys reported an interest in attending college. This gender gap is further expressed in *Hopeful Girls, Troubled Boys* (Lopez 2003), which argues that structural barriers lead to resilience in Dominican girls, who dream of attaining an education to become 'independent women' like their immigrant and/or single-parent mothers (2003: 91). On the other hand, their male counterparts do not see education as a protective factor against racial discrimination.

The Rituals of Bounded Identity

Even as Dominicans experience economic marginalization and segregation in the United States, their cultural visibility in New York City and Providence has grown ostensibly. Early in 2013, the Music Television network (MTV) released the reality television series "Washington Heights" nation-wide. The series portrays the lives of a group of U.S.-born Dominicans (and a few cast members from other ethnicities) in their twenties. According to youth at the Washington Heights community organization Da Urban Butterflies, the release of the series has ignited an ongoing debate centered on the authenticity of the show's representation of the Dominican experience. Some critiqued the creators for portraying an extremely "Americanized" version of Dominican identity in the neighborhood. Others applauded the producers' new take on the contemporary cultural and linguistic practices of U.S.-born Dominican youth. Regardless of where one falls in this debate, one thing is clear: second generation Dominicans in Providence and New York City are growing up in vibrant and proud ethnic communities where the meaning

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[13] Aggregated data include U.S-Born and Immigrant Dominicans.

of Dominican culture is both debated and affirmed.

I argue that young women strategically express the bounded and static versions of Dominican identity in reaction to external forces, namely the desire to belong to a localized and identifiable cultural community in ethnically and racially diverse cities. As Aparicio (2006) and Hernandez & Sezgin (2010: 66) conclude, ethnic identification as 'just Dominican' is not a foregone conclusion for second generation individuals. They have the option of identifying in a variety of ways.[14] However, the majority of the young women in this project identified simply as Dominican when prompted about which identity label best defines them. According to Manuel Castells, such an embracing of ethnicity as a basic attribute of self-identification does not occur only because of shared history. It also occurs because "'the others remind people every day that they are 'others' themselves. This generalized otherness, be it defined by skin color, language or other external attribute, characterizes the reality of our multi-cultural world" (2010: xxv). Indeed, teens like Joselyn (NY, 17) are made aware of their 'otherness' in everyday encounters in which they are told "Yeah, go back with your green card" or asked if they are going "Back home for the summer".

If the 'diasporic identity' is measured in the ways that culture remains 'bounded,' surviving nearly unchanged in a 'host society,' then youth are decidedly participating in the rituals and discursive practices that ensure such survival. Young women cited high levels of community visibility and easy access to Dominican music and food as the everyday markers of cultural identity in Providence and New York City. The visibility and audibility of the markers of Dominican culture in these communities, namely ethnic food, music and the 'Dominicanish' Spanish dialect (Baez 2000), thrive in public spaces. As fifteen year old Denise (RI) summarized, being Dominican means "the food, the knowing a lot of [other] Dominicans [and] talking the same language in Spanish." Teens' comments also highlight the importance of the local as the primary space of identification. Fourteen year old Aneurys (RI) claimed that the "South Side is filled with Dominicans. Broad Street is like Dominican kingdom, that's what we call it!" Similarly, Giselle (NY, 16) stated that "Washington Heights is the closest thing to Santo Domingo without getting on a plane."

Many young women's statements about their respective communities may be understood in light of Castells' claim that "the more the world becomes global, the more people feel local," (2010: xviii). Like many of her peers, Aneurys identified a list of businesses as signs that Broad Street was 'Dominican territory': "There's a barbershop next to the CVS that's owned by a Dominican guy, the Dominican restaurant (*La Gran Parada*), the corner stores." Dominicans in both of these cities are now known as small business owners who have managed to revitalize neighborhoods with new restaurants, corner stores, beauty salons and travel agencies (Krohn-Hansen 2013). Their businesses have transformed the visual landscape of the Washington Heights and South Side neighborhoods.

Restaurants and less formal food stands are important sites for the reproduction of the Dominican cultural identity. On the sidewalks of these two communities, food is mobile and sold out of makeshift carts that are equipped with deep fryers to cook *empanadas* and manual juicers for orange-and-milk flavored *morir soñando* drinks. During fieldwork in Washington Heights, I enjoyed access to foods I could not easily eat while in school. I felt constantly tempted by the sight of browned *chicharron* (pork) sitting inside the plastic walls of a container balanced atop a shopping cart and white, strandy *yuca* topped with pink-purple pickled and fried onions (field

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[14] Young women had the following options in my interviews: Hispanic, Latina, Dominican, Dominican-American, Quisqueyana, Dominicayork, Providence-Dominican and Other.

note). Food is important to notions of 'diaspora' because "[it] becomes a potent symbol for signifying ethnic integrity, serving as a placeholder for cultural distinctiveness and (for migrants) a palliative for dislocation," (Mannur 2007:13).

Lidia Marte similarly writes that the practice of cooking and eating Dominican food are linked to the maintenance of Dominicanness in migrant communities (2008 & 2011). Favorite ethnic dishes were very common in my free list exercise that asked youth to share whatever came to their minds when they thought about the Dominican Republic. When second generation teens fondly proclaim their preferences for *mangu* (mashed plantains), *chimichurris* (hamburgers), fried cheese, *sanchoco* (stew) and *yaniqueques* (fried dough), they do so to assert their 'culinary citizenship.' Culinary citizenship offers another reason why food is important to the diaspora experience: it "grants subjects the ability to claim and inhabit certain subject positions via their relationship to food" (2007: 13). This form of citizenship offers a sense of belonging that is concrete, accessible, and consumption-based.

Frio-frio stand in Washington Heights; author's favorite foods at *La Gran Parada* restaurant in Providence; Johnny's chimichurri truck in Providence.

For the young women in this project, claims to culinary citizenship are strong and continuously staked in the family kitchens, restaurants, *chimi* trucks, and *frio-frio* stands that they encounter in their daily lives. For example, Joselyn's belonging to a Dominican culinary community was so strong that she assumed that virtually everyone practiced the same food-ways:

"I didn't know that other people didn't know what *mangu* was until I grew up and went into the world… Like I would say, 'I had the best *mangu* for breakfast this morning. And they be like, *What?* I would say, 'How do you not know what *mangu* is! Have I lived in a bubble my whole life?'"

The 'world' that Joselyn entered is that of her performing arts high school in Midtown Manhattan. There, she has encountered people who shockingly neither recognize nor cook the foods that she enjoys. This realization forced her to consider that perhaps her family and community's food-ways are the practices of the minority, rather than the standard for everyone.

In Providence, Alejandra (14) stated that Broad Street is a Dominican space because "We be reppin' (representing), we're everywhere, yo. Everywhere you go, you be like, *we* be like, "Ey!" She began to laugh uproariously. "We be listening to that dembow *everywhere*. They be like *con lo pie*, (quoting the lyrics to a popular *dembow* song)." *Dembow* is a popular urban musical genre that originated in the Dominican Republic and that is based on a common two-bar loop used in dancehall, reggaeton, and other Afro-Caribbean rhythms (Marshall 2013). Its sounds transform Broad Street into an identifiably Dominican space. Similarly, Joselyn said

music invoked feelings of ethnic pride and 'Dominicaness' within her. She said, "If you pass by the Heights and you hear a song, then you're like, 'I wish I was at a Dominican party, I wish I was dancing!' I think that's the best part, when you feel like a hick!"

In the MA thesis *Young Dominicans in New York City*, Julia Castillo (1996) surveyed high school students in a public school and found that Dominican 'culture' was expressed by the consumption of popular music (i.e. *Merengue* and *Bachata*). Almost twenty years after this study, teens not only identify with the national musical genres of *Merengue* and *Bachata*, but also point to *Dembow* as representative of Dominican culture. Youth juxtaposed this genre against, in the words of Alejandra, "that old *Merengue* my dad listens to, so old that you have to use, not even CDs, like the little box tapes." She struggled to find the term 'cassettes,' describing them, and the music they hold, as artifacts of her parents' generation.

The annual parades and festivals in each city (above) bring together the community to "celebrate Dominicaness and display many of [its] cultural traditions" (Hernandez and Torres-Saillant 1998: 102). Festivals and parades are highly visible events that unite both food and music and project the image of a cohesive community. For example, when I asked Alejandra for her thoughts on the Providence Dominican community, she simply said: "*Girl*, have you been to the Dominican festival?" I attended the parades in the South Bronx (July 2013) and midtown Manhattan (August 2013) and noted that the majority of the people marching or riding atop of floats were young men and women. They represented both folkloric traditions, like the two young women dressed for *Carnaval*, as well as contemporary urban youth culture, like the two youth riding a converted bicycle beside a minivan outfitted with subwoofers and blasting *Dembow* (below).

The cultural politics of living in super-diverse cities (Vertovec 2007) influences second generation young women to embrace Dominican food, music, and community events. In these cities, Dominican youth could at first glance be easily mistaken as African-American, Puerto Rican, or another Latino ethnic group. They therefore use various identity markers, in particular language, to create clear distinctions in the face of ethnic and racial ambiguity (Hernandez &

Torres Saillant 2013: 239, Dicker 2006: 717-20). The linguistic anthropologist Benjamin Bailey (2000, 2007) has chronicled how Dominican second-generation youth in Providence use "Dominican Spanish, African-American English, local English sociolects, and hybrid forms resulting from contact among these variety to situationally align themselves with, and differentiate themselves from, European Americans, African-Americans, and even other Dominicans" (2000:191-92).

Bailey writes that teens raised in the United States invoke the ethno-linguistic, pan-ethnic label "Spanish" to identify as non-Black, distinguishing themselves from the African-American peers with whom they share segregated neighborhoods, over-crowded schools, and a "nonwhite/African-descent similar phenotypic ascription" (2000: 192). In the "Latinized" social landscape of both of Providence and New York City (Davila & Lao-Montes 2001), teens can invoke their belonging in the Dominican community to distinguish themselves from others Latinos who also identify with the ethno-lingual label 'Spanish' (in particular other Latinos of Caribbean descent like Puerto Ricans or Cubans).

The Dominican 'Hick' Trope

Bailey found that Dominican youth use language resources to differentiate themselves from recently-arrived, non-English speaking immigrant youth, who are considered hicks (2000:192). The term 'hick' is mostly used as a pejorative adjective that references the aesthetics and language performance of recently-arrived Dominican immigrants. The term may also be used to describe any actions that are considered indicative of an excessive performance of Dominican cultural identity, wherein 'excessive' is a highly contested and subjective category. In a footnote, Bailey mentions that

"Characterizations of individuals as 'hicks' or references to the *campo* do not mean an individual is actually from the countryside in the Dominican Republic, but rather serves as a metaphor for a perceived lack of urban-American sophistication." (2000:217)

The characterization Bailey describes has grown into a cultural trope that spontaneously emerged during many of my conversations with young women. This seemingly banal intra-ethnic stereotype is the foil against which second generation teens construct their identity performance. In other words, U.S.-born second generation teens create identity in reaction to the image of the 'hick.' Youth's careful work of creating subtle intra-ethnic boundaries roots their social identities in the United States, even if not all of them consider themselves to be Dominican-Americans.

When asked to elaborate on the image of the hick, teens described someone who is "100% Dominican," "Fresh off the Boat," and who performs Dominican identity constantly. In Joselyn's words, "Hicks are just more influenced by their Dominican side. They just carry this pride that my land is better than yours, my culture is better than yours." According to Emely (NY, 18), the term is reserved exclusively for Dominicans: "I have never seen somebody call a Puerto Rican or a Mexican, or any type of Spanish, [a hick]. They never say it. It's like, when you're Dominican, *that's* when you are a hick."

Together, Alejandra and Evelisse sketched the image of the 'hick' using fashion, class identity and language assimilation as descriptors. According to them, the 'hick' is identifiable because he or she "wears red shoes, red hat, red shirt, red sunglasses", and smokes hookah pipes. They frequently update their "Feybook" (Facebook) and "Intagram" (Instagram) accounts. Alejandra purposely mispronounced these words to exemplify the hicks' lack of language

assimilation. Alejandra claimed the hicks are "mad ratchet,[15]" because they fail to assimilate, acting "as if they still lived in the Dominican Republic." Among young women self-policing of language and behavior was a very common way to create a distinction between themselves and the 'hicks.' For example, Aneurys prefaced a story about mistakenly using slang that she picked up from other Dominicans in Providence with the words, "I was being so hick." When asked if she felt she had anything in common with Dominicans on the island, Maria (RI, 18) looked disconcerted and said, "I don't act like that…"

According to Lisbeth (16, RI), youth who are ascribed the derogatory identity of 'hick' face discrimination in schools. Describing the situation for newcomer students, she said:

"Let's say in schools, where there are non-Spanish speaking students, they say, 'Why do you speak Spanish, this is not the Dominican Republic?' When there's like a group of Spanish kids talking, they call them 'hicks.'"

I witnessed the language segregation that these students face when I visited Lisbeth's classroom in Providence. As non-English speakers who are outside of the language world Bailey describes, immigrant teens could not fully participate in classroom discussions and lacked an English language resource instructor to help them during class.

Youth may have inherited the trope of the 'Dominican hick' from older U.S.-born Dominicans. I found this durable social category in Dominican Hip-hop journalist and filmmaker Raquel Cepeda's (2013) memoir about coming of age in Washington Heights and Inwood in the 1980s and early 1990s. She writes,

"It's easy to tell which Dominicans are *campesinos* (country-folk or hicks), the newest arrivals. The guys yell instead of speaking to each other… they sport shoes and sneakers with no socks, even in winter. And the girls usually wear their hair so severely straight, they smell as if they're on fire" (2013: 107)

The pervasive nature of this culture-specific stereotype prompts the following question: If the 'hick' symbolizes Dominican immigrant identity, then what is representative of U.S.-born second generation identity?

As I established earlier, scholars consider the diasporic identity to also contain an element of hybridity and cultural mixture. Indeed, "aesthetic styles, identifications and affinities… musical genres, linguistic patterns… and cultural phenomena are more globalized, cosmopolitan, and hybrid than ever before," (Vertovec 1996, quoted in Cohen 2008: 128). In their respective communities, Dominican youth are socialized and inhabit the "the cross-currents of more than one cultural field… their on-going forms of cultural expression and identity are often self-consciously selected from more than one cultural heritage" (Vertovec 1996, quoted in Cohen 2008: 128). It is in these spaces that a new identity is emerging, one influenced by Dominican cultural symbols and the aesthetics of the Hip-Hop generation.[16]

As Cepeda writes, during the late 1980s "many of us born in New York City who feel like we have nothing in common with the *campesinos* and assume they've come straight out of

[15] The term "ratchet" is widely used in working class communities of color to refer to people who "basically lack home training—being out in public and acting like you don't have any sense," (Ortved 2013).
[16] Greg Dimiatriadis (2009) defines Hip-hop culture as an integrated series of community-based practices that emerged in the mid-1970s in New York City. Hip-hop primarily catered to African American and Latino youth living in the ghettos of the city, but has exploded as a global musical genre that resonates with marginalized youth as well as mainstream audiences.

the farms and shantytowns of rural D.R., began choosing sides" (2013: 107).
The 'side' which U.S.-born Dominicans appear to have chosen has solidified into what I call the 'Uptown' identity. The Uptown identity is superimposed on the physical landscape of Washington Heights and the adjacent neighborhood of Inwood, places I once considered representative of only the 'bounded' version of Dominican culture. The work of artists like Dister, Maluca la Mala and M. Tony Peralta is representative of the emerging identity of U.S.-born second generation Dominicans. In their artistic production, Dominican cultural identity merges seamlessly with the experience of growing up in Washington Heights and Inwood, spaces that are literally 'uptown' from the African-American cultural mecca of Harlem and the financial centers of Times Square and Wall Street.

On nearly every street of these neighborhoods, the ubiquitous graffiti produced by the anonymous graphic artist Dister (below) beckons residents to claim the neighborhood as their home. The mural pictured left features a young man playing baseball (a common symbol of Dominican identity) and the words "Mi Orgullo," (my pride) and "This is Hip-Hop." Dister's ubiquitous "Yo Amo mi Barrio" and "I Love My Hood" stickers can be found fixed discreetly to everything from fruit stands to street signs and *chimichurri* trucks. These stickers represent what Stefano Bloch[17] considers 'do-it-yourself urbanism' or the unofficial claiming and beautification of derelict public spaces in Latino urban communities (personal communication 2013).

The infectious merengue-electronica-dancehall fusion of emerging artist Natalie Ann Yepez, aka Maluca La Mala (top right, pictured below in beer can hair rollers), combines English and Dominicanish to provide a snapshot of what it means to be a young, Dominican, and female in the Heights. The lyrics for the single "El Tigeraso" provide such a portrait, while also playfully confronting the problem of street harassment for young women in the community. Maluca says, "Dominicans call the bad boys on the corner who are up to no good – but who have mad swag – *Tigeres*. 'El Tigeraso' is the game or swag. Growing up, I would go visit my cousins or grandma uptown. Back then, you couldn't get from one corner to the next without those *tigeres* trying to holler at you. It was kinda outta control, especially if you walked down

Broadway… the song is poking fun at that whole situation." (Arterberry 2011).

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[17] Dr. Stefano Bloch is a Mellon Postdoctoral Fellow at the Brown Cogut Center for the Humanities and the Brown Department of Urban Studies.

M. Tony Peralta's artwork blends recognizable symbols of Dominican (and arguably Latino) everyday life, such as the Café Bustelo and Goya cans pictured left, with what he considers to be the quintessentially American iconography of artists like Andy Warhol. His clothing line is sold in urban stores in Washington Heights and Inwood (top left) and has proclaimed the arrival of the "*New New York*." It mixes Hip-hop inspired fashions, like sports hats and large necklaces, with symbols of ethnic pride, like the crest of the Dominican flag and the names of specific towns on the island. In a recent New York Times article about the opening of his solo show "Reconnected", Peralta said his art aspires to be "respectful and proud of his culture, as Kahlo's work is, and as futuristic as Dalí, as commercial as Warhol and as 'honest' as the hip-hop trio De La Soul" (Garcia 2014). The work of these three artists relates to the unique experience of growing up influenced by the cultural elements of the Dominican Republic in a diasporic space. Each mural, song, and art piece is interwoven with symbolic representations of both the cultural identity of the Dominican Republic and the Dominican experience in the United States.

In this paper, I have explored how and why youth in diasporic communities simultaneously sustain and reshape a Dominican cultural identity. I found that second generation youth in the diaspora are responding to the specific local pressures and cultural politics unfolding in their communities. They enact both a 'bounded' ethnic identity rooted in specific cultural symbols and an 'Uptown' identity emerging in reaction to the pejorative cultural trope of the 'Dominican hick.' Responding to the cultural and ethnic politics unfolding in their hyper-diverse cities, young culture-makers deftly navigate between fully embracing the structured ethnic identity that they inherit from their families and community and innovating with the elements prevalent among youth in urban centers. In doing so, they incorporate the aesthetic practices and language ideologies of two cultures to define themselves if not yet as 'Dominican-Americans,' then as 'another kind of Dominican.'

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"All He Knows Is Coca"
Decolonization and Indigeneity in Post-Neoliberal Bolivia: Interplays Between Policy and Culture

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Abstract: Bolivian president Evo Morales is the first indigenous president in Latin America, and with that distinction he has announced a platform to "decolonize" the country from foreign influence and control. Through field research and in-depth interviews in Cochabamba, Bolivia, this paper aims to understand the significance of Morales' image as well as his economic and social policies for Bolivia. It finds that through attempting to create policy that reflects the country's values, Morales is constructing a new, ``albeit historically-rooted national culture. While a national narrative may arguably benefit the country by giving them a unifying, sovereign culture that can stand against oppressors, the process has revealed and exasperated inequality within the subaltern, pushing some people further into the margins.

In December 2012, Bolivian President Evo Morales marked the end of the Maya era of the *Baktun*[18] with a historic speech he heralded as a manifesto. The Morales government threw a party on the *Isla del Sol*, an undeveloped island in Lake Titicaca, which according to Inca legend is the birthplace of the Inca sun god. Morales, an Aymara coca farmer and first self-identified indigenous president in South America, addressed a crowd of indigenous groups from all over the world, delivering a speech that called to spiritually and culturally decolonize Bolivia. In this manifesto, Morales lamented the marginalization of ancient and ancestral indigenous cultures that has resulted from centuries of Spanish colonialism and American imperialism. This transformative rhetoric captivated my attention as a researcher because of its explicit policies on the human rights of the indigenous peoples and the sweeping vision of political and economic reform aimed to dismantle centuries of indigenous marginalization.

Using data gathered from fieldwork in the city of Cochabamba and qualitative in-depth interviews with politically and culturally diverse Bolivians, this paper explores the social and economic policies of the Morales administration and examines the impact of policy on cultural identity. I address the policy of "decolonization," which I define as the process of gaining sovereignty from historically rooted, foreign nondemocratic forces, and I examine the interplay between decolonization and the social construction of indigeneity. I explore to what extent *Movimiento al Socialismo*[19] (MAS, the social political party of Morales) is truly a reflection of previously marginalized cultures and recognition of the autonomy and diversity of Bolivian people. However, I also reverse the variables, and examine how culture in Bolivia is being influenced by policy change. This paper questions if the process of decolonization is the top-down assertion a new nationalism—a constructed cultural and economic identity. Through seven weeks of participant observation and in-depth interviews, I have found that the "plurinational"[20]

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[18]   A *Baktun* is the longest cycle of the ancient Maya Long Count calendar. (Restall and Solari 2011).
[19]   *Movimiento al Socialismo* (MAS) translates to the Movement toward Socialism.
20   Article 1 of the Political Constitution of the State defines Bolivia as a plurinational state. (2009).

decolonized mission of the socialist government is by-and-large the assertion of a new, albeit historically rooted, national culture, and this process is shifting previous hierarchies of power and changing the ways that people culturally self-identify.

My thesis emerged from the many experiences, stories, and interviews I encountered in the fascinating country of Bolivia. Just seven months after Morales delivered this manifesto, I spoke with a socialist activist demonstrating in Cochabamba. He asked me if I knew about the American dream. "The house, the car, the family, the lawn," I recited to him. "Yes," he said, "that one. We (the socialists, the *masistas,*[21] and defenders of Evo) want an American dream as well, but a different dream—a *South* American dream—a dream that rises, not from capitalism, but from Andean Cosmo vision. The American dream is to have money," he said. He put his finger to his temple and explained:

> My dream is to use my head, and for everything to be natural. In my dream, everyone listens to the four elements: land, fire, water, and air. They all speak to us. Our vision is one of a communitarian society. People call us Marxists, but our vision is not the vision of Marx. He had good ideas, but this is our idea. This dream was the Cosmo vision of the Andean Inca people, but it was destroyed by colonialism. Now, with Evo, it is returning. He is bringing it back (Field notes, June 22, 2013).

After this conversation, another Bolivian from La Paz provided a contrasting prospective. "No, no, no Evo is not an indigenous president. He is Aymara, sure, but his identity is as a *cocalero.*"[22] "I am native," he said, "and I am from the country of Kollasuyo[23]. Evo is also native, but he does not know Kollasuyo. All he knows is coca." He suggested that Morales is representing the voice of an inclusive subaltern, but rather exclusionary economic interests.

This paper investigates to what extent the political initiatives in Bolivia are recovering marginalized indigenous cultures of the past, as Morales claimed at *Isla del Sol,* and to what extent they use generic indigenous traits to construct a new national culture and economy. The paper will begin with a review of the relevant literature, examining the many competing visions for the future of Bolivia and the theories behind them. A description of my research methods follows the literature review. Following the methods, I will describe the findings of my research. Finally, I will conclude by discussing the significance of the findings, as well as the larger importance and relevance for scholarship and public policy.

Literature Review

In order to best understand how political processes reflect and shape the cultural identities of people in Bolivia, I positioned this case in the field of political anthropology, which devotes itself to the study of law and order, conflict, governance, and power (Barfield 1997). More specifically I sought to explain the multiple meanings of decolonization, how those can create tension between scholars, politicians, and social movements, and how this tension can be seen in contemporary Bolivian politics.

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21   A *masista* refers to a member of the political party MAS.

22   A *cocalero* is a coca leaf grower. Coca (*Erythroxylum coca*) is a South American cash crop, used for a variety of cultural and medicinal needs in many Andean societies.

23   *Kollasuyo* is the name given to the region of Bolivia by Andean indigenous people since the Incan Empire.

Decolonization as a Discourse of Indigenous Rights or Indigeneity

Some scholars suggest that in Morales' attempts to decolonize Bolivia he is engaging with a discourse of indigeneity, arguably in contradiction to the ostensible intentions of the administration. While the government claims to liberate the existing identities using the rhetoric of indigenous rights, the scholarship suggests that Morales is actually re-conceptualizing what it means to be indigenous—more akin to the dynamism that is the essence of indigeneity.

The concept of decolonization inherently includes at least two parties: the colonizer and the colonized. In most places, but especially in Latin America, the colonized refers to those who are considered, either through self-identification or by a political authority, to be indigenous.[24] Anthropologists today are re-conceptualizing the indigenous identity to transcend geographic place. Defining indigenous people as essential, unchanging, or pure, denies them the ability to change and progress, and indigenous people are consequently relegated to the past or to the margins (Clifford 2007:200). For this reason, indigenous people are coming together to form a global indigenous identity that is heterogeneous and transcendent of fixed locations. Marisol de la Cadena and Orin Starn emphasize "indigenism today is a process; a series of encounters; a structure of power; a set of relationships; a matter of becoming, in short, and not a fixed state of being" (2007: 11). Indigeneity as an evolving and relational identity is in contrast to what Ramachandra Guha (1989) calls "Reverse Orientalism," which denies indigeneity the process of change that inevitably occurs through history. In short, indigeneity is a location of a power rather than an ethnic or cultural identity. A definition of indigeneity that transcends geographic place is not meant to dismiss claims for "landed, rooted or local identities" (Clifford 2007: 199), but rather to acknowledge that indigeneity itself cannot be rooted in place and is shifting, complex and relative to context (Levi and Maybery-Lewis 2012: 106). Local and global identity must not be a dichotomy, but instead be complementary and coexistent (Clifford 2007).

In Bolivia, this form of indigenous cosmopolitanism can be seen in the distinction given to Andean indigenous cultures while celebrating the common heritage of all indigenous people through events like the Maya *Baktun* celebration. While this is one example of indigeneity as a political location, many scholars see that Morales is using the concept of indigenousness as a cultural phenomenon, and that he promotes a homogenous, narrow, and historically rooted understanding of indigenous culture.

Decolonization as the Construction of National Culture

Some scholars argue that although the new "plurinational" constitution attempts to decolonize Bolivia through the establishment of plural autonomous cultures and nations, the Morales administration is actually pursuing the opposite: a single common culture. They argue that a discourse of indigenous rights is the foundation of a new nationalism (Canessa 2012). Rather than looking to undo the forces of colonialism to restore their pre-Hispanic, stateless past, as Bolivian indigenous leader Felipe Quispe advocates, Morales is looking to "refound" Bolivia by using elements of this past to construct the present. They believe that Morales is "making a *Pachakuti*"[25]—a millennial concept that means locating the future in the past (Albro 2006). Although intuitively the construction of a plurinational would seem to be localizing process, scholars believe it is a smokescreen for the imposition of a new and centralized nationalism.

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24   However, discussions of "decolonization" are not confined to indigenous people alone and similar discourses are used for afro-descendant populations in Latin America (See Dixon and Burdick 2012).

25   Pachakuti is the word for a millennial movement. The name is taken from the Quechua word "pacha," meaning time and space or the world, and "kuti", meaning upheaval or revolution.

The phenomenon of nationalism was a highly popular, albeit contentious, topic across the social sciences in the 20th century. There is no agreed upon definition for nationalism, nation, or nationality (McCrone 1998). As Roger Brubaker points out, "nation is a category of 'practice', not [...] a category of analysis" (1996:10). Like other social categories we study in the social sciences—race, social class, gender, etc.--nation is bound in social praxis. Benedict Anderson's definition of nation as an "imagined community" reflects its constructed nature. Anderson defines a nation as an "imagined" political community, depicted as both inherently limited and sovereign.

Scholars debate the significance of this transformation of nationhood. Albro (2006) contends that Morales is a "pan-indigenous" president. In Morales' public displays of indigenous culture, a particular cultural or community referent is missing, and instead he uses generic Andean symbols and practices generic customs. For example, the new constitution valorizes the notion *Vivir Bien* or "living well." Derived from Andean Cosmo vision, *Vivir Bien* demands a society that is communitarian, and gives fundamental rights to the earth. The concept is contrary to the capitalist imperative of extraction and growth (Canessa 2012: 14). However, it is not specific to Morales' own cultural upbringing. Albro (2006) finds that these generic properties of the government's indigenous identity have cross-class, community relevance and widen the appeal of the cultural heritage. This position is supported by John A. Armstrong's (1982) theory of the influence of nostalgia on the evolution of ethnic identities. Nostalgia is a kind of "collective memory" that is a persistent image of a superior way of life in the distant past. Armstrong claims that nostalgia is powerfully affective in constituting a nation.

Armstrong is also clear that the historical accuracy of a nostalgic narrative is irrelevant for its effectiveness. National nostalgia, he argues, like all social phenomena, are systematically manipulated by the elite. Silvia Rivera Cusicanqui, an Aymara sociologist, finds that the ethnic policy of Morales has made little progress from the "multiculturalism" of the 1990s (2012). She argues a discourse of ethnic hybridity takes an essentialist interpretation of indigenous people as rooted in the past and unable to make their own destiny.

Anna Frances Laing believes that plurinationalism is little more than political rhetoric. Despite giving an explicit commitment to the indigenous concept of *Vivir Bien* and alternative models of development, the Morales government has been committed to a program of economic growth based on the exploitation of natural resources. The conflict between indigenous leaders and the Morales administration over a highway through the Isiboro Secure National Park and Indigenous Territory (TIPNIS) has been a prominent example of this contradiction. The Morales government has repeatedly ignored resolutions signed by indigenous leaders pleading for the project to be dropped, even though the Constitution recognizes the autonomy of indigenous people (Laing 2012: 1051). Laing argues that the concept of decolonization does not preclude colonialism by dominant powers within the state. She sees the imposition of the highland indigenous culture (what Albro calls a generic indigenous culture) to be a re-colonization by the state, rather than decolonization. She believes Morales is using the notion of a "united indigenous people" to pursue an exclusionary cultural and economic agenda.

Benedict Anderson, however, maintains that the critiques of Bolivian identity politics that bemoan their exclusivity should be interpreted as wholly negative but rather are the "terrible beauty of nationalism" (2003: 183). Anderson explains, saying:

"Deep down, all nationalist movements are to some degree, even if they do no fully
realize it, coalitions of much older and more rooted communities and cultures. Ethnic

groups, regional groups, tribal groups, religious groups, lineage groups, caste groups—all have in some measure to be both overridden and agglutinated. One central fashion in which this deep agglutination takes place is through a radical change of consciousness, which of course means a radical change of culture" (Anderson 2003, 183).

Anderson claims that in order for a state to truly decolonize, that is to claim their autonomy from colonial forces, including those embedded in culture, a state must pursue a new nationalism, and this requires a cultural transformation. In this Bolivian context, this concedes that all culture change requires some culture loss, and all smaller cultures and nations within the Bolivian nation will need to be overridden or melded to some degree. Through the application of generic and cross-class indigenous practices, Evo Morales, an Aymara with a largely Quechua base, is promoting the agglutination of older and more rooted cultures.

The literature detailed above reveals that that the concept of decolonization is somewhat ambiguous, both resonating and conflicting with various interests in a state. A derivative question from this conversation is what are the consequences for culture and identity caused by the initiative of decolonization? The following methods section will outline the process I have taken in order to unravel the relationship between policy and identity in Bolivia.

Methods

This paper is the culmination of a year of scholarly research and seven weeks of ethnographic field in the summer of 2013. For an abbreviated description of the research methods employed in this project, see Table 1.1.

Table 1.1 Fieldwork Methods

Participant Observation	• **7 weeks**	**General information about the lives, opinions, and culture of Bolivians. Make connections that led to In-Depth Interviews**
In-Depth Interviews	• 19 Interviews • Ranging from 10 to 80 minutes • 17 Interviews were recorded, and the relevant sections transcribed • All data was coded for themes	See Appendix A for a sample list of Interview questions.
Document/Propaganda/ Legislation Analysis		Understand the intentions and reputation of the government in Bolivia.

During the summer of 2013, I spent seven weeks conducting ethnographic fieldwork in Cochabamba, Bolivia. Cochabamba is located in the center of The Plurinational State of Bolivia (Bolivia), a landlocked country in South America. I used site-based sampling as proposed by Arcury and Quant (1999), volunteering at two organizations. The first was a hostel for migrant workers called *Casa del Migrante*, where I interviewed 10 guests and 4 staff members. The second was a law office that offered free legal services to women, called *Oficina Juridica Para*

la Mujer, where I interviewed 2 staff members. Three of my interviews were with leaders and activists in the community that I connected with through snowball sampling (Weiss 1995).

 I did participant observation at both locations for the entire seven weeks of my research. Additionally, I performed nineteen in-depth interviews in Cochabamba. Due to the inclusive nature of my research question, identifying qualifying informants to interview was a fairly simple process. That being said, my sample size was a limiting factor in my research. My research aimed(past tense?) to capture the experience of all Bolivians, but my limited time and mobility restricted who I was able to interview. However, to mitigate any limitations from sample size as much as possible, I interviewed Bolivians that were culturally, economically and politically diverse.

Analysis

My seven weeks of fieldwork in Cochabamba and interviews revealed four dominant themes in regards to the movement towards socialism in Bolivia. First, some Bolivians viewed the change as a liberating indigenous resurgence—giving the subaltern the dominant voice in political discourse. Second, Bolivians largely supported the economic changes that rejected neoliberal imperialism and brought previously unknown wealth to the economy. Third, the ways that the government spends its new wealth drew mixed opinion. Finally, the culmination of these changes represents the implementation of a new national culture, which gives preferential treatment to some Bolivians while further marginalizing others. These themes are drawn from my conversations with real Bolivians. While my sample cannot portray an exhaustive illustration of national thought I believe they begin to reveal how the political changes are affecting the lives of Bolivians.

The Resurgence of a Dominant Indigenous Culture: Mixed Responses to Morales' Intention

The universal belief of the Andeans, according to Ricardo, is the importance of respecting of *Madre Tierra,*[26] and through its propensity to extract natural resources and destroy habitats, capitalism is antithetical to this respect. "Socialism is the answer," he said But he emphasizes that his socialism is not like socialism that is used elsewhere. "Marx was good for Europe, but not for us. He was not our inspiration. Our socialism is from Bolivia. It is indigenous. It is not from foreign ideas. It is from Andean Cosmo vision." Through our conversation, Ricardo captured (was a picture of?) the discourse I expected to find when I traveled to Bolivia, intent on studying decolonization: an indigenous culture finding its voice after centuries of being silenced; a resurrected subaltern ideology that corroded the imperialist hierarchies by which they had been subjected.

Some Bolivians understood the country's political transformations as a triumph of indigenous people and culture. However, using references to ancient and pre-conquest Andean culture as an indication of modern indigenous culture evokes a definition of indigeneity that conflicts with Clifford (2007), who argued that indigeneity is a political location, not a historical or geographic location. When Jaime, the president of MAS in Cochabamba, explained the rise of the party to power, he presupposed a definition of indigeneity rooted in time. He alleged that during MAS's seven-year reign, or since Evo Morales has been president, Bolivia has recovered its culture--that until seven years ago Bolivia's culture had been lost. Jaime explicitly

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26   *Madre Tierra* translates to Mother Earth.

demonstrated that MAS's vision for progress is as much a reversion to the past as it is path into the future. This method of constructing cultural identity reflects Armstrong's (1982) theory that nostalgic narratives can be powerful tools for constructing national and ethnic identities.

Ricardo accounted for the indigenous resurgence as a result of new legislation, especially the new constitution. He believed that the Inca had been vulnerable to the Spanish conquest because they lacked a "bible." The Spanish had a bible (the Christian Bible), so they won against the Andean beliefs, which were undocumented. Now, according to Ricardo, Evo Morales is writing the Andean bible. He believes that the Plurinational Constitution of the State is the religious text of Andean Cosmo Vision. Radical socialists and MAS leaders were not the only Bolivians that expressed a sense of subaltern victory under Morales. Silvio said that the foremost purpose of the constitution is to recognize the cultural diversity within Bolivia. While the respect and recognition of cultures is included in the constitution through the legal enumeration of longstanding indigenous philosophies, like *Vivir Bien*, the constitution also explicitly demands it by declaring Bolivia a pluricultural state, and thereupon granting autonomy to individual indigenous communities.

The decentralization of political sovereignty is only one example of an indigenous cultural resurgence being legislated in Bolivia. Mandated bilingual education is a second example of how indigenous culture is being reinstated into dominant Bolivian culture. Depending on the region in which a student lives, they are required to learn the most common indigenous languages. My interviews revealed mixed feelings about this mandate. Antonio said that he understands that Morales requires youth to learn indigenous languages so that they do not "lose the races." However, Antonio was disheartened that his daughters were focusing their educational energy on learning Aymara and Quechua instead of English, which he believed would give them more opportunities.

As I described earlier, Ricardo told me socialism was the solution to all problems in Bolivia, and a true resurgence of indigenous cultural dominance would mean the implementation of socialism. Several people suggested socialism emulates the principle of *Vivir Bien.* Tomás clarified that *Vivir Bien* is an old indigenous mantra that means "equilibrium between material and spirit". Both Jeronimo and Lucía defined *Vivir Bien* as equal prosperity for all people, not just one sector. Recent legislation suggests that Morales believes that the path to equality, whether you call it *Vivir Bien* or socialism, is through economic and social policy change. The following two sections will discuss the application of the indigenous resurgence ideology to Bolivian economic and social policy and people's reaction to the changes.

Nationalization and Surplus: Positive Response to Morales' Economic Policy
Interviewees seemed to agree that the economic policies of Evo Morales, in particular the nationalization of primary resource industries like oil and gas and utility services like electricity and water has been a certain victory for the country. Jaime recounted how first Bolivia was subjected to Spanish colonialism, but as soon as they managed to escape this *pongueaje[27],* the country became managed by North American imperialism. Transnational corporations arrived, he explained. "[They] extracted from Bolivia until we were without [...] money, and they left us in poverty. We did not have money to pay teachers. We did not have money to pay doctors." These tales of extraction—of extracting wealth from the country until it had no more wealth to give and then leaving mountains empty and the communities impoverished—was told to me with

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27   *Pongueaje* was the domestic service which Indian tenants were obliged to give free during colonial rule.

sorrow by many. And while the resurgence of lost culture is certainly a dominant tenet of MAS's agenda, it was against these economic, not cultural, abuses that *campesino* and *cocalero* unions began to mobilize.

All interviewees were impressed by both the microeconomic and macroeconomic results of nationalization. Silvio praised this because nationalization provided Bolivia more money to pay teachers and give cash-transfers and bonuses. He described how poor the mining villages had been before Morales, even though the ground below them was filled with so much wealth in silver, tin, and gas. Transnationals [*sic*] came into the towns and "extracted and extracted," but they left nothing in return for the community—not even a hospital, Silvio lamented. "They have taken so much from there. They have taken so much silver there, but they have not built a good hospital. And miners' lungs are always infected...they could have at least built something there to treat ailments of this magnitude. But no. No. no." Now, however, the primary resources stay in Bolivia, and the country is industrializing so that they can manufacture products themselves from their own raw materials. If transnational companies want to enter the country and gain access to Bolivian resources, then they must submit to the demands of Bolivia. The dynamics of imperialism have been reversed.

Today, the money earned from natural resource extraction remains in Bolivia. In my interviews there were two main uses for this money frequently discussed: cash-transfers and rural development. Silvio lauded the genius of cash-transfers for stimulating both the micro and macro economy. Now, he explained about *Bono Juancito Pinto* (which gives a stipend of 200 Bolivianos at the end of each school year for students who complete the year), the money does not leave the country. Instead it is put into the pockets of Bolivians, which helps each family financially. However, at some point they will spend the money to "buy chicken or other supplies," so the local businessmen also profit from the cash-transfers. Silvio described this phenomenon as an "economic rotation." Families receive payment for sending their children school, which they spend, stimulating the economy and giving more taxes to the government so they can continue the cycle of transfers.

A second way that government spends its new wealth is on development in the *campo*[28]. Clarisa was from a small town in Northwest La Paz near the shores of Lake Titicaca. "They give us a school. Stables for livestock...they help us like that," she explained. Of course not all people supported Morales' social spending patterns. Many that lived in extreme poverty or were disabled were especially pessimistic. "The government here does nothing," Susana sighed. "They only spend money on trips, trips, trips, trips, trips. They do not do anything for poor people." Susana directed her desires at her own deficiencies when asked what she wanted for the future of her country. "I want to have a house, to work, to live well with my children, with my three children. Only this."

Many others were adamant that the changes in Bolivian policy were a product of popular demands—of the government listening to the people. Arturo said that around the country, the people had been transformed in regards to their political awareness and activism. "Before," he said. "The politicians, like Sanchez de Lozada, [...] Víctor Paz Estenssoro, Hernán Siles Zuazo, all of them, they would give a little rice and sugar to the people, no more. And the people accepted it well. But now, the people have totally woken up. It is a total awakening." Arturo's assertion, that Bolivians have awoken to injustice and will no longer accept oppression, is a conceivable explanation for a tumultuous two decades in Bolivia, and would explain why

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28   While *campo* translates to "countryside," Bolivians use the term to mean the parts of Bolivia that are extremely rural and usually indigenous.

Haroldo described the new constitution as "a collection of popular demands." The new constitution, promulgated by Morales, was approved in 2009, and since then, new legislation has been written that addresses every aspect of Bolivian life. The following section will discuss the inconsistent ways Bolivians talk about the application of civil rights and policy under the Morales administration.

Law as Propaganda: The Politicization of Indigenous Culture and Poverty

For the coldest forty days of winter in June and July, the Cochabamba municipal government partners with *Casa del Migrante* to host *Campaña Invierno,*[29] which allows anyone without shelter to stay for free. Each Monday, the government and rotating NGOs bring a hot, nutritious dinner to the hostel. During fieldwork, I participated in six of these meals, and each time it was a spectacle. Around six o'clock, a school bus pulled up to the hostel and between 15 and 30 indigenous women dressed in *pollera*[30] and their children piled into the great room. They sat around three folding tables. We passed out the meals to the guests, and they ate and chatted in Quechua. After dinner, the government workers hung banners at the front of the room, and a man with a news camera would appear. Haroldo, the director of *Casa del Migrante*, would introduce the local official that was the keynote presenter for that week. They would come forward and invite the guests to line up to receive a free blanket. Several women would run out of the room, shuttling their children back onto the bus. Others would line up to take a blanket from the official, pausing for a moment to pose for a photo while it was handed to them.

Each week this scene was essentially the same, varying only with the official present for photographs, and sometimes the guest were offered free clothing instead of a blanket. However, the same class and racial disparities between the families from the bus and those helping them were made explicit by the structure of the evening. Each week a spectacle was made to guarantee that the charity given to the indigenous women by the mestizo officials was well documented, appearing on the local news and in the papers, testifying to Rivera Cusicanqui's argument that the Bolivian government adopts an essentialist interpretation of indigenous people as rooted in the past, poor, and helpless.

The insincerity of government support and consequent poor efficacy of laws was the most common complaint during the interviews. Tomás believed *Vivir Bien* was meaningless when written in the constitution or discussed by Evo Morales, even though the philosophy reflected his own culture and beliefs. "For me, they are meaningless. They are just words. They are propaganda. Sure, they are written into law. But that does not mean anything." Many agreed that writing a law does not necessarily lead to change. Five interviewees referred to law as "just words." Several conceded that the policies were good in theory—that they made good points and represented the will of people. The problem they saw was in the application of law. "The policies of the government are good," Juan told me, "But the application is not." Lorena called the new laws "pretty," but she said that writing a law is one thing, but following your obligation to the law is very different. Lorena's main concern with policy is that it change is meaningless when superseded by cultural norms. She believed that Bolivia needed to change its culture, not its laws.

As many people criticized in the efficacy of Morales' policy, some insisted that absolutely nothing had changed. Both Bruno and Antonio separately shared that in their lifetimes, the only thing that had changed had been the government. The variety of reaction to

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29   *Campaña Invierno* translated to "the winter season."
30   The *pollera* is the traditional way of dress for indigenous women in Bolivia

social policy in Bolivia—from praise to accusations of propaganda to not seeing the changes at all—shows that although the economic changes received positive response, the social changes have resulted in more mixed reception.

New Winners: Transformations in the Hierarchies of Power

A woman at a social demonstration by indigenous leaders from TIPNIS (*Isiboro Sécure* National Park and Indigenous Territory) said that "there is a dual discourse of decolonization in Bolivia. […] There is a difference between what the government says it is, and what we want." At the same demonstration, a university student described how many sectors have been excluded from this new "autonomy" the government has given—first and foremost the indigenous people and the working class, but also the students, the teachers, the middle class. Such messages indicate that Bolivians were not only disheartened by the lack of progress, but felt that the administration that prided itself on equality and inclusivity was oppressing them.

The ongoing conflict between the Morales administration and the indigenous people of TIPNIS reveals a new phenomenon in the country, one that that was unexpected when I began my research, which seems to violate the ideology of indigenous rights touted by MAS. The bitterness of TIPNIS residents shows that within the indigenous majority, new ethnic hierarchies have been constructed. At the start of this paper, I described my conversation with Tomás, who insisted that Evo is not an indigenous president because he only represents the *cocaleros.* The conflict over building a road through TIPNIS, despite local indigenous discontent, is a reflection of his critique.

Many interviewees believed that it was exclusionary and unfair for the government to focus spending efforts on the *campo*—revealing a rural and indigenous bias. Bruno, who had lived in urban areas his entire life, was frustrated that only the *campo* and the provinces get to see progress with this government.

> "What has progressed in Cochabamba is in the provinces...in Chapare. There, they have built a paper factory. They are building highways. This government helps the *campesinos.* They do not talk about the people in the city...us, the people from the city."

He went on to contend that the city had only developed under right-wing governments. He pointed to the *Cristo*[31] statue on the mountain that watched over the city and the cable car that takes you to the top. "These things are from governments from the right. And parks. Now you never see any new parks." Haroldo agreed that the government had transitioned their focus from the city to the *campo*, but he believed this was a positive change. After centuries of neglect, he described, the indigenous people in rural Bolivia as finally getting their due. He explained that before Morales, all of the money was allocated to the principal cities— La Paz, Santa Cruz, Sucre, and Cochabamba, and less went to the provinces, and even less to the *campo*. Now, Haroldo insisted, the distribution was even. He dismissed complaints that the indigenous people were unfairly advantaged, saying, "this is an indigenous government and, [...] for better or for worse, their policies are clearly made by an indigenous government." No one has ever represented them before, or listened to them, and now Evo is doing this, Haroldo said conveying a sense of justice.

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31   The *Cristo de la Concordia* is a 34.2-meter statue of Jesus Christ built in the 1980s that rises above the city of Cochabamba. It is the largest statue of Christ in the world.

In a similar vein, many people expressed that by transferring their energy to the *campo*, the government forgets the middle class. Juan explained that governments before Morales supported only the upper class, which echoes the complaints of those who lauded the rejection of neoliberalism and the nationalization of extraction industries. Now, however, Juan said, they care only about the lower class; the middle class has always been forgotten.

An unexpected number of interviewees objected to the government's favoritism towards certain sectors—the *cocaleros* and the miners, who are mostly indigenous, and held too narrow of a definition of indigenousness. The most striking observation came from Lorena, who said, "This is a government of the *cocaleros*—a government of the *campesinos*. [...] The rest do not feel included in their country."

Pablo and María were two interviewees that especially conveyed feeling excluded from the dominant culture in Bolivia. Both were born in Santa Cruz de la Sierra, the largest and fastest-growing city in Bolivia, and both insisted that they came from a different culture than Evo Morales. Each emphasized that they were from the East, while Morales was from the West. Both implied that more than a geographic distinction, the division between the East and West is cultural—between the industrialized city culture of Santa Cruz in the East, and the indigenous *campesino* culture of El Alto[32] in the West. Pablo and María suggested independently that Morales is taking the culture of the West and defining it as the national culture of Bolivia, ignoring the diversity of culture, lifestyles, and beliefs in the country. While Pablo refused to concede that anything positive could come of this, María was more assured about the potential for a future Bolivia. "Little by little, we are starting to be part of this culture," she said. Her allegations suggest that while Morales' government pushes the agenda of one specific culture, and marginalizes other, this may be the beginning of a process of redefining the country as culturally distinct. This may be a step towards claiming sovereignty after centuries of dependence. Creating a culture through constructed nostalgia, despite residual dissent, may be a step towards decolonizing Bolivia when one cannot simply erase 500 years of cultural change.

Conclusions

The first self-identified indigenous president in Latin America, Evo Morales, despite the disputes there may be about his intentions and efficacy, has achieved something quite remarkable in Bolivia. He has rejected the capitalist values of profit and individualism that dominate the conscience of the world in favor of his alternative set of values, which are rooted within his Andean culture. Values like *Vivir Bien*, which means to live collaboratively with your community and the earth, have been enumerated into Bolivian law. These values have bolstered new economic and social policies, which aim to fundamentally transform Bolivia into a collaborative and equal society.

When I made the trek to the rugged, altitudinous, and impoverished country of Bolivia, I set out to understand and evaluate the process of decolonization—inspired by years of study and travel in Latin America, an area whose colonial subjugation was the beginning of a story of centuries of poverty, inequality, and racial and cultural oppression by the world's largest economies. Bolivia appeared to be taking a stand against their oppression—attempting to undo centuries of injustice, and claim their political and cultural sovereignty. Based on what I knew about the high approval rating of President Evo Morales, I anticipated finding a sense of cultural

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32   El Alto is the second largest city in Bolivia, behind Santa Cruz. It lies in the Altiplano adjacent to city of La Paz. It was once a suburb of La Paz, but has since overtaken the city as the largest metropolis in the Department. It has been a locus of social mobilization in the country.

validation and restitution by having an indigenous president and a plurinational state. From my previous research that suggested that Bolivians affirm a value of collaboration and communitarian living organic to their culture and history, I expected to find that the implementation of a socialist system was not only a reflection of economic ideas, but of Bolivian culture and ideology.

My experience in Bolivia challenged these expectations. While my findings do not refute that Bolivia has shown remarkable progress, especially in comparison to other case studies in Latin America, they reveal the nuances inherent in the examination of culture change. On a cursory level, MAS and their policies appear to reflect the value of *Vivir Bien.* My ethnography, however, revealed that while this seems to be true in terms of economic policy, the social policies and cultural constructions have proved more difficult to translate. Rather than reflecting the current diverse cultural climate of Bolivia, the Morales administration is attempting to construct a new national identity by looking into the past—using generic and ancient indigenous traits to define the future of Bolivian culture. While theories of nationalism suggest that culture change and agglutination are key components of national identity construction, the process itself pushes the beliefs and customs of others to the margins. Today, despite having a president that claims to be indigenous, many indigenous people in Bolivia feel excluded from the country. They suggest that Morales conflates indigenousness with his career as a *cocalero*. This finding, that by having a dominant indigenous culture the diversity and inequality within the subaltern are revealed and exasperated, should not be interpreted as a total repudiation of Evo Morales. Rather, it merits further research about the significance of these new power dynamics.

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The Most Sacred and the Most Polluted: Spiritual, Social, and Environmental Pollution of the Ganges River

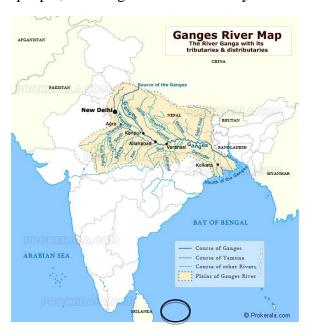Tiffany Eberhard
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Abstract: The Ganges River is one of the most important rivers for the Hindu people. It is a sacred river and thought to be the goddess, Ganga. The Ganges River has the ability to cleanse the Hindus of their sins and unwanted traits, by washing away their spiritual and social pollution. Although people use the river water to bathe, drink, and cleanse, it is one of the most pathogenically contaminated rivers in the world. Urbanization and industrialization along the river's banks are leading causes of the contamination. The Indian government and other organizations have tried to decrease biological pollution in the Ganges River using a top down approach, but failed because they did not involve the local people. The caste system, social norms, culture, and religious beliefs in India set up a society with multivariable views of pollution. The three pollutions in the Ganges River, spiritual, social, and biological, interact together to affect the health of the river and of the people who use it.

Introduction

From my hotel balcony I saw young children and adults splashing happily in the water, oblivious to the cow carcass floating a few feet away. Why did they not care that there was a dead animal next to them? The answer lies in the sacredness of the Ganges River and the Hindu socio-cultural construction of pollution.

The Ganges River is the largest and most holy river in India. Starting with its source in the Himalayan Mountains, it runs for 2525 kilometers to its basin delta in Bangladesh and India. It is a source of cleansing, bathing, drinking, and life for millions of Indian people. Forty percent of the Indian population lives off water from the Ganges River (Das and Tamminga 2012). Varanasi is one of the largest and most holy of cities located on the banks of Ganges River. Most every devout Hindu hopes to visit Varanasi and die in the holy city so their ashes can be spread into the Ganges River. Varanasi receives over a million pilgrims each year (Britannica). I spent a few days in Varanasi and I will use my experiences and observations throughout my paper.

For the Hindu people, the Ganges River is not only seen as a running body of water, but

as a goddess, Ganga (Eck 1996). It is the most sacred of Hindu rivers. Surprisingly, the Ganges River is also one of the most polluted rivers. It contains millions of liters of industrial and sewage waste. This waste causes contamination by large numbers of harmful pathogens that can be detrimental to people's health. Most people are aware of the issues of biological contamination in the Ganges but are either unable to work with governmental organizations to make policy changes or do not think that this form of pollution is a great threat because they view other forms of pollution such as spiritual and social, to be just as important.

The caste system in India divides the citizens based on purity and cleanliness. They rid themselves of social and spiritual pollution by bathing and drinking the Ganges River water. This mindset is one reason that Hindu people do not see the problems with contamination and pollution in the Ganges River. The Ganges River is seen as a way to purify someone who needs to be cleansed. The social system in India, the belief in the being of Ganga, the symbolism that water has to purify and cleanse, and the top down approach to governmental water management programs provide an understanding of pollution in the Ganges River in India. The Ganges River is biologically polluted, yet Hindus use it to bathe, cleanse, and drink because they view pollution in three parts: spiritual, social, and environmental.

Evidence

The Ganges River is one of the most polluted rivers in India due to the rapid increase in urbanization along its waters. At least 200 million liters of untreated sewage waste is dumped into the river each day (Hamner et al. 2006). This waste is full of harmful pathogenic bacteria such as Fecal Coliform, *Salmonella*, and *Shigella* and has extremely high levels of Biological Oxygen Demand (Hamner et al. 2006). Industrial waste and large amounts of cremation remains add to the burden of pollution in the Ganges waters. The continual addition of waste into the river contaminates it with bacteria, viruses, and protozoa. These harmful agents cause a multitude of water borne diseases such as viral hepatitis, polio, cholera, dysentery, typhoid, giardia and many others (Sharma and Singh 2011). In the city of Varanasi, water borne diseases make up about 66% of disease incidences among the inhabitants (Hamner et al. 2006). The people living near the river bathe and clean utensils and clothes daily in the contaminated water, causing them to come into contact with the harmful pathogens. Studies (Hamner et al 2006; Sharma and Singh 2011; Das and Tamminga 2012) show a high correlation of water borne diseases with those who use the Ganges River for cleaning and drinking.

Although there is a high incidence of disease associated with using the Ganges River, the people still continue to drink and clean with its waters. It cleanses them of spiritual pollution and people travel many miles to cleanse and use the Ganges because it is part of their culture and social identity. In this way, Hindus believe that many things outside of their control, such as climate change, are controlled by Ganga herself. They perceive Ganga to be able to fix herself when ecological and social changes affect her waters (Drew 2012).

Socio-Cultural Aspects of Water

Water is a form of cleansing in many cultures around the world. It sustains our bodies and crops and gives us life. It is the solvent of life and required for our physiology. Most major religions revere water as sacred and as a form of purification. For example, the Catholic Christians use water to get rid of original sin from a child. Muslims revere water as a source of growth, cleanliness, and sustenance by ritualistically washing the body before prayer as a form of purification (Ahmad 2011). Priscolli describes his view of water's importance in culture and

religion:

> Virtually all cultures…have symbolically encoded their wisdom and intuitions for birth, creativity, prosperity, reconciliation and cooperation in secular as well as religious water-centered rituals and liturgies (1996: 10).

The Ganges River's water is used in sacred rituals and is central to culture in Indian Hindu society, both religiously and socially.

Hinduism is the predominant religion in India. A majority of the Indian population as well as more than 900 million people worldwide follow the various customs and rules of Hinduism (BBC.co.uk). The importance of water in Hindu society has its origin in the Vedic texts, or the first holy books of the Indian Hindus dating back to 1500-1000 BC (Violatti 2013). According to the Vedas, water is the foundation of the universe. The goddess, Ganga, came down from the heavens to earth and became the flowing Ganges River. The Vedas describe the river's godliness by stating, "in the midst of the waters is moving the Lord" (Joshi 2011: 2). By drinking the holy Ganges water, the Hindus believe they are nurturing their eternal soul because the Vedas stated that "the waters of the Ganga are the drink of life [and] as nourishing as mother's milk" (Eck 1996: 149). The Vedic texts identify water as a medium of spiritual purification, focusing on attaining spiritual eternity and freedom from sin (Joshi 2011). The Ganges River is seen as a "staircase to heaven" and a straight path to the gods (Eck 1996). It is because the Ganges River flows to heaven that the Hindu people put the ashes of the deceased in the river thinking it is a path to eternal happiness. They bathe in the river to cleanse themselves and to be blessed by Ganga. They drink the water for the same reason, to be fulfilled by the goddess. The river is not just a source of life for the Hindus, but a goddess with the capabilities of performing spiritual healing and purification, especially contamination from contact with lower class citizens, or people from lower castes.

Image 2: Hindus bathing from a Ghat in Varanasi, India.

Indian Hindus purify themselves in the holy waters for religious reasons and to rid

themselves of pollution from other castes. The social organization of the caste dates back about three thousand years (Ninian 2008). Stratification of society is written in the Vedic texts, which means it is interpreted as coming from the gods (Joshi 2011). The caste system is similar to a class system except within the caste system, one is born into a certain caste and cannot change a caste during their lifetime. Traditionally, people of higher castes generally do not associate with people from the lower castes. The lowest caste, the untouchables or *Harijans,* are dirty and polluted in the eyes of the higher castes and should be avoided both socially and physically (Waughray 2010). Even touching the same object or in extreme cases, having the shadow of someone from the lower caste could cause contamination. In order to cleanse oneself from the pollution of a Harijan, higher caste people cleanse themselves with water. One way to do this is to bathe in the holy river, both physically and spiritually. In this way, Hindus believe that the water washes the pollution away from their body.

Pollution: What does it really mean?

Pollution means different things cross-culturally. A western view of pollution commonly consists of carbon emissions, garbage, landfills, and other physical forms of environmental degradation. This view of "waste" has no connotation to cultural place. The Hindus in India have a more holistic view of pollution, including social and religious pollution. Many Indian people use the word *gandagi* to refer to material conditions of waste and pollution such as industrial waste, trash, soap, cremated bodies, and other forms of pollution (Alley 2002). It connects place and power so that some areas have more power against pollution than others. The Ganges River is a place where gandagi can be neutralized because of the power of Ganga (Alley 2002). For example, when I was on a small boat in the Ganges River, my colleague dipped his shoe into the river to clean the feces off it. Shoes are considered extremely dirty in Hindu faith and are never worn inside houses or temples and are always taken off before bathing in the holy Ganges. My colleague did not understand the severity of his act until a man on the banks began to yell at us. He pulled his shoe out of the water and then began to splash Ganges water onto his shoe. The man on the bank became furious and started swimming towards us yelling in Hindi. This experience exemplifies the different cultural viewpoints of pollution. The social meaning of dipping a shoe in the holy river is forbidden because it is considered gandagi, yet other western ideas of "dirt" are accepted because Ganga takes the pollution away. My colleague had no idea of his disrespect to Ganga but to the man on the river bank, he was insulting and hurting the very goddess that Hindus worship every day.

Another form of social pollution is that of the caste system. Citizens in the lower caste levels are born into a sect of workers with more polluted tasks that are seen as dirty, like cleaning bathrooms. With each pollution-filled act they complete, they gain more pollution and need more cleansing. Forms of contamination include defecating, menstruating, or giving childbirth (Joshi 2001). The higher castes do not touch the Harijan polluted caste because they think that the pollution will spread. The term polluted in these cases is a social meaning of the word, in which a person is considered polluted. According to Joshi "water can also absorb pollution and carry it away" (2001: 2). In this way, when one purifies oneself in the river, the pollution is carried away from them and taken care of by Ganga. If the Hindu people view bacterial and viral pollution in the same way, then the contamination by sewage waste and industrial runoff would be of little concern because the Ganges River can take it away. The fact that the river is so biologically polluted is overlooked because the river is the goddess, Ganga, and pure in every way. The common belief is that any pollution will be washed downstream and eventually out of

the river due to the godliness of Ganga. Some people even believe that the Ganga can never be impure because she has the power to cleanse herself (Das 2012). Alley states, that "after entering the Ganga, [gandagi] are carried away or dissolved by her purifying power" (2002: 80). She, Ganga, will cleanse the pollution from people, both living and dead as long as Hindus worship her waters.

Hindus also perform rituals to clean Ganga. They will throw materials into the river to purify its waters. I observed the Ganga *aarti* ceremony on the Dashashwamedh Ghat, the main *ghat* in Varanasi. This ceremony is performed to worship the deity Ganga by offering candles, flowers, food, and other materials to her. Hindu priests perform rituals and dances on the Ganges banks using fire. The spectators place their own gifts into the water as offerings. The spiritual meaning of the ceremony connected Hindus to this place. It cleanses their own sins while also purifying the Ganges waters. From an outside perspective, the paraphernalia thrown into the river is pollution. However, Hindus do not consider these offerings as pollution, Ganga, but rather purification of sacred Ganga.

The Ganges River has its source in the glaciers of the Himalayan Mountains. Due to climate change, the glaciers are slowly receding and melting. One of the main glaciers feeding the river is the Gangotri-Gaumukh Glacier which is threatening the flow of the entire Ganges River because it is slowly receding (Drew 2012). Many people living along the Ganges River are vaguely aware of climate change and its effects but have little worry about how it will affect the Ganges. These same people commented about how shifts in climate affected the crops and the growing seasons and how ground water and springs were changing, but they made no mention of it affecting the Ganges River. Their lack of concern for such a large and important source of water shows how it is considered a divinity and superior environmental being (Drew 2012). Ruback et al describes that religion "plays an important role in the perception of and interaction

Image 3: People bathing in a ghat in Varanasi, India

with the environment" (2007: 183) and Hindus mold a unique perception of their environment, especially if it deals with pollution.

Many Hindus also perform rituals on the Ganges as a form of worship and cleansing of sin. "Internal Pollution", or moral corruption, in society leads to poor health of the Ganges (Drew 2012). That means that Hindus believe humans can pollute the Ganges by being immoral, or by spiritually polluting it. Their own actions and the actions of others can hurt Ganga, just as bacteria from the sewage plant pollutes the river. They have a mutualistic relationship with the river. By ritualistically cleansing themselves and Ganga, the Hindus have purified the Ganges River, while at the same time purifying themselves. Even though they have cleansed the internal pollution from themselves, the external pathogenic pollution still remains in the River and continues to cause infections and diseases.

Culture is defined by the Merriam-Webster Dictionary as "the beliefs, customs, and arts of a particular society, group, place, or time" (2013). It is created by human social interactions and defines for humans what is normal and right. Culture ties people together with common beliefs and ways of living. If people stray from the norm, it can cause stress within the society. Hindus in India have a set of cultural norms that are bound up with religious values. A major cultural practice of Hindu people is cleansing themselves in the Ganges and immersing their deceased loved ones in river. For people who live near the Ganges River, daily bathes and rituals are part of normal life and are vital to the social complexities in their society. Ruback states that as "group activities and experiences occur at these places, they also acquire social meaning" (2008: 176). In other words, areas on the Ganges River used for cleaning, bathing, and drinking are places that are integrated into the social network of people's daily lives. New ways of life brought by globalization have altered traditional practices. Not all of the changes are welcomed by Hindu society. The unwelcomed changes are considered social pollution, which can pollute the mother river, Ganga. Because of the mutualistic relationship between humans and the Ganges River, the river can take away the social pollution herself. (Joshi 2001)

Solutions

Water is a shared resource, running through different states and used by all sectors of society. When it becomes polluted, either ritualistically or pathogenically, it affects everyone. In 1985 the Indian government passed the Ganga Action plan, or GAP, to try and restore the polluted water of the Ganges River because it was known to have numerous harmful pathogens (Das and Tamminga 2012). The problem with GAP was that it was managed as a top down approach from the macro-level of government. It excluded the viewpoints of the local governments and people. Multi-secular approaches should be taken to manage the river because water is a multi-societal tool (Orlove 2010). If the government passes laws with little to no support from local citizens then the resolutions and laws are doomed to be unsuccessful. In this instance, the GAP overlooked the cultural significance of the Ganges River for spiritual worship and social interactions.

The knowledge of practices and beliefs have been handed down generation after generation by cultural transmission of humans with the environment, in this case, the interactions of humans with the Ganges River. Larson argues that "failure to legally protect [this religious knowledge of practices and beliefs] could have adverse ecological as well as cultural impacts, as there is an 'inextricable link' between cultural and biological diversity" (2012: 55). Laws aimed at protecting the environment while incorporating religious and cultural traditions are better at limiting the destruction of them both (Larson 2012). The Ganges Action Plan focused on the biological pollution of the river, which was needed, but ignored the other aspects of pollution in the river that the local people found to be just as important. Local organizations along with

governments should work together to stop harmful pollution, that being religious, social, or pathogenic. With a bottom-up approach it is more likely for all three pollutions to be met.

Conclusion

Water is completely connected to public health issues as well as interconnected to realms of social life and social organization (Orlove 2010). Cleansing in the Ganges River is a form of social and religious purity for the Hindus. Due to increased urbanization and industrialization on the Ganges River, waste, such as untreated fecal matter and harmful chemicals, pollute its waters environmentally. Cultural and religious practices of bathing and drinking Ganges River water put Hindus in contact with harmful bacteria and pathogens from the river. The belief of the Ganges River being the goddess, Ganga, leads to a confident view of the safety of the Ganges River, both regarding its contamination content and its ecological future. The Hindu people use the Ganges River despite its high pathogenic contamination because they believe is has the ability to cleanse spiritual and social pollution. The Ganga Action Plan tried to decrease the harmful waste polluting the river but it focused only on pathogenic causes of pollution and ignored social, spiritual, and cultural pollution, which disregarded the views of the local people. In order to increase the health of the Ganges River and to protect people using its waters, governmental organizations and industry leaders need to understand the belief of pollution in the Ganges River as stemming from three causes: social, spiritual, and biological.

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Image 2: Photo taken by Tiffany Eberhard. July 17, 2013.
Image 3: Photo taken by Tiffany Eberhard. July 17, 2013.

Magnetometry Puts Everything into Context: A Case Study of Stanton Drew

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Abstract: Stanton Drew—a Neolithic site 6 miles south of Bristol England—is currently the subject of study for archaeological societies within the United Kingdom. Magnetometry has been essential to the discovery of the circles' past.

Introduction

Magnetometry—a survey technique used by archaeologists all over the world—has been instrumental at the site of Stanton Drew. Six separate geophysical survey techniques have been used at the site—including magnetometry. Context is what an archaeologist uses to give a site its meaning. Without context an archaeologist simply has a bunch of useless facts floating about in space. The context given by the magnetometry begins to weave a narrative of truth. This new-found truth sets to rest the myths told by the ancients, and begins to travel back to the time of its making, to reveal its story. The discovery of what is known today about Stanton Drew's past could not be done without the magnetometry survey done first.

According to English Heritage, the organization that is in charge of archaeological sites in the United Kingdom, and determines whether the site needs to be conserved—"Stone Circles like [Stanton Drew] are known to date broadly to the late Neolithic and Early Bronze Age" (English Heritage 2011). Not much has been known about this particular stone circle complex other than its possible, general age and its location. Stanton Drew is named after the town it resides. Which is located about six miles south of Bristol. The main circle of the complex is centered at 51°22'01.73"N and 2°34'33.70"W at an elevation of 140ft above sea level according to Google Earth. Before any survey work is done at the site, one knows only two things: where it is, and when it was made.

Image 1

Now the what, as in what is Stanton Drew, must be identified. Image 1 is a screen-shot from Google Earth with the different elements of the circle complex labeled and highlighted. The Main Circle comprises of thirty stones and is larger in area than the more well-known Stonehenge. The South South-West Circle of Stanton Drew comprises twelve stones, and the North-East Circle is made up of eight stones. There are two avenues, each leading off to the east. One begins from the Main Circle the other from the North-East Circle. The avenue that leads away from the Main circle extends to the River

Chew, which has led some to believe that the creators of the circle perhaps worshiped river spirits (Bull 2002).

   The last feature of the complex is thought to be the oldest remaining portion of the site called the Cove. The Cove is possibly centuries older than the rest of the complex due to its potential of being "part of a chambered tomb" (Oswin 2011). Also important is what the stone circles are made of. There are four distinct types of stone used in the circles: Oolitic Limestone of Jurassic Age, which is a stone of a grey yellow color; Silicified Dolomitic Conglomerate of the Triassic Age, which is a range of light and dark pinks and oranges; Dolomitic Conglomerate of the Triassic Age, which is a pale greyish pink color; and Pennant Sandstone of the Carboniferous Age. (Oswin et al. 2010) These four different stone types can suggest any number of things; however, as of yet their significance has yet to be explained. This is all information that can be gathered with a pedestrian survey, and knowledge of stone.

   Image 2 is a photograph taken by John Oswin and used in a poster he used in a presentation and sent via email to the author. The image is of the North East Circle.

   Stanton Drew was "first noted by the famous antiquarian John Aubrey in 1664" (English Heritage). But despite its presence being known for the last 347 years, no excavation has ever taken place other then in 1666, as noted in an anonymous telling of the event. (David et al. 2004) The excavation was recorded in *A Fool's Bolt Soon Shott at Stonage* and reads "One of the stones being lately fallen, in the Pitt, in which it stood were found the crumbs of a man's bones, and a round bell, like a large horse bell with a skrewe as the stemme of it" (Anon. 1666). After this brief account the story of Stanton Drew falls silent it was not until 1776 when the first map was "published by William Stukeley" (English Heritage). It is more than an entire century of silence. But why does it fall of the radar so to speak? Is it forgotten? This is yet another of the mysteries surrounding Stanton Drew.

   The origin and use of Stanton Drew is another of those mysteries and there are several tales that seek to explain its origin. Leslie Grinsell published a series on West Country Folklore and in 1973 her fifth volume titles The Folklore of Stanton Drew was published. That particular tale titled *The Wedding*. A bride and her groom were married on a Saturday and were dancing to a fiddler's tune all through the night in celebration. At midnight when the day turned to the Sabbath the fiddler tried to explain to the bride that as it was then the holy day the dancing must stop. But the bride's euphoria was too much. She declared that she would go to hell and back and would not mind if the devil himself played the tunes for she would dance until she could no more. It was then that a mysterious fiddler appeared and played and played and no one could stop dancing. They all finally died of exhaustion and turned to stone and that is why the Stanton Drew circles are sometimes called The Wedding. The cove is supposed to signify the bride and groom. The avenues are to represent the original fiddlers and the circles are the party guests.

   Another story dates back to before the tale of the wedding, and involves the Arthurian legend. It is said that Stanton Drew was built by Merlin Ambrosius which in welsh turned to Merlin Emrys (Sibree 1919).Merlin in the Arthurian legend has a kind of magical power which would have enabled him to move the large stones. The circles have been called Cor Emrys or the circle of Ambrosius, which essentially names it the work of Merlin. It has also been said that Stonehenge was also gwaith Emrys, connecting two circles together in legend, but if Merlin did create Stanton Drew then why he created the circle is not mentioned in the Arthur/Merlin legend.

   The final hypothesis as to the origin of the circles was formulated by Ernest Sibree and published in his pamphlet *The Stanton Drew Stones* in 1919. He believed the "construction of the calendar was planned by the Romans or Romanized Britons" (Sibree 1919). He thought this

due to the fact that a circle was made up of 12 stones and there was a larger one made up of 30 stones. He thought the12 stone circle represented the solar year—with each stone representing a month of the Gregorian calendar. The largest 30 stone circle he believed represented the lunar cycle which each stone being a day. And finally the smallest of the circles which comprised of 8 stones he attributed to a cycle. Interestingly enough the circle of Carnac could, in Sibree's logic, also is a possible calendar if using the same system. If an eight year cycle is comprised of 2,922 days. According to Sibree if you multiply the 12 stone circles by the 8 cycles you get 97 months. Then you multiply the number of months by the days in a lunar cycle then add the intercalenaries necessary in order to make it to the magic number of 2922 which when divided by 8, becomes the number of days in a year 365.25. Figure one is adapted from a chart on page six of his pamphlet. He thought "the contributions of the Romanized Britons would be the geometry and astronomy, and that of the Celts the megalithic style and building construction" (Sibree 1919).

Name of Circle	Math of the Calendar System	Equals
Stanton Drew	97 months of 30 days +12 intercalenaries=	2922
Carnac	97 months of 29 days +109 intercalenaries=	2922
	2922÷8=365.25	

Figure 1

Resistance

Image 3

Though fascinating to learn, these stories are just that, stories, and an archaeologist needs a way to find out the truth of a site, without causing harm. One way to conduct research while not causing harm is to use geophysics "since geophysics can find and map sites without destroying them" (David et al. 2004). Stanton Drew was finally surveyed in 1997 by British Heritage. "During the 1990s, an unprecedented amount of survey work was undertaken at Stanton Drew. It is true that the majority was to enhance the archaeological record of the site prior to a decision to approve or reject a proposed development" (Gaffney). Many sites, including Stanton Drew, were surveyed to see how important they were and what could be learned during a development boom in the nineties. It had been almost a century since Sibree had published his pamphlet and Stanton Drew's history was just beginning to be discovered.

In 1997 Andrew David and his team used Magnetometry to discover what lies beneath the surface of the earth at Stanton Drew. The team used a Scintrex Smartmag SM4 Casium Magnetometer; top of the line equipment at the time. (David et al. 2004) Using this tool they picked up the presence of 9 concentric rings within the main circle.

These rings are thought to be post holes and are the only remaining clue to what the original structure may have looked like. In addition to the post holes, the Magnetometry picked up on other anomalies such as "five additional pits…in the central area of the rings" (Bull 2002) and a possible ditch surrounding the main circle. The other geophysics technique used in 1997 was Ground Penetrating Radar (GPR). The GPR also picked up on anomalies but the only other significant find was the fact that the South South-West Circle was built on a man-made platform. The conclusion of this survey was that they did not have enough information and another survey should take place.

A follow up to the 1997 survey another survey was done by the Bath and Camerton Archaeological Society (bacas) and Bath and North-East Somerset (BANES) Council in 2009. Where many of the 1997 discoveries were proved, such as the existence of post holes, and more information was gathered.   In 2009, 5 additional techniques were used and the original Magnetometry was redone with newer and more precise equipment. The use of magnetic susceptibility did not yield much. It was essentially invariable (,did not change readings,) except when it came near possible post holes and was ultimately not useful due to the small area that was surveyed using this technique (Oswin et al. 2010).

Image 4

Twin Probe Resistance was also used and Oswin and his team had this to say according to the results: "There appear to be traces of the post-medieval field boundaries, running north-south and east-west. There may also be some sign of the henge 'ditch' around the main circle" (Oswin et al. 2010). Image 3 was sent via personal correspondence to the author from John Oswin one of the archaeological surveyors of Stanton Drew in 2009 and 2010. The image shows an archaeologist preforming a Resistance Survey of the site and is part of a larger poster consisting of pictures of archaeologist preforming several different types of geophysic survey techniques. The finding state that there is a possible missing stone in the South South West circle.

Radar as a "method was a limited success" (Oswin et al. 2010). It simply showed that the North East circle is possibly more complex under a fallen stone. The most recent survey done of the SSW circle—in 2010—included a contour survey, which "confirmed English Heritage's intriguing results… that this circle had been set up on a deliberately leveled platform" (Oswin 2011). The fact that it was built on a leveled platform is particularly exciting because the SSW circle appears to be the only circle of the complex created with such a foundation.

In 1997 when the British Heritage Geophysical Survey was done there were "weaknesses of sensitivity" (David et al. 2004) in the resolution. Some of which has been rectified with new technology during the newest survey preformed by bacas and BANES in 2009/2010. A larger area was surveyed and magnetometry revealed three possible post rings in the South South West Circle. In addition to the new post ring circles, a closer examination of the layout of the nine concentric rings within the main circle reveals two possible doorways into the original structure. (Oswin 2011) With the magnetometry surveys done in 2009 and 2010 the sites original face begins to be shown. The team tried to use magnetometry in the cove, but according to John Oswin in a personal correspondence to the author; "magnetometry was useless as there was too

much metal work strewn around the garden". More work will have to be done to determine the origin and story of the cove. Yet while some of the results may be disappointing such as the inability to use magnetometry around the cove, it did reveal something very interesting that contradicts the original reading of the 1997 data. The partially encircling ditch turns out to be a wall due to raised resistance found in the 1997 survey (David et al. 2004). Image 4 is another portion of the original poster—showing an archaeologist preforming a survey using a magetometer—sent to the author via personal correspondence on November 4th 2011. Magnetometry has not only revealed the most spectacular results but it has also left a basis on which to add other survey results, in order to gain a more detailed understanding of the site. The team working at Stanton Drew during the summers of 2009 and 2010 used the Bartington 601-2 Fulxgate Gradiometer result plot and superimposed the results of the resistivity profiling, and this image can be found in Dr. John Oswin's article in the November 2011 issue of the ISAP journal. The supposition gives high detail in a single illustration and makes review of the data simpler since multiple survey techniques show differentiation within the soil and put together; one gets a broader, more complete picture. This however; could not have been done without first gaining the results of the magnetometry survey, and according to Gaffrey, magnetometry is the most common survey technique used by archaeologists.

The author asked the question, "which if any of the methods, has given the archaeological community the best understanding of the site?" to Dr. John Oswin via email on November 1st 2011 . Dr. Oswin replied on November 4th and confirmed the author's suspicions about magnetometry. "It has been Magnetometry which has yielded most of the information" But while magnetometry gave the most insight other techniques have granted new information that without the context of the magnetometry plot, would have been useless. For example, "Resistance has been useful for telling us about the ground the stones were set in but could not in of itself have produced exciting results" (Oswin via personal correspondence Nov 4) And in another example; "the resistivity profile pseudo-sections which used [a Barington 601-2 fulxgate gradiometer] in a different configuration also produced wonderful results, and let us get a view through the post hole rings. Thereby adding a third dimension to the Magnotometer plot. Again this would have been meaningless without the magnetometer survey first" (Oswin via personal correspondence Nov 4).

Stanton Drew, a neolithic site just south of Bristol England, is now slowly being discovered for what it was in the past. Excavation has yet to be done in an ambitious manner, while survey is currently the master of archaeologists at the site. Most techniques have revealed interesting evidence as to how the site appeared back in the bronze age when it was newly constructed, some have given archaeologists more to work with then others. Magnetometry has been used by archaeologists working at the site to create a plot upon which they superimpose other survey results. The magnetometry survey therefore is essential to discovering the context of any technique superimposed over the magneomtetry survey. Therefore magnetometry is paramount to the discovery of the past of the impressive structure that is the Stanton Drew circles.

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Post Traumatic Slave Syndrome: The Legacy of Rape on the Contemporary African-American Family

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Abstract: The repercussions of centuries of enslavement are visible today in the psychological ills that plague the African-American community as a pathology termed Post-traumatic slave syndrome. Post-traumatic slave syndrome influences every aspect of African American life, none more obviously devastating than family relations. The denial of power experienced during slavery coupled with patriarchal notions of masculinity have resulted in the black man's flight from the home, as he struggles with the legacy of sexual coercion, demonization and subsequent inability to redeem his manhood upon "liberation". In many subtle and overt ways the African-American community has adapted to the trials of the hostile environment that is America, but the loss of family cohesion is one in need of rectifying for greater harmony in the community. This healing begins with an honest analysis of history and its many aftershocks.

It seems that America is fascinated with studying the conundrum the black population represents. Everywhere one turns there is a new study claiming that black women are the least likely to get married (Davis, 2010) or black men are more likely to be incarcerated than attain a college degree (*Incarceration Rates,* 2013). These studies attribute the problems of the black community ultimately to some innate dysfunction of the monolithic black psyche or attitude, but few choose to delve deeper in their search for the true cause of the instability of the black family.

The Moynihan Report and the essays termed "Research on the Black Community" in *The American Academy of Political and Social Science* reported on the fragmentation of the black family, finding that equality between blacks and whites would not be achieved simply through the removal of legal barriers because legal freedom has not relieved the discrimination that "serves to perpetuate the cycle of poverty and deprivation" (Wilson, 2009, p. 28). Emphasizing that the fragmentation of the black family – as evidenced by rising rates of female-headed homes, out of wedlock births and welfare dependence – was a salient obstacle for the black lower class. The Moynihan report was controversial, as the racial climate in the 1960s did not provide a welcoming environment for assertions that the plight of blacks in America was a result of systematic oppression even after the shackles of slavery were shorn. Moynihan also faced criticism from the black community, which felt it was receiving unduly harsh criticism and resented the further blemishing in the court of public opinion of African-Americans as a whole. Despite the discomfort it caused, the Moynihan report was a necessity - it fearlessly (albeit unwittingly due to the unauthorized leakage of this classified governmental document) presented the truth to a public that was more than content with believing in stereotypes and engaging in prejudice rather than considering the true roots of the black community's underdevelopment.

The fact of the matter is family *is* a major contributor to one's outlook on the world. Some scholars argue that the African-American family has been damaged but is not beyond repair. In *The Moynihan Report Revisited,* Massey, Sampson & Kaniss assert that the negative

reaction to the initial report stems from its assumption of a cultural explanation for the fragmentation of the black family, which is synonymous with a deterministic, fatalistic conclusion that the black family cannot be rescued. Instead, they argue that the initial traumas of slavery caused the pathology, and subsequent adaptations that have been transmitted intergenerationally result in the pattern of broken homes we see in contemporary society. A close look at familial relations is the answer to understanding the specific damage caused during slavery and how the family unintentionally perpetuates the pain and pathology that results in a cycle of poverty and underachievement (Massey, Sampson & Kaniss, 2009, p. 36).

In her book *All our Kin*, Carol Stack attempted such a study. She lived amongst a community of black people in central Illinois and found that "the most important single factor which affects interpersonal relationships between men and women in the Flats is unemployment and the impossibility for men to secure jobs. Losing a job, or being unemployed month after month, debilitates one's self-importance and independence, and for men, necessitates that they sacrifice their role in the economic support of their families. Thus they become unable to assume the masculine role as defined by American Society."

On one hand kin networks demand support from the black male and, on the other, his wife or girlfriend and their children require his support, Stack asserts. Due to the scarcity of stable, well-paying employment it is often the case that the black man cannot uphold both obligations and therefore sabotages his romantic relationship, often by means of infidelity. "The incompatibility between the bonds that men and women, girlfriends and boyfriends, feel toward one another and the obligations they accept toward their kin encourage short-lived sexual relationships" Stack surmises (Stack, 1974, p. 112-13). Thus the presence of the black male in a household is seen as a threat to access to welfare payments, and since the man himself is unlikely to be able to maintain a stable income, marriage is a risk many kin networks are hesitant to allow their loved one to make, Stack contends.

Although Carol Stack's view does take into account the crucial aspect of employment difficulty and kin networks, her assertion that unemployment is the most important factor in determining the fate of interpersonal relationships only brushes the surface of the issue. Stack seems to imply that kin groups, rather than allowing a member of their family to be happily married, are more concerned with the possible deprivation of resources the marriage may entail for them since their family member would have to preserve resources for his or her new family unit. This view ignores the origin of the pathology that informs black people–especially the men, that they should feel unworthy and incapable of long-term love and marriage.

Three hundred years. That is how long it has been since the official end of chattel slavery in America. For many on the outside looking in, three hundred years seems like ample time for black people to have recovered and reestablished themselves. Yet the African-American community is in a state of turmoil. From the substantial achievement gap to alarming crime rates, it seems that the African-American community is doomed to exist perpetually in a state of suffering caused by the unrelenting cycle of marginalization leading to poverty, criminal activity, and continued economic servitude. Some wonder why black people cannot just "pull themselves up by their boot straps." We live in a land of freedom and opportunity after all. The American dream became a possibility for African-Americans three hundred long years ago. Why do blacks continue to have among the highest rates of unemployment, lowest graduation rates, high rates of unwed pregnancy, and high rates of criminal activity?

The late comedian and social critic George Carlin put it aptly when he said the American dream is called a dream because you have to be asleep to believe it. The systematic

marginalization and oppression of black people in the "land of the free" by no means ended with slavery. Segregation, the black codes, peonage, Jim Crow laws and convict lease laws were all tools used to keep the "negro" in his place. Today similar yet more subtle tactics are in place to keep the African-American community from excelling as a whole.

It is no coincidence that black people comprise 13% of the U.S. population yet prisons are 70% comprised of black and brown people. Overrepresentation in jails and underrepresentation in schools and the workplace have been carefully constructed and perpetuated by institutions that thrive off the pain and toiling of blacks even today. The prison industrial complex is slavery under guise of justice, resulting in the forced, unpaid labor of felons and their disenfranchisement. It is absurd to imply that all those incarcerated are innocent of their crimes, but rather one should note that minorities are disproportionally targeted for crimes that non-minorities engage in at similar or greater rates.

Ronald Weich and Carlos Angulo argue in *Racial Disparities in the American Criminal Justice System* that racial inequality in the criminal justice system (as seen in racial profiling patterns and discriminatory sentencing) is threatening to undue fifty years of civil rights progress. An example of this is seen in the statistics surrounding the crack epidemic of the 1990s. Although Caucasians were twice as likely as blacks and Hispanics combined to use crack, approximately 96% of federal crack prosecutions were of non-whites from 1992-1994 (Weich & Angulo, 2011, p. 185-193). No inherent genetic or cultural predisposition exists that causes the patterns of underdevelopment suffered by the African-American community, but rather centuries of internalized convictions of inferiority and oppression create the picture of the African-American community we see today.

Contrarians such as Thomas Sowell in his article "Markets and Minorities" contend that African-Americans maintain an attitude of victimization that results in their lack of progress. He cites the fact that nearly all other minority groups in America earn more on average than the average African-American as evidence that a factor unique to black people is the cause of the achievement gap (Sowell, 1981*)*. All minorities experience racism and discrimination, so why has it proven too difficult for the black man to overcome his share? Sowell examines age (finding that there is a large difference between average ages of ethnic groups), geographic distribution (finding that income varies greatly depending on location), and fertility rates (finding the number of children affects per capita income) as contributing factors of economic standing. Sowell concludes that "misperceptions of individuals may have serious personal consequences, but do not imply group discrimination," as there are numerous factors that contribute to employment rates and average incomes which aren't identical within a single racial group (Sowell, 1981, p. 31).

What Sowell does not seem to grasp is the power of institutions in barring African-Americans from opportunities that their Caucasian counterparts take for granted. Studies show that job applications with black sounding names are 50% more likely to be rejected than applications with white sounding names ("Can a Black Name Affect Job Prospects", 2004). Housing discrimination, loan denials and bias in penalization for crimes are just a few examples of avenues that marginalization has surfaced.

Even more debilitating to Sowell's argument is the fact that the majority of African-Americans do not consciously perceive themselves as victims in everyday situations. A recent study by sociologists at Tufts and Harvard University revealed that white people actually perceive themselves to be victims of racial discrimination more than black people do. When asked to rate the current level of anti-white bias on a scale of 1 to 10, the Caucasians in the study

on average rated it to be 4.7. This is in contrast to the previous average of 1.8 in the 1950s. Black people however rated anti-black bias to have decreased from 9.7 in the 1950s to a current measure of 6. More profoundly, 11% of whites found anti-white sentiments to be at the maximum measure of 10 whereas only 2% of whites felt that anti-black bias was at the same level (Whites Believe They Are Victims, 2011). Hence it is clear that a misdirected perception of victimization and subsequent refusal to attempt success is not the root cause of the underdevelopment of black America and the resulting fragmentation of the black family.

Sowell and many others do not seem to comprehend that the economic, legal and educational problems faced by descendents of slaves is in part a symptom of the psychological pain that taints every aspect of black life, and none more devastatingly than interpersonal relationships in the black community. Stereotypes of the disagreeable, angry black woman and the philandering, uncaring black man abound in discussions of the popularity of single parent households in the black community, but lacking in the literature is a discussion of why and how the African-American community got to this state. The fear or inability to be able to commit to one person for life is but a symptom of a great illness plaguing the black community, one which scholars have termed post-traumatic slave syndrome.

A term coined by Dr. Joy DeGruy, post-traumatic slave syndrome is defined as the lingering psychological dissonance of the descendants of slaves caused by centuries of unhealed stress and suffering. As reluctant inhabitants of a cruel new world, African slaves had to learn to survive the harshest conditions. Captured from their warm, familiar homes on the West Coast of Africa, slaves had to endure the arduous middle passage, which was rife with disease, murder, rape and death. Those who survived the trip doubtless experienced psychological trauma but their pain was only beginning. They found themselves being objectified for sale, beaten for resistance, raped into submission, separated from loved ones and worked until the point of their early demise.

In order to survive it was necessary to modify their behavior and even their thinking to accommodate the white master. These adaptations to the hostile environment of slavery were never unlearned but rather passed on from generation to generation, morphing from a mere adaptation to a pathology. Marked by diminished participation in significant activity, feelings of detachment, a sense of shortened future, inability to imagine a loving future, exaggerated startle response, weariness, alertness and diligence, the symptoms of post-traumatic stress disorder made popular by the Diagnostic and Statistical Manual of Mental Disorders correlate perfectly with the pathology exhibited by descendents of slaves.

As Dr. Joy DeGruy mentions in her lecture on the subject, "serious threats or harm to one's physical integrity, threat or harm to children, spouse and close relative, sudden destruction to one's home or community, seeing another person killed or injured [and] stressors experienced with intense fear and helplessness" are said to be strong triggers for post-traumatic stress disorder. Thus how is it possible to deny that slaves experienced something similar? It is necessary to allocate the new term of post-traumatic slave syndrome because unlike PTSD, PTSS was amplified, projected, and reinforced by institutions that thrived from the black community's demise. What is most striking is that the PTSD is considered to be more salient and last longer when the stressors are of human design. It is incredulous to deny these effects on descendents of slaves who are faced with the overwhelming knowledge that they inhabit the land on which their ancestors were brutalized and their brothers continue to be brutalized (DeGruy, 2011).

The transgenerational impact of slavery can be seen in everyday relations amongst black people. Joy DeGruy recounts a situation many black people can relate to with her hypothetical

yet very much realistic story about two mothers – one white and the other black – with two sons. Both sons are excelling academically and with their extracurricular activities, DeGruy says. They're both enrolled in advanced courses and are valuable players on their sports teams. One day the mothers run into each other at a parent teacher meeting and the following exchange occurs:

> Black mom: You know, I just wanted to tell you I noticed your son is doing really well!
> White mom: Well thank you so much for noticing! Did I mention he is in the Talented and Gifted program? He also won the science fair last week. The boy is just brilliant! What am I saying, your son! That boy is really coming along!
> Black mom: Ha! You think so but that boy really knows how to work my nerves!

The black mother's words may seem harsh and unwarranted until we consider that in times of slavery down-playing one's child's ability was an attempt to discourage white masters from selling the child. But today the black child who hears his mother devalue his achievements will feel that he can never make his mother proud. This is post-traumatic slave syndrome.

Slave mothers naturally tried to prepare their children for survival in the adult world. A good slave mother had to prepare her daughter to be raped. The nature of that injury emasculated the father and of course caused profound pain for the daughter. No one got a chance to heal and once slavery ended the trauma continued. Additional injuries that necessitated further adaptation to the hostile environment that is America snowballed into the effect we see today of the disappearance of the black man from the family. We learn from the generation that precedes us and for the black man, each generation of men has had to carry the same burden under varying guises since the first slave ship touched land; that of being unable to protect and provide for a wife and children.

Sekou Mims, Larry Higginbottom and Omar Reid identify this pathology of the black man as a combination of Marriage Disorder and Dysfunctional Family Disorder, sub-categories under the umbrella term that is post-traumatic slave syndrome. Marriage Disorder is associated with an inability to maintain a healthy relationship and Dysfunctional Family Disorder entails the hatred of self, culminating in an inability to allow oneself to be fully loved. I will argue that the syndromes ravaging the black family are in part due to a widely ignored facet of slavery: the sexual abuse and coercion of the black man.

While the unemployment dilemma is a valid contributor to the issue, it is too shallow an explanation to account for the prominence of single mother households in the African-American community. The true accomplice is the deep psychological wound inflicted through slavery and oppression. Relatively missing from the discourse is how the impact of rape – of women but also men – has contributed to contemporary familial dysfunction. Rape, an oppressive tool of patriarchy, was also wielded as a tool of racial oppression for the entire African-American race. The black male, however, has yet to begin to heal because the extent of his suffering via sexual assault has gone largely unremarked upon.

 "Rape can serve as a metaphor for enslavement", Thomas Foster asserts in *The Sexual Abuse of Black Men under American Slavery.* However the literal rape of the African-American slave was a reality for centuries. Not only did white slave owners occasionally take advantage of his body, but the black man also had to contend with the forceful copulation required of him on female slaves for the purpose of reproduction and sometimes the mere enjoyment of his master. "Sexual assault of enslaved men took a variety of forms, including outright physical penetrative

assault, forced reproduction, sexual coercion and manipulation and psychic abuse," Thomas surmises (Foster, 2011).

Dehumanized, the black man learned to separate sex from intimacy. Having violated a fellow slave, he too felt his body and soul to be violated. In addition the black man was forced to witness, helplessly, the rape of his mother, sister and wife. Try as he might to resist the assertion that he and his people were mere animals, meant to breed wildly to maximize the masters' property investments, unconsciously the black slave began to believe his own inferiority. "The emasculating psychic toll could have led men to eschew monogamy or resist marriage altogether," Thomas argues (Foster, 2011). The definition of rape as a gendered issue in addition to patriarchal perceptions of men as "impenetrable" led to the erasure and denial of sexual assault on males, but the existence of such trauma has its remnants in the psyche of contemporary black males.

The Fetishism of the Black Male Body

From the onset, African slaves were viewed as hypersexual beings. A fascination with the member of the African man reflected envy within the Caucasian psyche. The black man was regarded as promiscuous, lusty and savage by society. Yet, it was often the white masters who used slaves' bodies for sexual gain and displays of power. Slave women were frequently raped, as is well documented, but less analyzed is the sexual abuse of black males. The patriarchal tendency to define rape along gendered lines has contributed to the denial and erasure of this particular form of suffering, but sexual assault is not strictly a plight of females. Sexual assault was present in every facet of the male slave's life. His body was demonized and his mind vilified. As Martha Hodes states, "objectification of black men affected bodies and minds. Depictions of sexual prowess and the myth of the black rapist constituted one form of sexual abuse. This myth contributed to the legal and political disenfranchisement of black men from the earliest days of the republic. Yet the psychic toll was also high. Being told that one is hypersexual and uncontrollable cannot be dismissed as mere racist caricaturing; for some men such messages would have inflicted great emotional pain" (Hodes, 1993).

Thus the black man was branded a sexual deviant in the eyes of society. The reality remained that it was in fact the white male who monopolized the field of sexual assault, raping black women and black men mercilessly. Evidence for the rape of black men is admittedly scant, but close analyses of slave owners' journals, newspapers, court records and testimony of former slaves reveal the secret all too clearly. Despite the difference in frequency of male rape versus female rape, the threat of such action is a psychological burden reflective of the complete absence of power caused by enslavement. The number of actual sexual assault instances against males is almost certainly minor compared to those inflicted on females, but the omnipresent threat of the act served as a reminder of the vulnerability and objectification inherent in the slave status. This created a collective "raped mentality".

Sexual assault of males took numerous forms, one being forced sodomy. Thomas Foster recounts instances of white masters raping their male slaves as a form of punishment. In one slave narrative authored by Joseph LaVallee, a master who was infamous for his obsession for raping male slaves so much so that he earned the nickname "The Ravisher" repeatedly raped a slave named Itanoko. This account was not uncommon in those days, Thomas argues, as former slave Harriet Jacobs wrote in her memoir about the propensity of masters to violate the men. Sodomy cases brought to the courts often involved influential white men who violated status

boundaries with slaves, suggesting a use of the master-slave power dynamic to the advantage of the master (Foster, 2011).

Upon closer inspection, coercion by white women is another avenue by which sexual assault of male slaves is revealed. White women wielded their power to partake in secret sexual relations with male slaves, and by threat of death the male slave was forced to comply. Slave narratives by Harriet Jacobs suggest that white women would choose the least intelligent or most brutalized slave to coerce into sexual relations because she knew he would be the least likely to reveal her misdeeds for fear of violence. Taking advantage of his submission, the white woman would exercise her privilege while maintaining the guise of purity and virginity expected of her (Foster, 2011).

Martha Hodes in *The Sexualization of Reconstruction Politics: White Women and Black Men in the South after the Civil War* cites instances in which the black man's life was threatened and often ended due to a simple unverified claim that he gazed at, touched or raped a white woman. At times the accusation that he raped a white woman was used as a scapegoat:

> When a man named Jourdan Ware was murdered, for example, his attackers told him it was "on account of his politics" and his economic security and warned him that he must "not vote the radical ticket any more." Afterward, whites testified that Ware had insulted and frightened a white woman. When John Walthall was accused of sleeping with white women and murdered, a black neighbor felt sure the accusation was the consequence of a labor dispute between Walthall and his white employers (Hodes, 1993, p. 411).

Thus the perception of frequent black male rape of white women was so salient in its criminality that it could be used as a dependable scapegoat that would relieve white men from guilt if they took it upon themselves to put a "negro" in his place.

Surprisingly, accusations of rape became more of an offense after the emancipation of slaves. Black men had more political and social power, thus the idea of a black man with a white woman became more of a threat to the social order. If a white man raped and impregnated a black woman, the social hierarchy would not be challenged because racially that child would carry the status of its mother. But if a black man were to rape or copulate with a white woman and impregnate her then racial and social boundaries may start to blur. Martha Hodes quotes a member of the Black Panther party as saying "it is only since the Negro has become a citizen and a voter…that this charge has been made. This charge…was intended to blast and ruin the Negro's character as a man and a citizen" (Hodes, 1993, p. 416-17).

Hodes also contributes to the literature with her article "White Women, Black Men: Illicit Sex in the 19th Century" in which she tells the story of a low class white woman named Polly and her slave lover named Jim. Polly forced Jim into a sexual encounter with the threat of having him lynched if he refused, but once she got pregnant and the affair was revealed she claimed that she'd been raped. In another case a married white woman named Dorothea coerced a slave named Edmond into having sexual relations with her and it turned into a long-term affair. Hodes asserts "for Edmond…the liaison with Dorothea may have been one choice among bleak and limited choices. Perhaps he deemed an enduring relationship with a black woman too risky…entailing the possibility of separation through sale, or of his own powerlessness in the face of white sexual abuse or violence towards [an enslaved black woman]." Here we see how the intersection between patriarchy and racism created the perfect situation for male slaves to be taken advantage of (Hodes, 2000, p. 195-197).

The most frequent form of sexual abuse during slavery was forced copulation among slaves. Thomas Foster tells the story of an enslaved man in Maryland who was forced to rape a slave woman by his master. The woman, Elizabeth Amwood, was ordered to pull off her clothes and the nameless slave man was told to "pull down his britches and git upon [her] and to bee grate with her." A fourth individual in this horrific scene, a white man named John Pettigrew, operating with the slaver named Holland, pointed a pistol at the unnamed enslaved man and Elizabeth Amwood. All the while, Holland taunted them both, asking if it "was in" and "if it was sweet." Afterward, Holland "went up into the Company and Called for water to wash his hand, saying he had bin putting a mare to a horse" (Foster, 2011, p. 445).

The sexual exploitation of the woman in this case is obvious and horrific, but what many may ignore is the effect on the man's psyche from being forced to rape a fellow slave for the enjoyment of his perverted master. He essentially feels dehumanized, guilty and objectified. He knows his master is a monster but now he cannot help to feel that perhaps he is capable of malice too.

The equation of black men to animals in the quote by Holland was not an anomaly. Black men were constantly being used as breeding machines, referred to as "stock men" or "bulls", male slaves would be chosen to procreate with numerous women. Often times these men would be forced to leave their wives and under penalty of death they could never return to them. In the instances in which these "stock men" could return to their wives, the wives would often reject them or resent him for his perceived betrayal. Having fathered countless children and coupled with numerous women, these "stock men" would find themselves emotionally abandoned and unable to nurture lasting relationships (Foster, 2011, p. 456).

Thus we can imagine how sexual assault played a major role in the psychological turmoil of the male slave. Not only did he have to endure witnessing the rapes of his wife, mother, sister, daughter or friend, he was himself forced to perform the very act he despised on innocent women. Other times he was coerced under penalty of death to sleep with a white woman. As Hodes argues, the psychic toll of the violation of the male slave's masculinity and morality likely led black males to regard monogamy with wariness (Hodes, 2000). This supports the theory that in the past black men felt conflicted about monogamy and marriage not due to an inability to love but due to an inability to provide – in this case protection. Marriage represented a reminder of the black man's status as quasi-masculine, inferior and incapable.

The Psychological Impact of Rape on Males

As I argued in *On Power and Suffering: Rape Impact in a Matriarchal Society*, the severity and longevity of rape trauma is far more distressing when it reinforces an existing oppressive power structure. For women in patriarchal societies rape impact is severe in part due to the use of sexual assault as a tool of forced subordination. Similarly, rape was strategically used against male slaves to emasculate them into submission. Feelings of utter powerlessness during the act itself were reinforced in everyday life as the slave experienced the mistreatment and vulnerability of his people. That trauma continues to be reinforced today, as the slaves who experienced sexual assault transmitted sentiments that resulted from his perceived vulnerability to the next generation. The impact of rape across generations in a land that openly hates one's people has lasting, resounding effects.

Lincoln, Chatters and Taylor conducted a comparative study of black and white Americans' responses to traumatic situations in "Psychological Distress among Black and White Americans: Differential Effects of Social Support, Negative Interaction and Personal Control."

Although not a study of strictly sexual assault, the study does contribute to the literature that implies that one's cultural background can influence the degree of suffering experienced from painful experiences. The researchers found that overall the subjects' perception of retaining a locus of control mediated their psychological response to the negative experience being studied. The locus of control- an imperative perception – is what gives one the ability to recover from setbacks and misfortune relatively unjaded (Lincoln, Chatters & Taylor, 2003).

One of the most devastating consequences of the peculiar institution of slavery and subsequent discrimination is the loss of this locus of control and therefore the sentiment that one is doomed to repeat the past in a state of suffering. Indeed, as Dr. Joy DeGruy mentioned, the knowledge that fellow human beings systematically accomplished the trauma of rape contributes to the lasting effect we see today. Across cultures it appears that the loss of a sense of control over one's own life is positively correlated with severe psychological distress, and this is only made more catastrophic by the knowledge that the adversity is of human origin.

Psychological studies have mostly focused on the impact of rape on female victims, but a study by Simon Carpenter sought to examine the potential effects of rape on male victims. Carpenter found that male victims were less likely to report their assault or confide in others about the assault, leading to more severe symptoms of rape trauma syndrome. As a result of feelings of vulnerability, male victims of rape question their masculinity and sometimes their sexuality after an assault:

> The unfortunate outcome is that the initial psychological impact of male rape is that the men are victimized at multiple levels: first they are victimized by their attackers, they are then subjected to rejection and stigmatization from friends and family and potentially humiliated at the hands of the law. These factors serve to reinforce the internalization of self-blame and denial of the need for help that inhibits recovery from the assault. Male coping strategies differ significantly from females. In one comparative study the majority of female victims reported responding in an expressive emotional style (i.e. crying, sobbing and restlessness), whilst most males remained calm, composed and subdued. The male coping strategy characterized by denial and control renders them more prone to later psychiatric problems and reduces the likelihood of seeking help (Carpenter, 2009).

A questionnaire survey yielded the findings that every man polled reported long-term negative psychological consequences such as depression, anxiety, flashbacks, revenge fantasies, reduction in self esteem and a decrease in self-respect. A number of subjects became promiscuous whereas others experienced sexual dysfunction.

This study is fairly recent, but it is safe to assume that the trauma experienced by contemporary male victims of rape is similar in many ways to that experienced by male slaves in the past. In fact, the trauma endured by male slaves may have been more severe due to the sheer factual nature of the slaves' vulnerability. Males who are raped in today's society may *feel* a sense of helplessness but male slaves *knew* they were helpless. When one considers that the sense of helplessness was confounded by the generational abuse - both physical and mental – of the African-American people, it is no wonder that symptoms of rape-trauma are not only present but also proliferated in today's black male. Promiscuity, insecurity concerning one's masculinity and fears of intimacy are all characteristics found in a number of African-American males of today, contributing to the disintegration of black families.

Legacy of Rape in the Contemporary African-American Family

In her book *We Real Cool,* Bell Hooks confronts the issue of black male masculinity and its complex interface with slavery and the need to prove the ability to be the benevolent patriarch. Hooks asserts that following emancipation, the black man's sole desire was to be the head of his household. To be the master and finally experience power that was denied to him during his years in bondage seemed only natural, as white norms made clear that the natural role of man was to be dominant and women, submissive:

> "…enslaved black males were socialized by white folks to believe that they should endeavor to become patriarchs by seeking to attain the freedom to provide and protect for black women, to be benevolent patriarchs…And it was this notion of patriarchy that educated black men coming from slavery into freedom sought to mimic. However, a large majority of black men took as their standard the dominator model set by white masters. When slavery ended these black men often used violence to dominate black women, which was a repetition of the strategies of control white slave masters used. Some newly freed black men would take their wives to the barn to beat them as the white owner had done. Clearly, by the time slavery ended, patriarchal masculinity had become an accepted ideal for most black men, an ideal that would be reinforced by twentieth-century norms" (Hooks, 2004, p. 4).

An old adage claims that hurt people, hurt people and nowhere can this be more aptly illustrated than the above quotation. Knowing no other method of conflict resolution or power structure, the black male employed the same tactics he had observed the white master use in an attempt to impart his will. What is more, he carried with him perceptions of sexuality, intimacy and ownership that are inherently destructive when it comes to building healthy, lasting relationships.

Alex Bontemps recounts a chronicle of the descent into submission of the African male in "The Punished Self: Surviving Slavery in the Colonial South". Bontemps asserts that the breakage of the African male required not only a physical submission but also a mental acceptance of inferiority and inefficacy. This mental imprisonment became obvious when those slaves who attempted a retention of self-identity exhibited rebellious behavior and were thus punished severely, serving as an example for others who dared not submit to their inferiority in both mind and body (Bontemps, 2008).

In *Tally's Corner, Washington D.C.: A Study of Negro Streetcorner Men*, Drew Downes reports his findings that urban black men describe marriage as a reminder of their failures as a man. Participation observation was conducted for a two year study, and Downes found that the men considered marriage a respectable institution but that "marriage is an occasion of failure; that to stay married is to live with your failure, to be confronted by it day in and day out; it is to live in a world whose standards of manliness are forever beyond one's reach" (Downes, 1971, p. 275-276). In slavery times this sentiment was derived from an inability to protect women, children and even oneself. Today the sentiment is more so a result of the inability to provide a stable income, but one cannot ignore that the transmission of coping mechanisms from ancestral slaves plays a definitive role in contemporary black male psychology. The adaptation of distancing oneself from experiencing permanent emotional intimacy reveals itself constantly in the fragmented black home.

Downes found that the men he studied considered marriage a rite of passage. Although the men observed the failures of marriages around them, they felt that marriage could help them attain status, respectability and designation of manhood. The men would invariably find that their desire for independence and their inclination for promiscuity would doom the relationships. Once the men left the home, subsequent interactions with their children would depend on the relationship each man had with the child's mother. Many would distance themselves emotionally or physically from their children, effectively damaging the child and increasing the likelihood that he too would repeat the pattern of abandoning his family or that she would distrust men and seek independence from such pain. The conviction that the male is unimportant for the development of his children is thus imparted and perpetuated.

The Dilemma of the African American Male by Wayne Blake and Carol Darling asserts that the black male has been using the patriarchal, dominant male figure as provided by the white men as a model for masculinity and gender roles. Darling and Blake contend that since the experience of the black male is very much in contrast to that of the white male, perhaps a paradigm shift is necessary in the consideration of what constitutes manliness (Blake & Darling, 1994). The current model has caused the dissolution of black families nationwide as men deem themselves unworthy or incapable of lasting marital relationships. The inability of black men and women to relate to one another is in part a result of the internalization of these patriarchal and inferior attitudes that cause the flight of the black man from the family.

Conclusion

Writer and historian John Henrik Clark is quoted as saying "The survival of African people away from their ancestral home is one of the great acts of human endurance in the history of the world." No truer statement has ever been uttered. The experience of members of the African Diaspora is sickening in the sheer magnitude of suffering and dehumanization endured, particularly that of the African-American slaves and their descendants. The effects of centuries of enslavement are present today in the psychological ills that plague the African-American community as a result of centuries of suffering. Post-traumatic slave syndrome influences every aspect of African American life, none more obviously devastating than family relations.

Liberation from the trials of slavery came with its own challenges for African-Americans, namely that of establishing functional households. Previously denied the autonomy to act as "men," as defined by white norms, the black male relished the opportunity to prove his masculinity and dominance. Turmoil was the realization that literal slavery was replaced with a subtler counterpart; institutionalized discrimination. Black men were (and continue to be) disproportionally denied employment, thus the ability to perform the role of benevolent patriarch was again curtailed. Slowly a trend of male abandonment of the black household emerged.

Popular discourse amongst sociologists and anthropologists assert that the disappearance of the African-American male from the household is mostly a function of the conundrum presented by the fact that "the presence of an able-bodied but underemployed man in a low-income family may be a liability by endangering the family's public assistance benefits" (Journal of Black Studies, 1994). Unemployment rates for black males are double the national average, thus faced with the dilemma between leaving his family so it may qualify for government assistance and staying with the family in order to provide non-monetary support, the African-American male opts for the former.

Yet this choice to abandon the role of family man is but a symptom of a greater pathology. It is the result of the belief that one is only worthy as a man if one can provide and

protect. This view represents a desire that black men as a group have struggled to achieve, and rather than seek support or validation from their significant other they sabotage the relationship in the simplest way they know how. This self-fulfilling prophecy has been allowed to manifest, partly due to the denial of the collective rape mentality that has been transmitted on the levels of the family and the society. Foster puts it aptly when he asserts "continuing to overlook the victimization of men in such sexual assaults not only denies the full extent of that sexual abuse but also continues dangerously to draw on long-standing stereotypes of black male sexuality that positions black men as hypersexual" (Foster, 2011, p. 448).

Healing begins with frank confrontation of the facts and identification of trauma. Survival of slavery entailed a social death that has exhibited itself in the fragmentation of the black family. A social revival is not only necessary but achievable. The realization of the role of racist assault on the black man's sexuality and the patriarchal notions that stifled the expansion of the black family are beginning to be realized. As malleable and resilient as the black man has proven to be, it is a certainty that the raped pathology can be healed and the black man may feel comfortable to return home.

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Investigating Patterns of Domestic Violence in the Semi-Rural Communities on the Outskirts of Siem Reap, Cambodia

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Abstract: Domestic abuse has come to be widely recognized as an extensive social issue throughout the world in the past few decades, however research has tended to take place in developed countries. The research presented in this study seeks to characterize the experience of domestic violence in Cambodian communities on the marginally-rural outskirts of Siem Reap. Data was gathered through participant observation and interviews that focused on demographic, socioeconomic, and personal questions. Out of eleven women interviewed, four admitted to experiencing domestic abuse, and one was not asked this question. In addition, over half said that violence was a problem among other families. The stories of the women are portrayed as narratives to illustrate their experiences. Overall, the consumption of alcohol by husbands was strongly associated with violent incidents and most wives readily linked socioeconomic stress with their spouse's propensity to drink. These results are discussed in the context of the Cambodian socio-political climate, the existing literature on domestic violence in Cambodia, the 2005 government Demographic and Health Survey, and the existing legal protections and social resources for domestic violence victims.

The Setting: Cambodian History, Politics, and Culture

The country of Cambodia is located in Southeast Asia and is bordered by Vietnam in the east, Laos in the north, Thailand in the west, and the gulf of Thailand in the southwest. The country has a small population just under 15 million (CIA World Factbook). Most Cambodians live in the rural countryside, which is largely undeveloped and impoverished; only 20% of the population is urban (Ibid). The capital and largest urban center of the country, Phnom Penh, is located in the southern central region of the country and contains a population of 1.55 million people (Ibid). With a population just under 200,000, Siem Reap, located in northwest central Cambodia just north of the Tonle Sap Lake (the largest lake in Southeast Asia), is one of the largest urban areas in the country after the capitol. Over 90% of the population are speakers of Khmer (pronounced Kh-my), the official language, and 96% adherents of Buddhism, which plays an important role in culture and community relations (The Cambodian NGO Committee on CEDAW 2010). Over the centuries Cambodia has passed through a series of kingdoms, colonization, occupations, independence, military coups, a communist revolution, and finally a restoration of monarchy through tentatively peaceful elections. The recent improvements in political stability and international development following Democratic Kampuchea (DK), the period of communist revolution under the Khmer Rouge, have set the stage for Cambodia's future in the modern era.

Over the last decade Cambodia has rapidly become modernized. Skyscrapers now dot the horizon in Phnom Penh and numerous private-sector, international, and government funded projects contribute to development in diverse ways (Paling 2012); a project funded by the Ministry of Public Works and Korean Eximbank, for instance, is currently underway to expand the banks of the Siem Reap River, an effort that may alleviate flooding during the rainy season but will also evict the many people who live on the river bank. Western restaurants are beginning

to appear in cities—a KFC was the first in Siem Reap—and numerous Western commodities, from Disney memorabilia to Angry Birds shirts and backpacks—are commonly found in stores or households. Economic development has been occurring in the garment, construction, agriculture, and tourism industries (CIA World Factbook). The population continues to grow, having more than doubled since the early 1980s. However, in spite of these advances, Cambodia remains one of the poorest countries in Southeast Asia, by some estimates the poorest (Yount and Carrera 2006: 361), with an average wage of $2 per day and an estimated 4 million living on less than $1.25 per day (CIA World Factbook). One enduring obstacle is the extensive presence of corruption on many levels of the government and the domination of power and wealth by the elite (Thion 1986; Un and Ledgerwood 2002; Roberts 2002), factors that are complicated by the misuse and outright thievery of foreign aid (Roasa 2012). Moreover, the Cambodian government continues to violate the rights of its citizens with impunity, violations that are largely overlooked by the international community, and which in some cases seem to be linked to economic interests. The U.S. government, for example, lifted an aid ban on Cambodia just after the country awarded Chevron a contract for offshore oil drilling (Dicklitch and Malik 2010). Some efforts have been made to counter these trends, for example a large-scale human rights education program for health professionals implemented at the invitation of UNTAC in the early 1990s (Keller 1995).

        Many correlations have been drawn between poverty, poor health, and disease, and Cambodia is no exception to this rule. With only 0.23 physicians per 1,000 people health care is hard to come by, notwithstanding its high cost, for the 80% of the population who live in rural areas (CIA World Factbook). One patient in the local hospital, a rural farmer, for instance, had to have his leg amputated after a traffic accident because he was unable to be seen in time due to lack of transportation and hospital crowding. Many live without electricity or safe drinking water, infectious diseases continue to be a problem, especially HIV and malaria, and 37% of Cambodian children are chronically malnourished (The Cambodian NGO Committee on CEDAW 2010). Infant mortality hovers around 95 per 1,000 live births, compared to 5.9 per 1,000 in the United States (Brickell 2008). For women, these socioeconomic conditions are compounded by cultural legacies that perpetuate gender inequality and discrimination as well as assert male dominance. "In terms of gender issues," the Cambodian Committee for Women writes, "Cambodia has one of the highest rates of discrimination, this being assisted by Khmer culture and traditions that tend to position women at a lower status than men" (The Cambodian NGO Committee on CEDAW 2010).

        Social status and rank are very important in Cambodian culture and are largely formulated through the concept of *face*, which Alexander Hinton refers to as "one of the key elements informing group interactions" (Hinton 2005). One's face is determined by the impressions of others and is correlated with honor and shame, and these impressions exert strong control over behavior. Conformity to social hierarchy, respect of elders, dominance of men, religious adherence, and community values are tied closely to expectations of behavior and social evaluations. These expectations and relationships become manifested in communities, which continue to be organized around a local Buddhist shrine, a *wat*, a trend that holds true in cities as well. Buddhist religious practice, particularly nonviolence and the control of anger through the law of karma, are especially important in personal and community relationships (Hinton 2005). The importance of Buddhist values in communities is emphasized by a study of Cambodian refugee communities in Massachusetts in which Buddhist monks played a central role in anger regulation and conflict resolution (Nickerson 2011). Generalized reciprocity is also

an important element of Khmer culture, dictating the shared use of resources and informal exchanges of goods. Despite contention that reciprocity has diminished in recent decades due to lingering mistrust from the DK period and the progressive introduction of market-based economic systems it nevertheless still plays an important role: "In everyday practice, villagers on occasion share food, alcohol, care of children, stories and information with one another, if not on a universal scale, then at least between a few select kinfolk and neighbours" (Marston and Ebihara 2011). However, the importance of market economies and wage labor, especially in urban cities, cannot be denied, regardless of their affect on community and cultural values.

In sum, Cambodia is a country with a rich and deep history that has recently undergone dramatic changes, from decolonization to revolution to invasion and finally slow political stabilization. At the present day it seems the country will continue to enjoy relative peace and political stability with increasing influence and investment from foreign countries stimulating development. Despite Western contact, Cambodia's legacy of poverty, which largely draws from DK-period policies, and poor public health continue to challenge the nation. However, it is likely that Khmer culture will persist, perhaps transformed, but nevertheless uniquely Khmer. The perseverance of Buddhism and other social customs through the colonial period and during DK, when religion was outlawed, point strongly to this fact.

Domestic Violence in Cambodia

Much of the current knowledge of domestic abuse in Cambodia comes from a government-sponsored study conducted in 2005. This survey interviewed a total of 2,037 women between the ages of 15 and 49 from urban and rural provinces throughout the country and reported that 22.3% have experienced some form of domestic violence, with 10.3% experiencing an incident of violence within the past 12 months. A number of additional interesting observations worth noting were also reported by this survey. For instance, if violence did occur it was seen to begin early after marriage and increase in prevalence with age. Additionally, rates of violence were highest among divorced or separated women with 33% experiencing emotional violence and 24% experiencing physical violence. Furthermore, violence was observed to be lowest among women with secondary or higher education and higher among women who are employed for cash. The 2005 survey also reported that roughly one in three women who have experienced violence sought help from someone else. While these numbers serve to illustrate the extent of the social issue they do little to probe the cultural subtleties and etiological components of domestic violence. As Rebecca Surtees writes, "Uncovering a glaring social problem is one thing. Accounting for it and addressing it in appropriate ways is another" (Surtees 2003).

One of the key themes in an article published by Surtees in 2003 is that in order to "understand and redress domestic violence, it is critical that we analyze and understand the cultural terrain upon which this violence occurs" (Ibid). Surtees argues that in Cambodia this cultural terrain largely consists of the importance of the household and the status and prestige associated with female domesticity and the role of the wife and mother, a dynamic reinforced by the Buddhist monastic order. Related to the value of the household and domesticity is the fact that domestic violence in Cambodian culture is conceptualized as a "private, family issue rather than as a public and social problem" (Ibid). This view is illustrated well in a study investigating domestic violence among Cambodian immigrant women in the United States: "[When] our family has a fight, we can't let outsiders know. We just want to keep it in our family" (Bhuyan 2005). The cultural conception of masculinity also contributes to the generation of violent behavior; according to a study in Cambodia conducted in 2010 "the dominant construction of

masculinity is associated with dominance, control, and superiority over women" (Gender and Development for Cambodia 2010). Furthermore, Cambodian men often feel justified in the use of violence as a means of punishing their wife's failures in household matters. One article published by Lori Heise in 2002 summarized such transgressions, which exist as cultural norms in some countries across the globe, including Cambodia, as "not obeying her husband, talking back, not having food ready on time, failing to care adequately for the children or home, questioning him about money or girlfriends, going somewhere without his permission, refusing him sex, or expressing suspicions of infidelity" (Heise et al. 2002).

The 2010 report prepared by NGO-CAMBOW sums up the many factors associated with the perpetuation of domestic violence and the silence of victims as follows: "the permissiveness of the community, the fear of being stigmatized, social rejection, the isolation of victims, and ignorance of laws prohibiting domestic violence" (The Cambodian Committee on CEDAW 2010). Another illustration of the gender-based inequality that legitimates and drives domestic violence comes from one Cambodian aid worker, who explained in a 1998 interview "When a man is killed by a woman, the woman will go to jail. When a man kills a man, the man will go to jail. When a man kills a woman, the husband pays off the family, or nothing at all happens. It is the difference between women and men" (Surtees 2003). A similar view is seen in the informant quoted at the beginning of this section. Thus, there are numerous cultural components that contextualize the experience of domestic violence in Cambodia ranging from gender inequalities, traditional values associated with domesticity and marriage, the public versus private dichotomy, and the attitude that wife beating is an appropriate and acceptable practice. Domestic violence is contextualized not only by a sociocultural context, however, but is also structured by political, historical, and economic factors. This is especially true in Cambodia, a relatively poor country that has over the last half-century undergone many dramatic political, economic, and developmental transitions and changes.

An article published by the London School of Economics in 2008 entitled *'Fire in the House': Gendered experiences of drunkenness and violence in Siem Reap, Cambodia* attempts to shed some light on how these transitional processes influence the experience of domestic violence, and thus paints a more complete picture of the context in which wife beating takes place in Cambodia (Brickell 2008). In this paper Katherine Brickell examines violence and alcohol consumption through one hundred oral history interviews conducted in two locations, Slorkram in the center of Siem Reap and Krobei Rei which encompasses communities on the rural vicinity of Siem Reap. Brickell frames her discussion largely in terms of the post-conflict developmental transition Cambodia has been undergoing since the 1975-1979 Democratic Kampuchea period. This transition is threefold: "from armed conflict to peace, from political authoritarianism to liberal democracy, and from a socialist economic system to one based on market-driven capitalist growth" (Ibid). The oral history interviews depict associations between poverty, alcoholism, and violence, as well as violence as a legacy of the Khmer Rouge regime (Ibid). Brickell concludes that violence is "conceived of in context of a myriad of post-conflict dynamics" and that an emphasis is placed on "external factors as largely responsible for gender-based violence" rather than alcoholism per se (Ibid). Furthermore, she makes note of what she calls "one of the most serious and perhaps alarming aspects of domestic violence in Cambodia – the culture of impunity and tacit acceptance surrounding it" which depends greatly on the norms associated with private matters, family, and the household (Ibid) Overall, this study situates alcoholism and domestic violence within a cultural and historical context and argues that this context is essential in designing interventions and guiding future research.

Brickell's research suggests some of the causes behind domestic violence behavior and describes how financial stress, alcohol consumption, and changing cultural values are interlaced in complicated ways with macro political, social, and economic transitions. R.V. Bhatt likewise emphasizes economic concerns and substance abuse as prime causes of domestic violence (Bhatt 1998). The 2010 GADC report also identified alcohol abuse and financial issues as risk factors for domestic violence, along with childhood experiences of violence, social isolation, sexual coercion, and patriarchal expectations (Gender and Development for Cambodia 2010). In an analysis of the 2000 Demographic and Health Survey dataset, Kathryn Yount and Jennifer Carrera tested five hypotheses in an effort to further elucidate how marital resources and early-life experiences predict domestic violence (Yount and Carrera 2006). The main findings of this study are a negative association between household standard of living and the likelihood of experiencing physical domestic violence and the observation that wives with more children and fewer years of schooling were more likely to experience domestic violence. In other words, poverty and socioeconomic dependence on their partners predisposed Cambodian wives to experiencing domestic violence in the 2000 dataset. Yount and Carrera suggest two mechanisms that may account for the relationship between household standard of living and domestic violence: firstly, "men in poor households who lack economic resources may instead use physical force to control their partners" and secondly, "a low household standard of living may elevate men's stress, which increases the risk of physically abusing their wives" (Ibid). These mechanisms may be especially important in Cambodia because the majority of the population is poor and may frequently experience stress associated with supporting their families. In many cases this stress is not unrelated to the continuing developmental challenges the country faces, which are again results of the systemic infrastructure collapse precipitated by the Khmer Rouge takeover in the 1970s.

A later study was performed to expand on the analysis conducted by Young and Carrera by researchers at Texas Tech University on the 2005 health survey dataset (Eng 2010). While Yount and Carrera examined the relationship between martial resources and domestic violence the authors here asked specifically how the frequency of spousal discussion predicted domestic violence. Consistent with the view of the Cambodian family as a male-dominated, patriarchal social structure, Sothy Eng and colleagues hypothesized that spousal discussion would be interpreted as a threat to male power and thus correlated positively with domestic violence and the level of control by the husband. The study found that the frequency of spousal discussion positively predicted the experience of emotional violence, but not physical violence. Here 'spousal discussion' refers to daily life conversations and Eng et al. interpret their results as an indication that increased discussion by wives challenges accepted gender norms held by husbands and motivates them to exert control over their wives through increased emotional violence. These studies together demonstrate that domestic violence in Cambodia takes place in a very culturally specific context, influenced and structured by the recently unstable political atmosphere, traditional gender and family values, gender inequality, socioeconomic factors, and numerous other components such as education level, early-life experiences, and the frequency of spousal discussion.

Research Methodology:

The purpose of this research study was to provide a preliminary understanding of domestic violence in semi-rural Cambodian communities through ethnographic fieldwork. The methods utilized were participant observation and one-on-one translator-facilitated interviews.

The research project was initially established through correspondence with the humanitarian organization Medicorps, through which I was placed in contact with BFT Center, a Cambodian-based NGO headquartered in Siem Reap. This connection was established after I expressed an interest in engaging in anthropological fieldwork in Cambodia.

The research took place among over weeks in the month of May during the year 2012. Interviews were conducted in collaboration with Build Your Future Today (BFT) Center, which had already developed a network of communities in which it led various outreach programs that ranged from English language lessons to health education to the donation of food or construction of wells. The interviews reported here thus took place in communities in which BFT Center had previously established community outreach programs, and BFT personnel introduced us to the families to be interviewed. A Khmer medical student, Kosal Sang, facilitated the interviews by serving as a translator. Typically, I would ask questions which Kosal would translate into Khmer. The only individuals present in the interviews were the interviewed woman, Kosal, and myself with the exception of babies, children, and in some cases other BFT personnel. Other exceptions are noted in the results section. A total of 11 interviews were conducted over the time period.

The villages surveyed were all within 25 miles of Siem Reap and accessible by motorbike after a 20-30 minute ride. Upon leaving the urban center of the city paved roads quickly turned into rough, uneven dirt roads narrow enough that two cars would have difficulty passing one another. Buildings and other establishments disappeared and were replaced by vegetation, rice fields, and occasional structures. A 'village' constituted a collection of households within a somewhat localized space and also encompassed some measure of agricultural land. A dozen households is a rough average for the size of a village. Each household was typically constructed in somewhat close proximity to the dirt road that connected it to other villages and Siem Reap. The interviews were conducted within or just outside of the household of each individual interviewed.

The interviews were semi-structured, taking place in the morning while being recorded with an iPhone. Notes were also taken by hand during the interviews and compiled afterward. Photos of the villages, and in some cases the interviewed families, were also taken to improve the documentation process. A generalized questionnaire was followed but questions were tailored to the individual interview, the presence of others, and the individual's willingness to respond. Before this research occurred IRB approval was obtained from the University of Tennessee, Knoxville Institutional Review Board and an informed consent document was prepared in English and translated into Khmer. The interview questionnaire followed a pattern that proceeded from general biographical and demographic information to socioeconomic questions to questions concerning marriage relationships and domestic violence. The informed consent document was presented at the beginning of the interview as we explained our identity and the intent of the research.

The interview recordings and notes were compiled and analyzed for patterns based on common themes and similarities. As mentioned, each interview was adjusted to the individual circumstances and the responses and responsiveness of the individual being interviewed. Moreover, the interviews themselves serve as narrative descriptions of domestic violence experiences and thus offer a window into these experiences within a specific cultural and social context. This narrative aspect was part of the intended purpose of the research, as it both gives a voice to victims and provides insight into the lived experience of domestic abuse.

A few concerns regarding the methodology should be mentioned here. These concerns involve mainly the honesty of the answers we received. The most apparent concern with the methodology is the fact that both of the interviewers, Kosal and myself, are males who are attempting to discuss domestic violence with women. In the majority of domestic violence cases males are the perpetrators of violence, thus the women interviewed here may not have felt comfortable discussing domestic violence with us. The experience of Katherine Brickell in her research suggests, however, that this might not be that great of a concern, as she reported that in the majority of cases "women appeared happy to discuss their lives with the male research assistant" (Brickell 2008). Another reason the women may not have felt comfortable discussing domestic violence with us was a lack of trust or understanding about how the information would be used.

Results

The interviews ranged from around 20 minutes to over an hour. In general, the women interviewed were very open to discussing their lives and the opinions and experiences regarding domestic violence, as evidenced both by the detail of their answers and their emotional engagement during the interview. Some of the women, for instance, barely had to be asked about domestic violence before they were vigorously recounting their frustration with their husbands. The women were first asked about their employment, background, and family. Their ages ranged from 20 to 55, with an average of 36, and their number of children ranged from 0 to 11, with an average of 4. Income also varied, averaging around approximately $5.00 per day but ranging from $1.50 per day to between $10 and $15 per day. This compares with the average wage in Cambodia which is around $2.00 per day. There was a good level of consistency between the different families regarding employment. Most wives stayed at home during the day to look after the children and were involved in craft activities such as basket weaving (which could be sold to other Cambodians or tourists) or bamboo framing (for houses). Husbands, on the other hand, typically worked in temporary construction or other wage-labor positions in the city, to which they would commute every day. Generally the husbands made more money because of this, but their employment was also insecure; once a project was finished a man could remain jobless for a month or more until being hired again.

Out of the eleven women interviewed, a total of four admitted that their husbands were violent towards them, with the violence primarily being physical without the use of weapons (hitting, slapping, beating). In three of these cases the husbands were also reported to harm the children. One of the eleven women was not asked about domestic violence because of the constant presence nearby of both her husband and other families. A total of seven interviewees said that they were aware that violence was a problem among other families and one was not asked this question. When asked what they thought the cause of the violence was, alcohol, economic stress, poverty, and gambling were most commonly cited, however not all women had ready answers to this question. A variety of responses were given to the question of how the women coped with the problem. Some said they simply ignored their husband when he became violent, others appealed to village managers or family members, and one was actively seeking a divorce (an extreme solution given the stigma associated with divorce in Cambodian culture). Important results of the interviews are summarized in the table below:

Name	Wife's Employment	Husband's Employment	Wage	Violent?	Identified cause(s):
Yoki	Construction	Construction	$6-7	Yes	Alcohol, stress, poverty
Vatey	Basket selling	n/a	$1	No	Alcohol
Kiri	Basket selling	Construction	$4-6	Yes	Alcohol, stress, gambling
Cheayean	House maid	Carpenter	$4	Yes	Alcohol, stress
Sreykun	Basket selling	Previously construction	$1.50	Yes	Alcohol, doesn't know
Sreykeo	Housewife, baskets	Construction	$5	No	n/a
Lim, Ary	Agriculture	Agriculture	$5	No	n/a
Tola	Housewife	Construction	$5-6	No	n/a
Nuon	Sowing; BFT	Not known	$7-8	No	n/a
Soboen	Bamboo wall framing	Recycling	$7	n/a	n/a
Soriya	Remittances	Previously a policeman	$5	No	n/a

Discussion

Some considerations are important in the interpretation of the data presented here. In all, four women admitted to suffering domestic abuse out of the ten that we asked this question. We did not ask Soboen this question because Kosal and I decided it would not be wise given the nearby presence of her family, and in two other cases in which we did ask the wives about domestic violence we felt their answers might be untrustworthy. Thus, despite the small sample size, the four positive responses represent a high percentage, higher than the other estimates of domestic violence produced by the government health surveys. However, this number should be interpreted with caution for a number of reasons. First, only eleven interviews were conducted. Expanding the sample size is obviously necessary before concluding more broadly about the prevalence of domestic violence in these communities. Second, Kosal and I were directed toward each of these individuals to interview through BFT's recommendations. We were not sure how BFT made these recommendations. One possibility was that they directed us to talk with families that they were already aware had domestic problems, knowledge that would not be unreasonable for them to possess. This would clearly bias our sample toward cases in which domestic violence took place. Despite these concerns, the stories of Yoki, Kiri, Cheayean, and Sreykun, coupled to the seven women who admitted to being aware of domestic abuse in other families, make a compelling argument that domestic violence does occur in the semi-rural village communities on the outskirts of Siem Reap. Moreover, the stories of each of these women illustrate important themes that can be interpreted through the lens of local and global domestic violence research to better understand this problem within Cambodian culture.

One of the fundamental questions regarding domestic violence is of cause: *Why does domestic abuse occur?* Only a few factors have been determined to be generally universal

predictors of domestic violence. One of the least disputed is that women are most likely to be abused by an intimate partner they are involved with in a relationship and that males are most likely to be the perpetrators of violence (Garcia-Moreno et al. 2006; Tjaden et al. 2000). Other studies have demonstrated the importance of a variety of factors, however poverty and its concomitant economic stress are some of the most important and broadly implicated causes in the production of violent behavior towards intimate partners (Jewkes 2002; Greenfeld 1998; Cunradi 2000; Renzetti 2009). Alcohol consumption and drug use are also important variables that are commonly correlated with domestic abuse (Bhatt 1998; Jewkes 2002; Kumar 2005; Kantor and Straus1989; Kyriacou et al. 1999). Economic stress and hardship often provide a basis for anger and frustration that can become ready motivation for violence, which can often be triggered or released by the disinhibition that occurs through alcohol consumption or drug use (Jewkes 2002). Furthermore, it has been observed that domestic abuse motivated by financial stress can exacerbate economic hardship and lead to more domestic conflict in a vicious cycle (Renzetti 2009).

Poverty and financial stress were readily apparent in our interviews and are more broadly demonstrated by the prevalence of poverty and poor health throughout Cambodia. In addition, as described previously, cultural attitudes in Cambodia promote male dominance, legitimate physical violence of husbands over wives, and discourage women from seeking redress from their communities or law enforcement officials, instead disenfranchising them through silence (Bhuyan 2005; Surtees 2003). These observations are reinforced by the claims of our informants regarding the cause of domestic violence in their families. Yoki, Kiri, Cheayean, and Sreykun all identified alcohol as a factor that caused domestic violence and all but Sreykun mentioned stress as well. Indeed, alcohol consumption and financial stress were themes throughout these interviews.

The stress and hardship experienced by some of the informants is further demonstrated through their responses. Yoki, for instance, described how her husband would complain about being unable to provide for his family when sober and would often become violent after being blamed by his boss at work for mistakes. Likewise, Cheayean said that her husband often complains about their land and house being too small when he is drunk. Furthermore, domestic abuse clearly exacerbated economic hardship for many women. Sreykun was vehement in recounting how her husband would sell household possessions during the day or otherwise squander his income on alcohol and Yoki remarked that she could not consider divorce out of fear for her children's future. Thus, as Claire Renzetti writes, "While economic stress and hardship may increase the risk of domestic violence, domestic violence may also cause financial problems for domestic violence survivors and entrap them in poverty and an abusive relationship" (Renzetti 2009).

The unique environment of the villages studied here further influences the experience and production of domestic violence and represents the community and societal levels of the ecological framework. These villages were situated in close enough proximity to Siem Reap for the creation of many urban job opportunities but were still located in rural farmland that allowed that continuation of traditional subsistence methods. However, the flow of goods from the city to the village was obvious; many of the villagers' homes were constructed through the work of NGOs from the city and otherwise displayed numerous items, from bicycles to radio sets to backpacks and clothing depicting well known characters from Western television, that exemplified the many material connections to Siem Reap. These connections resulted in new employment possibilities, new sources of food, clothing, and household goods, and also new

resources; BFT routinely taught English lessons and health lessons in the villages, for instance. While increasing socioeconomic status in some ways, this connectivity to Siem Reap also seems to have worsened stress through unpredictable employment and the further disintegration of more traditional forms of subsistence. Lim's family was the only family that derived their entire subsistence and income through agricultural practices, for example. All of those interviewed who worked in construction in the city had temporary jobs and would have to find new work when their projects were completed. The interplay of these forces thus created an unusual atmosphere that at once offered enhanced material and financial success while doing so only in a very uncertain way, leaving the village communities to inhabit a very liminal space. The participants in this study neither wholly relied on agriculture, and thus a permanent mode of subsistence, nor subsisted entirely as did Cambodians living in Siem Reap, who had more permanent occupations that were largely created by the tourist industry. Consequently, the very nature of this semi-urban community and the associated uncertainty may have resulted in elevated levels of stress that could contribute to domestic violence.

The research presented here illustrates the lived experiences of four Khmer women who have experienced domestic abuse at the hands of their husbands in Cambodian villages. Their accounts exemplify many themes found in the literature regarding domestic violence: a combination of poverty, financial stress, alcohol abuse, cultural norms concerning male dominance, and a culture of silence among victims that together result in domestic violence. Based on the informants' answers, poverty, stress, and alcoholism played dominant roles. Moreover, aside from impromptu assistance from relatives, none of the participants mentioned any awareness of aside resources they could turn to, emphasizing the isolation of domestic violence victims. These observations are supported by previous research in Cambodia and elsewhere and stress the need for improved support systems and resources for women, education programs to shift cultural norms, and political and legal reformation that will encourage women to seek help while simultaneously discouraging men from behaving violently. They also represent a calling to address and modify the structural violence that results in unequal distributions of poverty throughout the world and generates economic and psychological stress, which may then be transformed into violence. These measures and more attention to the problem are needed: domestic violence against women is a social issue that cannot be overlooked. As Lori Heise writes, "Violence against women is the most pervasive yet least recognized human rights violation in the world" (Heise et al. 2002).

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The Improvement of Maternal Health Outcomes in Rural Morocco

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Abstract: In the past 5-7 years, the maternal mortality ratio in Morocco has decreased by 60%. Obstetric complications that can lead to maternal deaths are often reduced when women have access to skilled birth attendants (which are most often midwives) during childbirth. Midwives also work to increase the uptake of maternal health services by implementing pre-natal health classes and post-natal checkups. They serve as advocates for family planning and contraception. Additionally, basic infrastructure interventions, such as improvement of road quality and implementation of free ambulatory services, are vital to the mitigation of the "three delays" that account for the majority of maternal deaths. The elimination of user fees for delivery and the strengthening of women's education and empowerment programs are effective methods to improve the health of women in Morocco. There still exists, however, a large disparity between accessing care in the rural and urban areas of the country, largely due to sizeable nomadic populations occupying isolated regions that have a higher risk for complication and delay in childbirth. In these communities especially, cultural barriers relating to gender inequality and traditional health practices are also a major impediment. The focus of this research is on the attempts of the Moroccan government to address these issues and to implement the most successful methods needed to improve maternal healthcare access and quality.

Introduction

The rate of maternal mortality is a key determinant of a country's development progress and overall health status. Many sociocultural factors prevent women from achieving the best level of health, like unequal power relationships, exclusive focus on reproductive roles, and potential physical or emotional violence. The World Health Organization defines maternal mortality as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes" (WHO, 2012). When women die, the overall health and efficiency of a nation declines. Families without mothers are more likely to be malnourished and to lack access to healthcare and education, creating a sustained cycle of poverty and illness (UNFPA, 2012). Morocco is committed to achieving Millennium Development Goal 5: to reduce maternal mortality by three-fourths and to improve access to reproductive healthcare by 2015. The Moroccan government has therefore allocated substantial attention and funds to reducing maternal mortality in its 2008 to 2012 health plan (Bennis and De Brouwere, 2012). Despite the progress made in Morocco thus far, the UN has reported that only the region of Eastern Asia has met this MDG goal to date (UN, 2012). It is important to consider the underlying socio-economic factors in order to understand the progress, or lack thereof, being made to meet the MDG goal and reduce maternal mortality.

Nour (2008) examines the main causes of, and interventions to reduce, maternal mortality. She posits that the highest maternal mortality rates are in Africa (1 out of 16), and that the primary causes of death are postpartum hemorrhage (24%); anemia, malaria, and heart

disease (20%); infection (15%); unsafe abortion (13%); eclampsia (12%); obstructed labor (8%); and ectopic pregnancy, embolism, and anesthesia difficulties (8%). Nour also stresses the "three delays" that most often cause maternal deaths in developing nations: delay in deciding to seek care, delay in reaching care in time, and delay in receiving adequate treatment. Thus, interventions to reduce maternal mortality should first target the primary causes of death, for example postpartum hemorrhage, and subsequently implement preventative measures like family planning, contraceptive use, safe abortions, and the presence of trained birth attendants during labor.

      Mbizvo and Say (2012) discuss that the progress made in reducing the maternal mortality rate has been slower than the Millennium Development Goal target, but they provide the examples of six countries that have made significant progress. From 1999 to 2008, MMR has been reduced by an annual average of 2.3%, or less than half of the anticipated target. The authors discuss the importance of a well-functioning health system that is able to provide healthcare services to citizens, as well as the acknowledgment of cultural factors that could impede a woman's access to certain health services. Countries that had made more than 40% progress on reducing the MMR by 2008 were Bangladesh, Bolivia, Cambodia, Gambia, Morocco, and Rwanda. A key strategy utilized by these countries (which Nour also notes) is the increased frequency of a skilled birth attendant present during delivery (with an increase from 36% to 71% in Morocco). Additionally, contraceptive use in Morocco has increased from 42% to 63% over 10 years, and the country has placed emphasis on policies that strengthen women's education and family planning. The elimination of user fees for deliveries that Mbizvo and Say discuss is a strategy critiqued by Bennis and De Brouwere (2012), who consider the additional financial barriers to emergency obstetric care. Bennis and De Brouwere highlight a 2009 fee exemption policy for delivery and caesarian section in public maternity hospitals in Fez, Morocco; they determined that while the fee exemption policy decreased the cost of caesarean sections by 40%, the extra costs, especially that of transportation, are still prohibitive and thus the policy may not have as great of an effect as anticipated.

      Abdesslam (2012) examines the contributing factors to the health improvements made in Morocco from 1992-2011, most notably an increase in the portion of births attended by a skilled health professional from 31% to 73.6%. 77% of women in 2011, compared to the 21.5% in 1992, received pre-natal care. However, the percentage of women receiving post-natal care is still very low, and the number was even lower in rural areas. The author discusses that those living in urban areas often have better opportunities for accessing health facilities, education, clean water supply, and waste management. The total fertility rate decreased by three children during the last three decades, and family planning is cited as a key strategy to lowering the maternal mortality rate. However, gender gaps and economic disparities persist within and across urban and rural areas. For example, 6.4% of Moroccan women in rural areas are employed, compared to 76.2% of rural men. Although Morocco has made strides to complete the MDG and reduce maternal mortality, they must also seek to reduce social inequality, one of the key contributing factors to maternal health problems.

      Richard *et al*. (2010) analyzed eight case studies focused on the reduction of financial barriers to maternal care. Due to the lack of access to quality care, many rural women prefer to give birth at home rather than invest in a long and expensive journey to receive inadequate care at clinics or ill-equipped hospitals. Childbirth is expensive in countries that do not provide universal health care, and these costs only increase when there are birthing complications. The WHO has found that 1-5% of total household expenditure is dedicated to maternal health, but

this figure can rise to 34% when a pregnancy complication arises. As previously discussed by Mbizvo, Say, Bennis, and De Brouwere, eliminating user fees is one way to decrease costs of maternal healthcare, but external costs may still be prohibitive. The authors thus stress the importance of addressing the nonfinancial barriers to healthcare access, such as geographical location, cultural issues, and concerns for quality care. Equity between the rural and the urban populations was a problem for all of the studies reviewed. The authors suggest that improving monitoring and evaluation, closing the gap in skilled attendance at childbirth, and promoting incentives for trained health workers to remain in rural areas are all factors that can lead to more effective programs. They postulate that local commitment, perseverance, and adaptability over time are key factors that must go into health programs aiming to achieve the MDGs.

The Moroccan government has dedicated much political will and resources to reduce the maternal mortality rate, as well as to improve maternal healthcare in general, and Morocco is consequently one of the few countries on track to meeting the fifth MDG. Morocco's reduction strategy contains three components, analyzed in the above review: addressing financial barriers, improving access to and quality of care, and improving the management and monitoring of programs. However, the strongest factor of Morocco's maternal health success has been the government's resolve itself. The following research was conducted in two rural villages in eastern Morocco. Gourrama, located in the Midelt Province, and Talsint, in the Figuig Province, are small villages of 3,987 and 7,098 people, respectively. Both villages have high nomadic (Berber) populations, and are mostly agricultural. The focus of this research is on the improvements currently being made by the Moroccan government to maternal healthcare, as well as the prevailing complications, the most common problems, and the best methods that can be undertaken to improve access to care and to decrease the rate of maternal mortality.

Methodology

Because Fondation Althea, an eye-care non-profit, was simultaneously conducting self-evaluation in four primary schools in the villages of Talsint and Gourrama, it was possible to utilize the organization's connections in the health and development sector in order to find local midwives, nurses, doctors, and recent mothers to interview. Four hospitals and/or maternal facilities were viewed, and field observations were made with regards to the conditions, available information, and resources and supplies offered at these facilities. Seven health professionals were interviewed, two in their own homes and the rest on-site at their associated facility. Those interviewed were of varying ages and sexes, in addition to having varying amounts and types of training. Interviews were conducted with the assistance of an unbiased Arabic-English interpreter. The sample, however, was non-random and purposive; the pool of citizens from these villages was narrowed to health care professionals, preferably midwives, and, in terms of non-healthcare workers, only pregnant women or recent mothers. The interviews were conducted using qualitative questionnaires, as follow:

Questionnaire for midwives, nurses, doctors, and health professionals
1. Are you from the area?
2. How long have you been working here?
3. Do you speak Berber?
4. Since you began working here, what have been the improvements and obstacles to maternal health in the community?
5. Are there cases of maternal or child mortality? If so, what are the main causes?

6. What resources are available to pregnant women?
7. What methods are being used to reduce maternal mortality?
8. What is the role of midwives in the community?
9. How does maternal mortality affect family structure?
10. How can the government continue to improve maternal health?
11. Can the hospital accommodate all of the women who seek care?
12. Are there enough doctors available?
13. Is contraception available/free/used?
14. Is there any pre- or post-natal care?

Questionnaire for women (pregnant or post-delivery)
1. Are you married? (If no, stop questionnaire)
2. When did you get married/how old were you when you got married?
3. Do you have children?
   a. If so, how many and what ages are they?
   b. Where were your children born (at a hospital, at home)?
   c. Who aided their delivery (no one, doctor, midwife, family member)?
4. Have you ever had a miscarriage? If so, how many and when?
5. Do you use any form of contraception?
   a. If so, where was it obtained?
   b. Is a prescription necessary?
   c. Is it free?
6. Do you know anyone who has died during childbirth?
7. Would you prefer a midwife or a doctor aiding your delivery? Why?
8. Would you prefer to give birth at home or in the hospital? Why?

The questionnaire for health professionals focused on the potential occurrence of maternal and child mortality, resources available and utilized to improve access to maternal healthcare, the role of midwives in the community, and the role of contraception and pre-natal/post-natal care in improving the health of women. The questionnaire for pregnant women or new mothers focused on the social preferences and acceptance of visiting a hospital or giving birth at home, utilizing contraception, and favoring a midwife or a doctor at childbirth. Additional information came from an interview with two Technical Officers in the Department of Maternal, Newborn, Child, and Adolescent Health from the World Health Organization. Background information came from peer-reviewed articles on the PubMed database.

Results
   The first interview was conducted in the home of an elderly traditional midwife in the village of Gourrama. This woman is from the area, speaks both Arabic and Berber, and learned midwifery from her mother, who had also been a midwife. She has helped women to give birth to over 50 children in 40 years, and her reputation is well known within the community. She stated that she most often does not meet with the women before delivery, and that these women prefer for her to come to their own homes when they give birth. This midwife also stated, "those who are shy don't go to the hospital [to give birth], those who don't trust men and are conservative go to midwives". In terms of the birthing process, she discussed how it is easier for some women than for others, but in general, the first delivery is often quite difficult. She

described how many women go to the hospital for their first delivery, and then come to her for their second or third. She mentions that hospital facilities are "not perfect" and nurses are "not kind". For those who have previously undergone a caesarian section, later deliveries are more difficult. This midwife has witnessed cases of both maternal and child mortality, but states that these are not frequent occurrences. She discusses that the umbilical cord should not be cut immediately, but only after the baby cries. She also states that not cutting the cord a certain distance from the belly button can lead to jaundice. She stresses that more problems occur with the newborns than with the mothers themselves. Additionally, she reported having no cases of hemorrhage, but that the whole placenta not being present (retained placenta) causes the most deaths or complications. For post-natal care, she provides mothers with a mix of cereals and natural butter. The midwife also cited the Moroccan view on mortality- that God wills it and therefore it is "meant to be".

The second interview was conducted in the home of a retired male nurse, who served for many years as a midwife due to the absence of a doctor in the area. He is also of the area and speaks Berber. He discussed that he made many deliveries with French doctors who came to the area for their civil service, and together they performed all deliveries except those with complications, and in these cases, they sent the woman by ambulance to the hospital 50 kilometers away where there is an operating room and an obstetrician. The nurse also stated that since 2008, deliveries (including hospital stays and ambulances) are free to women in rural areas, in accordance with the government's commitment to the MDGs. He mentioned that there are 5 ambulances in this area, and they are equipped with medical staff and an abundance of materials. He described how "mortality has really decreased since the implementation of the free delivery system, compared with 10 years ago". In cases of hypertension, abnormal bleeding, the breaking of the uterus, coma, or pain in the pelvic area, women are immediately sent to the main hospital. He discussed that in rural areas, there is an increased risk for women in labor because information about the women's status is often received too late, and thus mobile phone communication has drastically improved responding time. This nurse also discussed how female traditional midwives are trained for 6 weeks in every village through an NGO initiative about the common difficulties facing pregnant women and instructed to call for an ambulance at any sign of difficulty. He reported that nomads have the highest rate of fatality, due to their "lack of education and understanding of death", but he cites that they "understand the risks of their way of life". Consistent with the first midwife's report, he also mentioned that most women have their first delivery at the hospital, and any subsequent deliveries at home with the aid of a midwife. He mentions that doctors in cities don't want to work in rural areas, and that every 6 months the midwives get their training updated by obstetricians on how to handle emergencies. He discusses how he tries to meet with women in their first and second trimester, as well as at the eight-month mark in their pregnancy, to discuss eating habits and measure blood pressure and weight. The nurse also mentioned that contraception is mostly utilized by non-nomads, that contraception in the form of both pills and injections are free, and that the biggest obstacles to contraceptive use are "religion and husbands". He also brings up a free procedure in which women can get their fallopian tubes tied off, if there exists mutual agreement between the husband and wife, and the woman already has 3-4 children. He also cites distance from professional care as the greatest cause of mortality, and mentioned that at the start of 2013, 20 helicopters became available in order to reach women in very remote mountain areas.

The third and fourth midwives interviewed were young women (under 30), who worked together in a hospital in Gourrama. They had received three years of midwife training, and after

passing their exams, were sent to this village to work. Neither is from the area, but they can now understand basic Berber. They stated that nomads prefer giving birth at home, and only come to the hospital at times of emergency. They specified that they target these women in attempts to schedule at least one pre-natal check-up before delivery. The midwives discussed the pre-natal class they offer, in which they ensure mothers-to-be are aware of the warning symptoms of complications, as well as the proper nutritional requirements and behavioral practices of pregnancy. They cite a big improvement due to this class, because the women who attend spread the knowledge, informing other women of the possible risks. The pre-natal exams are free, but the midwives cite "men and mother in laws" to be cultural obstacles to check-ups and the utilization of hospital resources. These midwives brought up the state of *ashuma*, the shame women face by going to the hospital because there is a possibility of a male nurse seeing them naked. These midwives also discussed how they perform certain medical acts that they have not been officially trained to do, because the doctor at their facility has less training in obstetrics than they have. They send complicated deliveries to the bigger hospital in Errachidia, but they report that they have only sent three women there in the past three years. These two midwives mention fetal suffocation to be the most common birth complication. They also cite complicating factors to be the women's use of unsanitary hammams, or the consumption of herbs like cinnamon or saffron, which accelerate labor. Additionally, traditional practices like using olive oil and butter to turn the baby in the womb or putting coal on the newborn's eyes can lead to complications during delivery or after birth. The midwives described a common scenario in which, after cutting the umbilical cord, they put a sanitary clip on to stop the bleeding, but Berber mothers remove the clip at home, leading to infection. The modern midwives also mention how they collaborate, through the local authorities, with traditional midwives, to exchange tips and new knowledge.

These government-trained midwives state that there are not enough midwives for the amount of women in the area- only two midwives for the many women who come from surrounding regions that lack facilities. These two have about thirty deliveries per month. They also stated that their training has not prepared them for the situations they face in rural areas. The midwives prescribe all women a post-delivery contraceptive, and they are told not to have sexual intercourse for at least forty days after giving birth, because many women immediately become pregnant again. They state that their patients must buy the contraception the first time, and their prescription is refilled for free should they return. The facility also conducts uterine and breast cancer screenings, and at the sign of anything suspicious, they send the women to Errachidia. The pair of midwives listed that they would like to see their facility include more midwives and an obstetrician, increased vaccination of children, more contraception, more maternal education, access to diaphragms, more check-ups, more follow-ups, improved nutrition programs, better surveillance of pregnancies, improved transport to hospitals, and equipment to monitor contractions.

In the village of Talsint is a UNICEF maternal center that collaborates with the village hospital and local government. The facility contained 3 large rooms for women to stay in, air conditioning, Western toilets, and a kitchen. The women (and their families) can stay for up to one month before and after giving birth. The facility staff disclosed that 80% of the population in this area is rural and nomadic, and thus these people lack transport to get to the hospital quickly. An interview with a new mother at this facility determined that she was 16 years old, was just married this year, and was at the facility for her first delivery. She stated that she thought the facility is comfortable and clean, and that she would return here for future births. The facility staff listed transport as the main barrier to healthcare access, and "giving birth in tents [at home]"

to be the main cause of complications. They stated that rural women prefer midwives due to "tradition and religion". There are five of these maternal facilities in Morocco, all collaborations between UNICEF and the regional government. In the Talsint installation, the staff states that, although there is not enough room in the hospital for all expecting mothers, there is enough space in the maternal facility to house all of the women who come. They have twenty-five deliveries per month, two-thirds of which are by rural women. They send about ten women a month to Errachidia for complications. The UNICEF facility was staffed and run by mostly men, and it was observed that they were very eager to be interviewed and photographed, as well as proud to display the facility.

The head doctor and nurse at the hospital working in conjunction with the maternal facility are male, both from the area, and both capable of speaking Berber fluently. The head nurse was over 80 years old, while the doctor was about 30. They discussed how there is a free ambulance service that goes from the rural areas all the way to Errachidia, for free. They stated 1% of cases resulting in maternal or child mortality. The men believe that women prefer midwives to doctors, but that this is not a problem for them due to the four trained midwives working in this hospital. However, the hospital serves 34,000 people, and there are only two accredited doctors. The men also discussed that every year there is a 25% increase in women that choose to give birth in hospitals. Unsurprisingly, they also cite transport as the biggest problem, due to both distance and poor road quality. The men discussed a failure to utilize pre-natal care, wherein the concept and classes exist but not many women take advantage of the service. Pre-natal visits are private and thus not free (and also not offered in this hospital), because the hospital does not have a sonogram machine or a structure to support pre-natal check-ups. Free birth control pills are provided for an indefinite time after giving birth, but many women choose not to take them. However, the doctor and head nurse state that the average birth rate used to be 5-7 children per woman, but that this is decreasing; they also noted that there is a birth rate disparity between urban and rural populations. The doctor stated that in 2008, cases of maternal mortality were 235 per 100,000 deliveries, but in 2012, this number decreased to 115. Their ultimate goal is 75 per 100,000. They reported just one child death in the past five months. Improvements they would like to see at the facility and in the region include improved roads for ease of transport, more mobile phones for rural women to call ambulances, a laboratory and sonogram equipment, more space to house women coming in (as the number fluctuates with the season), and an uptake of pre-natal care. The main problems they list are that most of the population is illiterate and uneducated, that there is a lack of transport, and that there are not enough doctors and midwives to serve the area.

One female midwife and one female nurse staff a separate maternal facility located a few miles outside of Talsint. The facility, not associated with or funded by UNICEF, was observed to be the cleanest, most-organized facility visited thus far. The midwife, who runs the entire facility, has been working in this region for 2 years, is not from the area, and received 4 years of training. She learned basic Berber upon moving to this community. She works every day, with 10 days off every 2 months. There is no doctor at the facility, and thus she performs all medical services herself, including general health check-ups and vaccinations, for a population of 11,000. She reports that there has not been a doctor in the area for 7 years. She stated that women only come in for delivery when a complication arises. There is a city ambulance, which sends patients with complications to the main Talsint hospital or to Errachidia. She has never had any cases of maternal or child death, but sends women to Errachidia if she suspects a stillbirth. The midwife states that hemorrhage sometimes occurs, but that she is able to provide medicine and

appropriate care. She has had thirty-six women total deliver at the facility in January and February. Since January 2012, she reports post-natal follow-up with 64 women. She also discusses the free pre-natal check-ups that she offers; she can see a woman 6 times during pregnancy, but reports that most only come a maximum of 4 times, due to transport issues. She reports the presence of traditional midwives in the surrounding rural villages. Under her regimen, three weeks after delivery mothers begin taking contraceptives, which she encourages to be in the form of injections, citing that these are free and easier for women, as they often forget to take or run out of pills. She states that she believes contraception is necessary in these areas, because most women have 9-10 children, but many rural women don't want to take the contraception. Additionally, a problem with injection, she elaborated, is that some women don't menstruate for up to a year, and therefore their husbands think they are infertile. The midwife showed off her well-stocked cabinets and refrigerators, which store plentiful medicines and contraception that the Ministry of Health has sent her. She states that she never runs out of contraceptive pills or injections, but that she does run out of other medicines occasionally. This midwife also makes mobile trips to very rural communities, reporting that she made sixteen trips in May 2012, and twelve trips in November 2012. On these visits, she vaccinates community members, provides contraception, and leads health awareness campaigns.

In Geneva, Switzerland, an interview with two technical officers from the Department of Maternal, Newborn, Child, and Adolescent Health of the World Health Organization was conducted. The women, both trained as midwives, discussed the WHO's evidence-based recommendations for all aspects of maternal health, such as midwifery curriculums for developing countries, the recommended number of caesarian sections that should be performed each year, and recommendations for care of the umbilical cord post-delivery. They stressed the importance of agreement on a global level, in order to ensure a quality standard. They highlighted the focus on skilled birth attendants (SBAs) in meeting MDG 5, reporting that while the access to SBAs has increased, it is difficult to measure if the quality has simultaneously improved. SBAs are proxy indicators of maternal mortality, and WHO research has proven that increased access to SBAs reduces the MMR, even before any other changes are implemented. However, the WHO representatives stressed that not all countries have a midwife-training program, and that some recognize midwives that have not been technically trained. Additionally, they discussed that even if there are SBAs in a region, the facilities may not be considered an enabling environment, i.e. there is a lack of medicines, sanitation, or clean water. The WHO officers also mentioned the disrespect that both pregnant women and midwives face in certain countries. They listed the "three delays"- transport, finance, and quality of care- and revealed that most women place respectful treatment as more important than any of these three factors. The women also discussed that male doctors and nurses, or those in "higher" or more "elite" healthcare professions, often treat midwives condescendingly.

Discussion
Role of Culture

A common thread and challenge brought up by all of those interviewed is highlighted by their demonstrated need to speak the Berber language. In rural areas of Morocco, there are high numbers of Berber communities—80% of the population in some areas—and many of these nomads may not speak Arabic. Therefore, it is crucial for healthcare workers, such as modern midwives, who are sent to these rural regions to learn the Berber language in order to communicate with the majority of their patients. It is possible that the influx of these non-Berber

speakers can dissuade the utilization of services, due to miscommunication, lack of trust, and lack of cultural comprehension.

Risk of maternal mortality is highest in nomadic populations. In most rural areas, maternal death is the result of complications that are easily treatable elsewhere. The limited access to reproductive and maternal health services faced by nomadic populations is the strongest contributor to maternal death (UNFPA, 2012). Additionally, other cultural practices can have negative consequences on the health of women. Midwives interviewed describe how complications are sometimes the result of lifestyle or cultural acts, such as unsanitary bathing practices, consumption of herbs like cinnamon or saffron, or the use of olive oil or goat butter to aid delivery. Additionally, as one of the interviewed nurses stated, "living in tents" itself carries high risk. This nomadic lifestyle that focuses on community isolation, self-sufficiency, and skepticism of foreign medical practices leads to an increased risk for complications in delivery and general healthcare. Furthermore, the modern midwives suggest that some traditional midwives can end up doing more harm than good, advocating practices that can lead to a higher risk for complication. Additionally, the tension between traditional and Western medical knowledge and practices can lead to complication, as when mothers remove the umbilical cord sterilization clip put on by professional midwives post-delivery. The supposed reason behind this action is that these women believe the clip pains the newborn, and thus it is removed to alleviate suffering. However, as one midwife described,

"There are two arteries in the umbilical cord, and when things aren't done right, the baby can have lifelong kidney damage or hemorrhage; when cords are tied incorrectly, they keep bleeding and there is risk for the baby's life."

This scenario clearly illustrates the tension that exists between traditional maternal practices and modern midwifery techniques, which can lead to unnecessary complication and death, as well as disagreement or lack of respect for cultural mores.

Another major cultural issue is the barrier that husbands, traditional women, and older women present to pregnant women and mothers accessing contraception and utilizing hospital facilities. To rural women, the risk of seeming infertile (from contraceptive use) or weak (for succumbing to a hospital) is that their husband will marry another, "more fertile" or "stronger" woman. The data cites the feeling of *ashuma*, or shame, as the characteristic feeling of women utilizing hospital services—shame derived from admitting to being frail. This explains why all of those interviewed cited men and traditional older women as barriers to contraceptive use and contributors to maternal mortality. *Ashuma* dissuades women from visiting hospitals or seeking care when needed. Additionally, it was reported that most women who do seek care prefer seeing a midwife to going to the hospital, due to their hesitancy to be around male healthcare providers. The government and facility operators should take this concern seriously, as it seems to be a major preventative factor in the seeking of care by women in rural communities. It is interesting to note the difference in quality between the visited facilities run by men and those run by women. At the UNICEF facility, the majority of the staff, both healthcare administrators and workers, were men. Perhaps due to the aid and funding the facility receives, the men working there were very eager to take photos with visitors, conduct tours of the facility, and have visitors sign their guest book with impressions of the facility. This was a stark contrast to the center not funded by UNICEF, located only a few miles away that was run entirely by two women. This facility was better stocked, cleaner, and more organized, and the midwife appeared to have more women attending the pre-natal classes she offered, as well as more women coming in for a pre-natal check-up. This midwife also conducted awareness campaigns in the rural villages, seeking

to reach as many women as possible and coming to them to suit their preference. It is possible that a maternal facility run by women can be more effective in a community that is mistrustful of male maternal healthcare providers, in terms of both utilization of services and facility organization.

The "Three Delays"

The data supports the impact of the "three delays" cited by Nour that most contribute to maternal death: delay in deciding to seek care, delay in reaching care in time, and delay in receiving adequate treatment. Transport was repeatedly cited by all of those interviewed as the biggest challenge to healthcare access and cause of maternal mortality in rural Morocco. All of the health professionals interviewed mentioned their region having abundant access to ambulances, some even to helicopters, and that the transport to any hospital was free. In the words of one nurse, "in rural areas, there is an increased risk for women in labor because information about the women's status is often received too late, and thus mobile phones have really helped." Mobile phone providers in the area have enlarged their network and coverage to aid decreasing mortality in rural regions. Midwives are trained in rural areas to call for an ambulance at the first sign of complication during childbirth. The high presence of ambulances and mobile phones demonstrates positive steps towards eliminating transport costs as a barrier to healthcare. However, the literature reviewed for this study discussed that the fee exemption policy for delivery did not account for hidden costs of transport, or of opportunity costs. Furthermore, some of those interviewed cited that the roads were in bad condition, which can make the work difficult for healthcare professionals inside the ambulance, in addition to delaying response time. Perhaps future efforts could focus on not only having enough ambulances, but ensuring road quality to aid the ease of transport. The uptake of pre-natal care, cited by interviewees as a desired improvement, is also affected by transport. It was reported that even when pre-natal classes are offered, the attendance is low due to the difficulty of getting to the facility. In terms of opportunity cost of traveling to the hospital, a partnership between the Moroccan government and UNICEF has made strides to eliminate this barrier. The maternal housing facility allows women, as well as their families, to stay at the facility for as long as a month before and after giving birth, which provides an incentive for the woman to give birth in the hospital without being away from her family or putting a financial burden upon them, such as the cost of housing or food.

The most common causes of maternal mortality reported included retained placenta, and resulting hemorrhage or infection, and fetal suffocation. However, these are the technical causes- the most named root reason for maternal death described by the majority of interviewees was the issue of transport, including distance to hospitals and road quality. The three delays still remain the most crucial elements to improving maternal healthcare access- seeking care, reaching care in time, receiving quality treatment- and they are heavily dependent upon infrastructure and road quality. The implementation of numerous town ambulances and the abundance of mobile phones is a step in the right direction, but perhaps there is a need for more midwives to be present in extremely rural communities in order to decrease the length of transport time for women in delivery. Additionally increasing the implementation of helicopters to reach mountainous areas and further expanding mobile phone service would continue to alleviate the three delays.

Family Planning and Use of Contraceptives

      Another measure cited by the Moroccan government in their effort to improve maternal health is the increase of contraceptive use and family planning services. All of the midwives, nurses, and doctors interviewed reported that they prescribe contraception immediately after a woman gives birth. This contraception is free, can take the form of either pills or injections, and has been linked to the decline of maternal mortality. Reducing the number of births, and thus reducing the number of times a woman is at risk for complications during pregnancy or delivery obviously leads to a decreased risk of mortality (Stover and Ross, 2009). Some of the midwives interviewed mentioned that women sometimes get pregnant immediately after giving birth, despite the fact that this increases the chance of complication during the subsequent delivery. One midwife stated that she prefers to give contraception in the form of injections, because with this method, women don't have to remember to take pills everyday and are not in danger of running out, thereby increasing this method's potential efficacy. Although most of the modern midwives and doctors interviewed stressed that contraceptive use is a problem among nomads and more traditional women, it is important to note that even the traditional midwife interviewed gave prescriptions for contraception to mothers post-delivery. The literature cites that the total fertility rate has "decreased by three children in the past three decades", and the responses of those interviewed support this statement. While rural women traditionally gave birth to between 5-7 and 9-10 children, the majority of midwives, doctors, and nurses interviewed commented that this number is declining. A 2011 PAPFAM survey demonstrated that in 2011, women were, on average, having 2.6 children, three fewer than the average in 1980. For women in rural regions, the change is even more profound: women's fertility shifted from an average of 6.6 children in 1980 to 3.2 in 2011 (Population Reference Bureau, 2012). Despite the overall decrease, rural women still tend to have more children on average than urban women.

Pre-Natal Care

      While all except for one of the interviewees (the traditional midwife) emphasized the importance and the existence of pre-natal check-ups, all also highlighted the lack of utilization of these services by most women. While the literature suggests that "77% of women in 2011, compared to 21.5% in 1992, received pre-natal care in Morocco", it is unclear what the definition of "pre-natal care" is, and it is also possible for a large urban-rural disparity to exist in this care. Most of the facilities visited demonstrated a lack of sonogram machines, which severely limits the scope of a pre-natal check-up. Many of the midwives and doctors interviewed reported that they offer classes to pregnant women, usually 3-4 times throughout a pregnancy, on nutrition, general habits, and potential symptoms of complication. However, they discussed that transport, cultural attitudes, and cost often dissuade women from utilizing these pre-natal services. Additionally, there appears to be a lack of post-natal follow-up, which was only mentioned by one of the midwives, with the others suggesting that this practice is an improvement they would like to make to their facilities. In terms of other reproductive health issues, only one facility mentioned breast or uterine cancer screenings. Improving assessment for these cancers is crucial to prevention, and thus these screenings should be added to the list of included actions of pre-natal and general health check-ups.

Skilled Birth Attendants

Morocco's reported progress in improving maternal health outcomes includes the increase in skilled birth attendants overseeing deliveries. The data demonstrates an increase in the number of women giving birth in hospitals and utilizing midwives, at least for their first, and most difficult, delivery. A cultural reason cited for women's hesitancy to give birth in a hospital is the fact that doctors and nurses are most often male, and "shy women don't trust men" or don't want to be seen naked by a man. This scenario can be avoided if female midwives working in hospitals are the ones with the mother at the time of delivery, and, as the data indicates, if midwives and doctors cooperate in the provision of care, with doctors taking over the delivery only if a serious complication arises. In most of the maternal hospitals, no doctors, or even men, were present, and thus rural women perhaps feel more comfortable with attending such facilities.

The data also indicates that the training received by some modern midwives does not prepare them appropriately for the tasks they will be performing in rural areas. Cultural practices lead to unprepared-for complications, and the lack of general practitioners in these areas forces midwives to take on medical responsibilities outside their area of expertise. These tasks include general check-ups and vaccinations, as well as small emergencies. However, the data also demonstrates that midwives receive updated training every six months, providing them with the most up-to-date knowledge and skills– at least as far as midwifery is concerned. Even in situations where a doctor was present, the doctor did not always have a very in-depth understanding of obstetrics, and therefore entrusted related tasks to the midwives anyway. Therefore, perhaps more credit, and more responsibility, should be given to midwives, as the primary sources of medical knowledge and treatment for rural communities. The majority of health care workers interviewed in Talsint and Gourrama were sent to these regions by the government after finishing their training, and were not there by choice. This scarcity of health professionals in rural regions is evident by the fact that all those interviewed reported that the common healthcare scenario is one in which midwives perform all the tasks that doctors would normally execute, as well as the lack of doctors in rural areas for long periods of time. About half of the health workers interviewed were under 35, and therefore, it seems as though the government is having some success in retaining and attracting a younger healthcare workforce to rural villages. The Moroccan government acknowledges and is trying to combat the shortage of healthcare professionals in rural areas, but should perhaps alter its model to train more midwives locally in order to supplement those trained elsewhere. Utilizing traditional midwives as a source of expertise, as all interviewees reported doing, and the exchange of knowledge between the traditional and modern midwives are good ways to promote cooperation and improve the standard of maternal care for all women, even in the most rural regions.

In some areas of the world, the healthcare system doesn't support the work of skilled birth attendants, due to poor conditions and lack of access to certain resources. Therefore, it is difficult to ensure the quality of maternal healthcare, as some countries have no structure to train midwives, and thus anyone who has been present at deliveries can claim to be an SBA. It is thus crucial for health organizations, such as the WHO, to work with ILO, and subsequently with local ministries of health, to better classify the profession of midwife, in an attempt to ensure quality. Challenges to guaranteeing quality include gender politics and professional inequality, as well as the desire of some countries to maximize cost and time efficiency, therefore potentially diminishing quality of care. As the data indicates, both the WHO technical officers and the midwives interviewed in Morocco mentioned that the attitude of nurses and the conditions of hospitals dissuade women from utilizing maternal health services. The scenario in which nurses

and doctors patronize their patients and treat pregnancy as an illness allows pregnant women to be seen as patients instead of healthy, strong, and fit women. Therefore, separation of facilities for the sick and those for mothers is necessary to establish an environment of respect towards pregnant women. Additionally, there is a need to establish a protocol for inter-professional conduct, because, as the interviewed WHO officers discussed, the midwifery profession is often treated as less elite by doctors and nurses. However, as the example of rural Morocco demonstrates, these midwives often have the same– or greater– amounts of responsibility as doctors, and some doctors give full responsibility to midwives for all obstetric care, due to their own lack of knowledge in this area. However, given that women (1) feel they are treated as though they have an illness when pregnant, (2) feel disrespected by hospital staff, (3) feel culturally stigmatized for utilizing hospital facilities, and (4) feel hesitant to be exposed in front of male nurses and doctors, it is understandable that they would prefer to give birth in the comfort of their own communities, regardless of the potential benefits offered by hospital staff.

The interviews conducted for this research suggest that while cases of maternal and child mortality continue to occur, they are not very prevalent. One facility sent three women to Errachidia due to complications in the past three years, one sent ten per month. One facility reported one child death in the past five years, and one reported no cases of maternal or child death in the past two years. Based on these facts, and due to the increasing access to improved, free transport to big hospitals, it makes sense for rural communities to rely solely on midwives– if they are adequately trained to handle ordinary deliveries, conduct pre-natal check-ups, recognize the signs of complication, administer medicines and vaccinations, and write prescriptions. These standards should be enforced, and training should be updated frequently. Community midwives, as primary caregivers in their villages, are usually trusted members of the community and thus the stigma of receiving healthcare aid is reduced. Additionally, an increased frequency of community midwife training of local women not only reduces the risk of maternal death, but provides local women with knowledge and opportunity to improve the overall health of the community, as well as their own economic standing and sense of empowerment. The presence of a skilled birth attendant is proven by the WHO to decrease the maternal mortality rate, even the absence of any other implemented changes, and therefore it is an extremely crucial part of improving maternal healthcare.

Conclusion

This research could have been improved if more pregnant women or new mothers were interviewed in order to provide a fuller view of their opinions of and preferences for maternal healthcare. In addition, the input of widowed husbands could have delivered more information regarding the impact of maternal death on the family and community structure. Furthermore, interviewing employees at the Moroccan Ministry of Health could have provided elaboration on the perceived role of their efforts to combat maternal mortality.

In its efforts to meet Millennium Development Goal 5, the Moroccan Ministry of Health has implemented several measures to reduce maternal mortality and improve access to maternal healthcare services. These efforts include community outreach to encourage women to access health facilities, removal of user fees for maternal health services, improving hospitals and facilities, updating transport systems, improving the supply of medicines, and increasing the number of skilled birth attendants, especially midwives. SBAs are crucial to decreasing incidence of maternal mortality, but training for SBAs must be standardized and monitored. Additionally, the role midwives, as SBAs, play in the communities of Talsint and Gourrama is

fundamental to the overall health of the community. Not only do midwives assist with births, but they also implement pre-natal classes and post-natal checkups, as well as advocate family planning and contraception. Due to the lack of available doctors in these regions, midwives often take on a leading role in identifying and treating all of the health problems within these communities, and thus more training and responsibility should be given to these healthcare professionals. Not only are midwives clearly capable of filling this role, but also most women are much more comfortable seeking care from midwives than from doctors or nurses, and therefore this service should be capitalized upon. Investing in community midwife training is can help prevent 90% of maternal deaths (UNFPA, 2012). However, the gender inequality in more traditional communities prevents women from fully utilizing all of the health services offered and gives rise to disparity of access to services between the urban and rural regions. Therefore, women's empowerment and education, as well as further improvement of healthcare access to extremely rural, nomadic populations, need to become even more prevalent issues in the work of the Moroccan Ministry of Health to accomplish MDG goal 5.

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