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**Interstices of Power:
Considerations of women's health and agency through
creative nonfiction**

By
Erica Gilgore

A thesis
submitted in partial fulfillment of the
requirements for the degree of
Bachelor of Arts
Environmental Studies Program
Honors College

**University of Vermont
April 25th, 2017**

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Abstract

The purpose of this thesis is to write a collection of personal narrative, creative nonfiction essays based on my study abroad experiences in India, South Africa, and Brazil. I conducted preliminary, case study, and ethnographic research on women's and maternal health across these sites. In my essays, I consider the many ways in which subjects embody larger hierarchies of power, how this relates to subject agency, and how this affects health. In particular, I pay attention to 1) the relationship between education and health, 2) how racial identity affects access to resources, and 3) how individual and social agency play a role in securing adequate healthcare and in creating healthy environments. I critically consider the ways in which the creative nonfiction form is a valuable practice for thinking with and through stories and encounters. By writing in this genre, I seek to critically analyze dynamic power relations - both their implications and possible contradictions.

Keywords: creative nonfiction, women's health, subject agency, embodiment, power, environmental justice

Table of Contents

Abstract, Keywords.....	2
Acknowledgments	4
Part I.....	5-28
(I) Thesis Overview.....	5-6
(II) Program Overview.....	6-9
(III) India, South Africa, & Brazil: Why these sites?.....	9-10
(IV) Methodology.....	10-20
Creative Nonfiction as Methodology.....	10-16
Data Collection.....	17-18
Data Analysis.....	19-20
(V) Health: Inequality, Power, & Agency.....	21-22
(VI) Vignette I.....	23-29
Part II.....	30-74
India.....	30-45
South Africa.....	46-61
Brazil.....	62-71
Conclusion.....	72-74
References	75-78

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PART I
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(I) Thesis Overview

In the spring semester of 2016, I travelled to India, South Africa, and Brazil as part of a study abroad program broadly focusing on comparative public health systems, medical anthropology, and globalization in each of these countries. I, along with 29 other undergraduate students from various US colleges and universities, spent two weeks in Washington DC and four to five weeks in each country beginning with New Delhi, India. The School for International Training (SIT) program in which I participated is the International Honors Program on Health and Community with a focus on globalization, culture, and care. As part of a small research/case study group, I conducted more in depth research on maternal and child health as well as women's health in general in each of the three countries. Personal encounters, casual conversations, and formal interviews serve as the primary source for much of this environmental studies thesis.

Using SIT's curriculum as my guide, I explored different layers and perspectives of public health issues specifically pertaining to women's and maternal and child health. In these three different countries across the world, I examined the complex networks of relationships between women and their access to health care. In particular, I investigate the following three questions:

1. What is the relationship between education, subject agency, and health?
2. How does racial identity affect access to resources?
3. How does agency play a role in securing adequate healthcare?

Below are the specific research questions focused on in each essay:

Essay 1:

What are some ways that women access education and health resources in Bahraich, Uttar Pradesh and New Delhi within middle class neighborhoods and in informal living settlements?

Essay 2:

In 'post-apartheid' South Africa what is the connection between a woman's racial identity and her ability to access resources such as preventative and curative health services, secondary and advanced education, as well as natural resources (factors that are mutually reinforcing) in Cape Town proper, its suburbs, and in peripheral/rural townships?

Essay 3:

In southeastern Brazil, in São Paulo City and in the municipality of Barra do Turvo in São Paulo state, how do women assert their health needs and those of their children? Moreover, how are women agents of resistance against hegemonic political and cultural forces and values (e.g. religion, land-use changes, racial discrimination, etc.) and how does this connect with health and environmental justice?

In my research process, I use encounters in India, South Africa, and Brazil to consider how different subjects embody social hierarchies - structural inequities, inequalities, and privileges. I think about the ways in which they manifest in different cultures and contexts, and the ways in which people can embody responses. I have integrated first-hand experiences, interviews, observations, and relevant secondary literature to delve into the complexities of issues related to women's health and environmental justice across multiple scales and distinct sites across the world. Furthermore, because Environmental Studies is highly interdisciplinary, writing within this field is ideal in addressing the intersections between health, identity, subject agency, and the environment.

A fourth main objective of this thesis is to engage with the creative nonfiction genre - both as an object of study and as a methodology. Within the form, what opportunities may there be for decolonial practice? Conversely, what are the limits and risks of engaging in this type of writing and form of representation? Furthermore, what steps can one take to address these risks? This thesis is in part an attempt at answering these questions.

(II) Program Overview

In this section, I provide additional program details by discussing key activities in each location, and how I gained access to much of the information, experiences, people, and places about which I write. All 30 students took the same four classes throughout the program which included two taught by local faculty in each country (a public health and a globalization and

health class) and two taught by a professor who travelled with us throughout the entire trip (a medical anthropology and a research methods class). We also split into small research groups, in my case, maternal and child health. The four different home stays were also a major part of the program: 1) New Delhi, India 2) Zwelethemba, South Africa 3) Bo-Kaap, Cape Town, South Africa and 4) São Paulo City, Brazil. Though most of time was spent in urban areas, we spent one to two weeks in ‘rural stays’ in each country to learn about geographic differences in health challenges and practices.

We started the program in Washington DC for two weeks to better understand and critique our own country’s healthcare system before we set off to learn about those of India, South Africa, and Brazil. Although the shortest part of this program and in many ways the most familiar, being in DC was important for reflecting on the Affordable Care Act (ACA) and to consider prevalent health issues and disparities in the US, particularly examining socio-ecological determinants of health such as access to housing, transportation, nutritious and affordable food, etc. We paid particular attention to the DC’s racialized, gendered, and socio-economic health disparities, many of which are a microcosm of health disparities and health crises scaled up across the US.

While in DC, we heard from health professionals representing different NGOs, public health organizations, both governmental and non, clinic health workers, and other community leaders. Having various guest speakers was an integral part of the entire program. We visited a freestanding birth center and also met with someone from the NGO Center for Health And Gender Equity (CHANGE). CHANGE focuses on the US policy side of maternal and women’s health, emphasizing and promoting a human rights-based framework on policies and services regarding family planning, HIV/AIDS and other sexually transmitted infections (STIs), and maternal health. In addition to promoting the integration of services regarding sexual and reproductive rights and health, CHANGE lobbies against policies that negatively affect reproductive and sexual rights and health of women, both in the US and abroad. One such policy is the Global Gag Rule, which is an executive order that determines and limits the amount of US funds allocated to family planning services to women in other countries (CHANGE 2016). Since Reagan, Republican administrations, including the current Trump administration, revive this rule while Democratic administrations nullify it. It was interesting to think about the impacts that US

policy has on women's reproductive health and rights abroad and specifically in the countries that we visited.

From DC, we flew to New Delhi, India, which would be our home base for around four weeks. I lived in a neighborhood called Govindpuri with an older Sikh couple. During our month in India, we had many site visits to complement and build on what our classwork. In the Uttar Pradesh district of Bahraich near the Nepal border for our rural stay, we went to a governmental district hospital as well as a public health center where we viewed the facilities and spoke with a physician, several new mothers, and other health workers. We learned about major urban and rural health disparities and also about the ways in which the intentions and implementation of governmental schemes are not always effective.

In Delhi, we met with several NGOs including the NAZ Foundation, an organization that houses and provides support to 32 orphaned children with HIV. NAZ focuses on providing resources and education on HIV/AIDS and sexual health, focusing on people on the LGBTQ spectrum. We also learned more about the caste system, which is very complex and pervades all aspects of Indian society. We visited an NGO fighting for Dalit rights called NCDHR (National Campaign for Dalit Human Rights) that fights to promote economic, social, and political justice of Dalits. Dalits, meaning 'broken people', are outside of the caste system.

In South Africa and Brazil, we met with similar types of organizations exploring similar topics, though in dramatically different contexts, which I discuss more in my essays. In South Africa, we lived in Zwelethemba, a black township, for two weeks. In Brazil, we lived in a town called Barra do Turvo in São Paulo state, in the Atlantic forest, two hours outside of Curitiba. In South Africa, we had many panels with people from the local community we were in, both Zwelethemba and the Bo-Kaap. The Bo-Kaap is a Muslim community, formerly known as the Malay quarter, in Cape Town. We lived there for two weeks. We drew heavily on the knowledge and experiences of our homestay families to learn about health and the intersections between culture and place. Examples of our site visits included visiting a TB hospital and going to a 'colored' fishing village called Hanberg in Hout Bay, Cape Town to learn about health and livelihood challenges that people face.

While in São Paulo City and in Barra do Turvo, Brazil, we went to different primary health clinics and learned about differences between private and public health hospitals and health care, which turned out to be a continuous thread throughout all three countries. In doing

so, we met with health workers in maternidades, or maternity hospitals, and explored key challenges and successes of their universal health care system as a country confronting the double burden of infectious and chronic disease. SIT's (School for International Training) strong, diverse, and locally embedded networks of people enabled me to have many of these experiences and encounters that would have been impossible otherwise.

(III) India, South Africa, and Brazil: Why these sites?

Beyond the fact that I went to these three countries within the study abroad program, grouping India, South Africa, and Brazil together makes sense because they are BRICS nations – an association of emerging economies that each has significant economic, social, political, and environmental impact on their respective regions and the world at large. Including all three countries may prompt readers to make connections and see parallels and incongruities between separate case studies and sites.

I find it valuable and necessary to use encounters within each of these countries in my research process for several reasons. In my research process, I use encounters to consider how different subjects embody social hierarchies - structural inequities, inequalities, and privileges. I think about the ways in which they manifest in different cultures and contexts, and the ways in which people can embody responses. Because I am a traveler throughout these encounters, I write about and consider the power dynamics involved in travel. Who gets to travel? Who gets to travel where and why, and what does this imply about privilege and status? Within my essays, I make space to critique and critically reflect on the study abroad program - its structure, multiple roles in the places to which we travel, and my role(s) as a participant in this program. This program and others like it are fraught with imbalanced power dynamics and by their very nature, inflict potential violences. At the same time, this program and others like it have the potential to connect and facilitate collaborations and mutual learning which are opportunities that can be fruitful, meaningful, and perhaps reciprocal in ways.

Anna Tsing's quote in *The Mushroom at the End of the World* (2015, 29) speaks to larger ideas of what it means to be human, in constant interaction with other humans and nonhuman actors:

Collaboration is work across difference, yet this is not the innocent diversity of self-contained evolutionary tracks. The evolution of our 'selves' is already polluted by

histories of encounter; we are mixed up with other before we even begin any new collaboration. Worse yet, we are mixed up in the projects that do us the most harm. The diversity that allows us to enter collaborations emerges from histories of extermination, imperialism, and all the rest...

These ideas regarding collaboration and encounters are relevant to cross-cultural interactions that are an inherent part of travel. In our increasingly globalized world, our lives are composed of these encounters - that may be simultaneously full of shame, sadness, violence, beauty, and joy. As Ingrid Nelson (2015, 132) writes of the encounters within her own research, “these encounters are not categorically good or bad, but they are fraught with power dynamics, contradictions, positionalities, privileges, and losses.” Every person carries and is a production of his/her/their own histories, which are messy, bound up in entanglements that further produce impurity with each new encounter. This impurity, this messiness, is not inherently bad, and true collaboration entails symmetrical power relations. In this thesis, I consider how writing in the creative nonfiction genre can create possibilities to shift power imbalances.

(IV) Methodology

Creative Nonfiction as Methodology

Creative nonfiction is a type of writing that blurs genre and thus challenges the fiction versus nonfiction binary. The advent of this genre has come about in two distinct areas, within journalism and within the academy, to form what we now consider ‘creative nonfiction’ (Barone 2008). The New Journalism movement that emerged in the 1960’s into the 70’s was a departure from the notion that the author/reporter must remain objective and removed from the writing. Unconventional at the time, New Journalist writers such as Joan Didion, Tom Wolfe, Hunter S. Thompson, and Truman Capote for example, began employing literary and narrative techniques (e.g. firsthand experience, thick description, character development, point of view, and active voice) in their reporting to convey news and factual stories (Barone 2008). This type of writing was not found in newspapers but instead, was published in magazines such as *The New Yorker* and *The Atlantic*.

In academia, creative nonfiction writing emerged in the field of anthropology with scholars such as Clifford Geertz who was a proponent of storytelling and literary, poetic characteristics of ethnography (Barone 2008). Another key figure was Elliot Eisner, a Stanford

University based Arts Education professor focused on qualitative research methodologies. He advocated within academia for the value of arts-based, qualitative research, specifically including creative nonfiction, as a means to investigate social phenomena, which inspired much debate at the time (Barone 2008).

Creative nonfiction as an arts-based research methodology is a valuable approach. Because it rejects the dualism between fact and fiction, the creative nonfiction genre claims a space in between, a hybrid interstitial space, putting both fact and fiction in active contact with one another (Tedlock 2013). This in turn creates a double consciousness (DuBois 1903) within the form, as the writer does not remove herself from the narrative, thus creating a kind of double portrait between the self and the storytelling, between what actually happened and how the narrator interpreted it (Tedlock 2013) (Barone 2008). Under the assumption that each health, environmental, and social issue at large is inherently political and personal at the same time. Inserting and nothing is neutral, inserting active a narrating voice is a way to not be an objective observer, but an active character.

Indeed, creative nonfiction engages a mode of representation and production of knowledge that is unlike more standard research. Within works of this genre, centrifugal and centripetal forces merge and function within one form. Centripetal forces take on an authoritarian, unambiguous form in which language is meant to mirror the world. On the other hand, centrifugal forces are more subjective, fleeting, and in flux in which there is not a correct answer or way (Barone 2008). Traditionally in social research, this type of ambiguity is not necessarily a valued quality. However, creative nonfiction embraces and accepts this ambiguity as inevitable, blurring the line between true and false and seeking not to bring readers closer to answers but to disrupt, embrace ‘messiness’ and the complexity of issues. Creative nonfiction has the power to provoke readers to ask questions, reflect in order to shed light, examine issues, make connections between their own experiences, and create meaning in new ways that can perhaps inspire and mobilize new ways of thinking and doing (Barone 20008) (Marino 1997).

The creative nonfiction genre creates space to reframe (Marino 1997). This reframing has to do with how we fabricate knowledge. As life is often not linear and is rather disordered and complex, this creative nonfiction, arts-based research methodology is a valuable way to confront ‘messy’ issues and to bring conflict to the forefront (Marino 1997). Indeed, storytelling in this form can transcend discrete categorical boundaries including the divisions between

academic disciplines and between personal and academic life. It is an alternative form of making and representing meaning - at once a process in and of itself while also a representation of that process.

Throughout my essays, I rely on encounters to serve as launching pads to further analyze and contextualize what happened. I think of and use these encounters as my fieldwork and data because during interviews, site visits, or other exchanges, most of the information and understanding gleaned came not from the direct answers to the questions that my peers or I asked. Often what was left unsaid was just as important, as was the emplacement of these encounters. By framing my research as encounters, it minimizes the potential violence of extracting tidbits of information without contextualizing. This approach also provides room to analyze power dynamics in mutual exchanges. In the case of this project, I think it would be more harmful not to include myself in the encounters in which I am writing because as I was part of the encounters, I shaped and was shaped by all that happened, as were the people and places with which I interacted.

Framing research and ‘fieldwork’ as encounters within the social sciences realm is helpful to minimize and to be aware of the potential for extraction and appropriation so that ‘fieldwork’ and academia as a place of knowledge production does not become a place for the researcher, as Rosalba Icaza says, to “harvest anything in the field except data which later on he/she has to filter through his/her own thinking/theory...” thereby making fieldwork “just about gathering the fruits and eating them, then coming back and analyzing the taste” (da Costa et al. 2015, 266). Fieldwork is not neutral. In conversation with Icaza regarding ethics and methods in research, Larissa Barbosa da Costa (2015, 270) discusses how,

The field is treated as this sort of ‘wild’ place. So for me, fieldwork is a term that asserts this sharp separation between the academic space, as the space of knowledge generation, and the field as a place to extract raw materials. But it happens that the ‘raw materials’ are in fact people’s life experiences and knowledges. Therefore, my critique and attempts to reassign the term have led me to propose reflecting about fieldwork as encounters. Fieldwork is not about ‘we’ researchers going into the field, it is about the ‘encounters’ we have with people and how we engage with them and their knowledges, and it is not only about research but also about life.

These encounters are what Mary Louise Pratt would call “contact zones,” which she details in her book *Imperial Eyes: Travel Writing and Transculturation* (1992). This perspective

“emphasizes how subjects get constituted in and by their relations to each other. It treats the relations among colonizers and colonized, or travelers and “travelees,” not in terms of separateness, but in terms of co-presences, interaction, interlocking understandings and practices and often within radically asymmetrical relations of power (Pratt 1992, 7). While there are radically asymmetrical relations of power that exist inevitably, There are ways to represent and produce knowledge that can minimize, deconstruct, and engage in knowledges and worldviews different from one’s own - even while asymmetrical relations of power may inevitably exist and persist.

While grappling with and thinking about ways to decolonize knowledge and practices - ways of being, doing, and thinking - I try to use certain writing strategies that can be helpful in deconstructing the ‘imperial gaze’ of the writer (me) who enters into lives and spaces as an actor, and not as a passive observer. I try to communicate what people said and did, focusing on discourses and practices, so that I am not positioning myself to say what others thought and felt, and hence impose my own biases. Rather, I try to make it clear when I am inserting my own impressions.

While I write, I try to be aware of the spaces and what the spaces mean because, of course, space is not neutral. I have had to highlight certain stories, at the expense of others. What I do not write produces. How and whether or not we write about and represent people and place makes a difference. What we (as researchers and writers) focus on – be it types of knowledges, or even a character or detail in a story – and how we may privilege one thing over another in our attention reflects broader politics at work. Considering how gaps and spaces are productive forces, undoubtedly the space in between two structures is still as much a part of the overall structure.

This thesis process, writing about encounters, place, identities, and difficult topics was not easy because there are power dynamics at work in writing, beyond the words themselves, especially in writing about the issues, encounters, spaces and places on which I focus. I understand the gravity and ethics in writing about foreign people and places. I constantly straddle the locus between being an insider/outsider as an actor in the encounters I write about and experienced. The realm of travel writing in particular has a literary history largely based in imperialism and colonialism, as European explorers and anthropologists would set out to study and write about the ‘natives’ of a specific place, thus creating certain narratives and discourses

that are fraught with power imbalances and violence. As both a writer and researcher, I have tried to be conscious of my limitations in writing thoughtfully and accurately about encounters that I had.

Writing about encounters in the creative nonfiction form can become a sort of mapping, a way to provide form to the vague, shapeless, and obscured. To write can be a way to frame and tease out in the attempt to make meaning out of abstraction, while providing greater context by historicizing some of the encounters I had. I have found that some of the most seemingly unimportant and mundane encounters have actually been and become the most meaningful and significant as I reflect further.

Of course, any shortcoming or failure to adequately engage and critically consider certain issues and topics is mine alone, and I take full responsibility. I hope to be held accountable to further engage in productive conversation and thinking about these complex issues that have real impact on people's lives. In thinking more about the nature(s) of encounters and ethics of research and writing, Karen Barad (2007, 393) writes that:

We (but not only "we humans") are always already responsible to the others with whom or which we are entangled, not through conscious intent but through the various ontological entanglements that materiality entails. What is on the other side of the agential cut is not separate from us-agential separability is not individuation. Ethics is therefore not about right response to a radically exterior/ized other, but about responsibility and accountability for the lively relationalities of becoming of which we are a part.

I try not to sensationalize the dynamics or experiences I write about or necessarily even write about the most dramatic encounters or experiences. On the contrary, I try to parse through power dynamics by working through what is happening in practice and on the discursive level. These essays are just as much about studying the community I was part of and what 'our' roles were in these different spaces. To even say 'our' is homogenizing, however, because relative to a typical UVM class, my study abroad program was diverse in race, class, ethnicity, religious, and academic backgrounds. Of course, as feminist scholar Sara Ahmed notes that, "not wanting to reproduce something is no guarantee that you are not perpetuating in something and can even allow you to participate in something (good intentions, in other words, can function as a safety net)" (Ahmed 2016). Through the process of writing creative nonfiction essays in approaching topics of culture, community, agency, maternal and women's health, etc., I can admit uncertainty and gaps in my knowledge, understanding, and experience. This can, therefore, provide an

opportunity to break down hierarchies of knowledge often present within more standard academic research. I use writing as method, to think with stories and encounters in attempt to express and facilitate connection on multiple levels: 1) through the encounters themselves, 2) in the reflection of the encounter, another encounter created through revisiting through memory, notes, and through the process of writing, and 3) the encounter the reader has with the writing on intellectual and emotional levels. Perhaps these encounters are all processes of *becoming with* and are processes of forging connection (Haraway 2016).

Ursula le Guin's essay "The Carrier Bag Theory of Fiction" (1986) has influenced how I have thought about the structure and content of my writing. In this essay, Le Guin contends that the first tool made by humans was not a spear as a weapon, but rather a vessel to gather things like nuts, berries, or herbs. She uses the metaphor of a vessel or carrier bag to show how storytelling does not need to be linear, driven by plot, progress, action, and a hero as the protagonist. By treating storytelling as a carrier bag to reorient time and to make meaning in different ways, we can move beyond and away from these limiting ways of storytelling that embody constructions of nature and gender through notions of modernity, capitalism, and patriarchy. Le Guin writes:

If it is a human thing to do to put something you want, because it's useful, edible, or beautiful, into a bag, or a basket, or a bit of rolled bark or leaf, or a net woven of your own hair, or what have you, and then take it home with you, home being another, larger kind of pouch or bag, a container for people, and then later on you take it out and eat it or share it or store it up for winter in a solider container or put it in the medicine bundle or the shrine or the museum, the holy place, the area that contains what is sacred, and then next day you probably do much the same again--if to do that is human, if that's what it takes, then I am a human being after all. Fully, freely, gladly, for the first time.

In reflecting on encounters that I found meaningful, I weave them together to create a sort of bag to create a vessel in which the space inside is connected to the space outside of it, not distinct from it. I try to let the encounters in all their complexities shine, rather than individuals rendered as heroes or victims, protagonists or antagonists. Instead, I let the encounters drive my storytelling. In the book *The Nonfictionist's Guide: On Reading and Writing Creative Nonfiction* (2007), Robert Root writes that "we learn what we learn, we know what we know, we experience what we live in segments and sections, fragments, movements, periods, disjunctions, and juxtapositions. This is what the spaces "say" within the creative nonfiction essay (Root 2007,

84). Spaces can reorient time, and while a story needs change and movement, this movement needs not be heroic or linear. Just as the spaces in between threads in a woven bag give the bag its appearance and determine how one can use it, much meaning can come from spaces, from the many interstices in which we inhabit as living beings. That said, these essays are a first attempt in weaving together a sort of bag, and peering in to consider what kinds of things are there, whether I put them there or not.

Through this thesis, I have learned that engaging with the creative nonfiction genre is a messy endeavor, fraught with risks, burdens, and entanglements of sharing others' stories, potentially exoticizing other people's lives and cultures, and possibly perpetuating stereotypical narratives. Writing in this genre requires many levels of translation. How do I translate my embodied emotions, desires, understandings, experiences? Perhaps is inevitable that certain things will become lost in translation, will become mistranslated and misconstrued. In turn, some encounters extracted over others and appropriated without contextualization. Indeed, representation and communication are acts of translation. Of linguistic and ontological translation, Claudia de lima Costa (2016, 54) writes that,

We need to get out of the linguistic system of representation (to escape its logocentric prisonhouse) to apprehend the fact that identities are events, assemblages, encounters between bodies in constant processes of deterritorialization and reterritorialization.

Even if writing as representation and translation are inherently inadequate, perhaps focusing on encounters as events (detailing what people said and did) may serve as an attempt to minimize and actively *decolonize* extractions, mistranslations, and misrepresentations. Donna Haraway writes that, "Symbiogenesis is not a synonym for the good, but for becoming-with each other in response-ability" (Haraway 2016, 125). The creative nonfiction genre including ethnography, full of burdens and possibilities of representation, may be a vehicle for addressing power imbalances within representation. In trying to write creative nonfiction, writing is the process and attempt of forging connection and relation, an attempt of translation that perhaps can serve as a practice for becoming with other people, places, cultures, and lives. Perhaps creative nonfiction can serve as a method to further entangle and connect, to hold ourselves accountable for erasures we may produce. Perhaps, writing in this way can inspire both writer and reader to become more aware in considering to whom one is response-able.

Perhaps it is worth treating the creative nonfiction essay as an *event* itself: an active and

unfolding process of connection, in flux and residing in transit as encounters, ideas, and identities are in constant ‘deterritorialization and reterritorialization.’ Especially in this thesis, the creative nonfiction I write travels across and through four places and cultures, further residing in transit. Time is an expression of worldview, and in creative nonfiction, the writer can manipulate time in nonlinear ways – stories punctuated by silences, calls and responses, questions and answers, uncertainties and reflections. This potential for a reframing of time beyond Western/modern/colonial conceptions can be decolonial. Furthermore, writing in the creative nonfiction genre can trouble and blur Cartesian binaries/boundaries between who is the researcher versus the researched (in my essays, I try to ‘study’ myself as much as others, admitting my uncertainty and putting myself in a vulnerable position at times), who may be considered an insider versus an outsider, what is the boundary between research versus life, challenging the notion of who is the ‘expert’ versus non, and blurring the boundaries between victim versus hero, among others. I try to historicize/contextualize and situate encounters when necessary to minimize potential extraction. By often including and turning towards the everyday person as the expert and casual interactions as data, I seek to trouble the kinds of expertise and knowledges that academic institutions seem to value over others. These are a few areas in which I can locate potential to engage with decolonial practices, which contribute to the valuable possibilities the creative nonfiction genre has to offer.

Data Collection

I collected the bulk of my data last year while studying abroad, including interviews, notes, and other miscellaneous objects such as newspapers, pictures, pamphlets, and secondary literature. Many of my interviews, ranging from formal to informal, were conducted as part of a group (my Maternal and Child Health case study group). Much of my ‘data’, however, also comes from informal conversations, interactions, and observations that are equally important. In our research methods class, our anthropology professor Dr. Joshua Cohen emphasized strategies to encourage the co-production of knowledge to minimize inherent asymmetrical power relations and to research with versus on or about. I tried to be conscious of emplacement of interviews (or rather conversations, which has more of a connotation of two-way exchange). How was I, or we, when I was with my case study group, physically arranged in relation to the person with whom

we were meeting? Were we in a circle, or was someone sitting versus standing? Were we using a translator, and how did this complicate and change certain encounters? How did we introduce and present ourselves as a case study group and explain who we were and what we were interested in learning? Indeed, seemingly minor things have broader implications (Bernard 2006). The more times we met with different people, the more aware we became of how to reduce power imbalances and be less extractive in the ways we were ‘producing knowledge.’

In each country, I conducted a handful of semi-structured interviews with nurses, doctors, health workers, midwives, and certain people working with NGOs. While many of these types of interviews were scheduled activities, sometimes I called or contacted people to set up interviews, depending on where we were. On these occasions, along with my maternal and child health care study group, I had a loose schedule of questions prepared to cover specific topics. As previously mentioned, many of my interviews were informal and unstructured. For more unstructured interviews, note taking in the moment was essential to record what the person or group of people were saying. I also took notes on the emplacement of the interview and other actors present and involved. In informal conversations, whether over a cup of chai, walking to the market, or helping to chop vegetables for dinner, for example, I often went back to these encounters and journalled about them, trying to recall as much as I could after the fact. This was a form of participant observation (Bernard 2006). Often in our program, particularly in South Africa and Brazil, we had panels of speakers. I collected much of my ‘data’ and learned a lot from these conversations.

Another research method that I employed in South Africa specifically was a type of walking ethnography in which I walked with my home-stay families around their communities. I shared in their routes and listened to their stories that they told in the context of our walk. The emphasis on sensory details helped me to understand different webs of relationships that people in my home-stay families were part of. This type of walking was a way to build empathy and understanding (Pink 2008). Much of my other data is from other encounters and from reading culturally specific and relevant secondary literature throughout my travels and in my personal life. To be sure, “field notes are enmeshed in writing and reading that extends before, after, and outside the experience of empirical research.” As a writer and moreover, as a human being, it is difficult and perhaps futile, unnecessary even, to distinguish ‘data collection’ from life, which are overlapping realms.

Data Analysis

My primary methodology for analyzing data involved sorting through notes of numerous interviews, observations from encounters and site visits, my course material, key readings/articles (secondary sources), pictures, and other significant materials I collected from each respective location. I participated in a coding workshop with Pablo Bose and his other thesis advisee on coding and analyzing qualitative data. This helped me to establish a rigorous system for coding this kind of qualitative data. I mostly labeled by hand and made notes of how and why my data relates to my proposed research questions.

Coding my data was a significant part of my research process. Although my three research questions are different, I maintained the same codes throughout which were agency, dependency, freedom, well-being, and familial and community roles. I started isolating encounters, conversations, and instances where I felt that women in particular were acting out of their own 'agency' to create environments that supported their own, their families and their community's well-being and health. In the essays that follow, I want to open up the possibilities of what forms of 'agency' women can embody and perform, while considering how this ties in more broadly with health. I consider and use the term 'agency' as a way to move beyond narratives of victimhood or heroism. Furthermore, I think of agency as the ability to do, to express, to seek out resources and to act on behalf of one's self and community, and perhaps responses and acts of resistance to structural forces.

For a researcher, coding qualitative data is important for making decisions about how to frame the questions and themes of interest. These thematic frames affect how the researcher interprets and draws out the data that is perhaps most interesting and/or helpful in answering the research questions. Coding helps to ensure a certain consistency and logic throughout the analysis process. Otherwise, it would be easy to lose focus. That said, however, coding for analysis is a process, ever changing, and it is also necessary at times to recode, reevaluate the codes themselves as a project unfolds, and then to combine the different stages or levels of coding into an interpretation all together (Vogt 2014). In a creative project such as the writing of this thesis, the writing evolves, and many times, what could have been defined as 'losing focus' and going off track, actually helped me to make and see possible connections beyond the connections that I interpreted through the codes. For this kind of process, it was helpful for me to

go back and re-analyze and to be less strict in the codes themselves to help me draw out the encounters I wanted to analyze and integrate into my essays.

The coding and analysis of qualitative data is “based on an interpretivist sociological tradition and uses a reflexive, analytical, and inductive strategy where the idea is to examine the meaningful and symbolic content of the qualitative data to gather an in-depth understanding of human behavior, and the reasons that govern such behavior” (Chowdhury, M.F. 2015). Much of my qualitative data analysis was an inductive study, that is, the codes I chose emerged out of patterns and trends in the data. Qualitative analysis “can improve the description and explanation of complex, real-world phenomena,” (Bradley, E.H. et al, 2007). To be sure, qualitative research - the various methods and the variety of theoretical framings one can employ for analysis - can create many different kinds of findings (Yardley 2000). That said, there is no uniform way to analyze qualitative data because it depends on the ways the researcher wants to use the findings. There is debate over whether the structure of coding should be more inductive or deductive (Glaser 1992; Heath and Cowley 2004). In research that consists of few previous studies or when the research is “fragmented” as I believe my type of research is, inductive analysis is necessary, versus a deductive approach that aims to test an existing theory in a new situation (Elo, S. and Kyngäs, H., 2008).

After coding my data, I outlined my essays and chose specific stories, encounters, interviews, and secondary literature to further expand on, as I considered how to work them into essays to support my research questions. It was not until I actually started to write and flesh out the encounters that I engaged in deeper and more involved analysis and interpretation. Above all, the coding process helped me to pick out the most illuminating or interesting quotes from interviews and conversations.

(V) Health: Inequality, Power & Agency

Donna Haraway's concept of 'natureculture' is useful as a way to deconstruct oppositional binary thinking. Haraway discusses in her essay "Cyborg Manifesto" (1991) how the boundaries are blurred between our bodies and technologies, between our constructed culture and nature. They are co-constitutive, and to discuss the environment or ourselves, our bodies and our social systems, as independent of the other, is to give way to the delusion that either are pure and distinct. Haraway argues that, "nature and culture are tightly knotted in bodies, ecologies, technologies and times" (1997). From a health and environmental justice point of view, the term 'natureculture' is relevant because social-cultural-historical-political-environmental realities shape who suffers and how because of inequality, one of the most critical social determinants of health.

Theories of social exclusion are pertinent in discussion of inequality and health disparities. Social exclusion, "refers not only to the economic hardship or relative economic poverty, but also incorporates the notion of the process of marginalization – how individuals come, through their lives, to be excluded and marginalized from various aspects of social and community life" (Shaw, Dorling et al. 1999). In an essay titled "The Violences of Everyday Life: The multiple forms and dynamics of social violence," Arthur Kleinman (2000, 238) discusses social suffering - structural suffering- in the context of health disparities such as the highest rates of disease and injury, death, unemployment, homelessness. He writes that,

Wheresoever power orients practices - and that is everywhere - there is violence. That is to say, social power is responsible for (and responds to) relevance and exigency. Hierarchy and inequality, which are so fundamental to social structures, normalize violence.

Kleinman further argues that the view of health disparities must be shifted from focusing on individual agency towards structural violences that inflict misery onto certain people, and groups of people. Health is entangled in politics of power, politics that extend beyond the individual, while still bound up in the individual body. As health and the ability to be healthy is often relegated to that of individual control, Margaret Lock (1998, 59) argues that, "the embrace of such an ideology has put the concept of health in danger of being depoliticized." Lock further posits that, "perhaps it is time to question the way in which in North America we tend to conceptualize individuals as inherently in opposition to the social. Together with a concern for

individual health, rejuvenation of the idea of a healthy society may be a useful approach” (Lock 1998, 62).

An individualistic approach to illness and health is pertinent to the ways in which patient and individual autonomy is conceptualized. Susan Sherwin (1998, 33) problematizes what she calls the “autonomy ideal.” She suggests that a broader notion of agency and autonomy that addresses how oppression - violences of the everyday - restricts health choices is necessary “to question how much control individual patients really have over the determination of their treatment within the stressful world of health care services” (Sherwin, 24). Similar to the ways that Kleinman (2000) and Lock (1998) argue the importance of shifting the onus from the individual to the greater systems of oppression, specifically in the health context, Sherwin (1998, 29) discusses how,

Within the medical tradition, suffering is located and addressed in the individuals who experience it rather than in the social arrangements that may be responsible for causing the problem. Instead of exploring the cultural context that tolerates and even supports practices such as war, pollution, sexual violence, and systemic unemployment - practices that contribute to much of the illness that occupies modern medicine - physicians generally respond to the symptoms troubling certain patients in isolation from the context that produces these conditions.

This type of approach to health that fails to contextualize and account for broader socio-political-economic-ecological factors and determinants of health is a type of violent extraction and a form, I argue, of environmental injustice. Dependency, another one of my codes that I used to analyze my data, is also tied to economics, which Maria De Koninck considers in her essay (1998) “Reflections on the Transfer of ‘Progress’: The Case of Reproduction,” where she discusses her research in Benin:

The economic factor is central to this whole issue of maternal mortality. Most obvious is its relation to the decision-making process. It cannot be considered independently of the broader context of women’s status and their relationship to motherhood (p. 168).

To be sure, hierarchies exist everywhere, including within women’s relationships with health practitioners who are often situated in different education levels and social classes. Health outcomes and disparities are largely conditional on these larger structures of power that permeate society and that play out on many different scales.

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Next, I tell a story to frame my approach throughout my essays, highlight recurring themes, and ground theory on ethics and methodology that I infuse into my essays. I also use it to situate myself and my background and as a way to transition into the essays themselves in Part II. As a whole, this vignette demonstrates why creative nonfiction is important for contextualizing what may be and often is extracted and not seen in broader relation to other factors and forces. As I consider in the essays, health inequities exist in complex relation and dynamic interaction with power and other factors that may or may not always seem obvious without examining in context - social, ecological, historical, political, etc. - realms that are nondiscrete and messy.

(VI) Vignette I

“And you might feel that there was more to you than that, that you had understood the meaning of the Age of Enlightenment (though, as far as I can see, it had done you very little good); you loved knowledge, and wherever you went you made sure to build a school, a library (yes, and in both these places you distorted or erased my history and glorified your own)” (Kincaid 1988, 36).

The buildings looked grey and cold as I walked down the street, trying to keep pace with those around me. Some people carried babies as they swung shopping bags, looked at their iphones, and laughed with each other. Most of the people I saw appeared to feel at ease in this crowded frenzy of tourists. Everyone was bundled in scarves and hats, prancing around midtown Manhattan that has a unique and uncontended pulse of energy around this time of year - this excited buzz of holiday anticipation and perceived endless possibilities of consumerism. The sweet smell of roasting chestnuts and musty subway fumes mixed and wafted in the air. Earlier that morning, my mom and I went to the Brazilian consulate, arriving punctually for my appointments to get my visa for my upcoming visit to Brazil. I felt excited and relieved in the ease of the process that I know is often fraught with inefficiencies and bureaucratic hurdles. The privilege of having a US passport in matters like this amazed me.

As we entered a narrow street between two large buildings, I felt the power and chill of the wind blow through the pores of my jacket and creep down my neck. The wind tunnel kept its course making my eyes water. From a distance, the grandiose architecture and iconic pillars of the New York Public Library claimed my view. The library's architecture was magnificent, blending of styles into an eclectic masterpiece of Beaux-Arts architecture. A clever symbol of Western civilization and modernity in all its glory seemed to give this building an aura and a gravitational force. Indeed this institution of knowledge and enlightenment drew me in.

"Want to check it out, Mom?" I asked. "Sure, we can warm up for a little bit!" On the great steps, I could see masses of people enter and leave as we approached. Hanging over the grand entrance, a banner read "175 years of Sharing Photography." A free exhibit. Photography has been an interest of mine since I was in middle school, and, how wonderful that this experience did not come at a cost. Or so I had thought.

Inside, the photographs, all selected from the library's archives, were displayed between two rooms chronologically, oldest to most recent. The photographs' arrangement had intended to trace the history of photography, showing how the uses of photography have changed over time. Bodies huddled around every photograph, making it difficult to maneuver around the crowd. We weaved through some people, and ended up claiming a space in front of a framed piece, although I had wanted to go in the other direction towards the portrait of Toni Morrison. She seemed to look out with a knowing gaze.

The piece, labeled "Süd-Afrika," at the top and dated from 1872, was a collection of photos organized in a 3 X 10 array. Eerily reminiscent of mug shots, they featured a straight on portrait and then a profile shot of each 'subject'. Displaying both men and women, some naked from the torso up, while others were clothed, the photos focused on different body types and head shapes. While the photographers blurred out the backgrounds, the figures dark skin contrasted against a white ghostly background, objects unanchored to place or time. The photographers Carl Victor Dammann and Gustav Fritsch collaborated as they worked with part of the Berlin Society of Anthropology, Ethnology, and Ancient History. On the wall next to this collection, a placard had a short paragraph discussing information on the donors, rather than information of the origins and implications of this panel of photos.

Later, I looked up both photographers, and learned that they are known for many other racial typographic portraits, both in southern Africa and in India at the height of this type of

German anthropology in the 1860s through 1870s (Bank 2001). Fritsch in particular specialized in photographing Xhosa chiefs and other ‘Natives of Southern Africa’. I knew instantaneously that it was a panel of photographs aiming to ‘scientifically’ categorize racial typologies in Southern Africa. The use of these specific photographs to objectify people, native black people, has an intimate relationship with racial science, eugenics, and genocide, similar tactics that the Apartheid regime in South Africa and Namibia later used.

These photographs were meant to be ‘scientific’, they were meant to distance and other the subjects, to objectify and fetishize native black people, and to apply social Darwinism as a way to justify inferiority of blacks. Germany’s colonial anthropology in the region of southern Africa, solidly laid the foundation for the genocide of Herero and Namaqua people (1904-1907), which was a precursor to Nazi ideology and ultimately the Holocaust in Europe. Yet, many people are not aware of this earlier genocide, perhaps because Nazis had not killed white European bodies but black African bodies. The New York Public Library’s inclusion of this 30-plated collection of photos without sufficient contextualization appalled me, almost physically making me sick.

I looked across the room at the photo of Toni Morrison whose sage expression seemed to say, “What, are you surprised? What did you expect?” I was not surprised. I was hurt and disappointed in a way that awakened me as a white person with the privilege to not always notice, to not need to notice, and to choose when to notice the subtle and not so subtle ways in which racism is reproduced in our culture. Beyond that, this encounter triggered and unlocked a feeling deep in my core, confirmed my humanity by making me feel. How many other people viewing these photographs had recognized this a-historicization and underlying racism that was at once blatant when stopping for a minute to question and to probe one level further. Yet, like so many other oppressive forces, these pictures and discourses that in their omission of historical context, obfuscated their racist origins, and remain invisible and hidden to most observers who take this extracted photograph at face value and think of it as knowledge. “But how can this erasure of history be considered knowledge?” you ask. Knowledge in this regard is not dependent on the facts themselves, but on the framing of the facts. The curators of the NY Public Library extracted this picture and highlighted only what they wanted to, glossing over the photograph’s violent origin and consequences.

Allowing the photo to travel in isolation from its historical underpinnings, the curators perpetuated a certain type of narrative through omission – what is not said – has meaning. Space in this instance erases. However, this erasure does not just conceal, it produces new discourses as Michel Foucault (1991, 194) writes about:

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.’

All of the people at the exhibit viewing this photograph are gaining knowledge of a certain type and are gaining a certain type of truth that produces how they view and act in the world. I felt helpless and betrayed because this was a moment when an honesty so cold and violent had been cast on my little world that has slowly by slowly become insidiously tainted. I do not know how else to describe other than by saying that I had a melt-down, a deep visceral gut reaction.

Perhaps at this time, I was hypersensitive to this particular act of erasure. As I was about to leave in a few weeks for my trip, I was especially concerned with how people from other places were represented. To be sure, erasures occur all around us every day, and we each are perpetrators of different erasures at different times. I was struck by the minimal amount of reflection that it took to put such an implicated and violent photograph in this exhibit. This triggered me to reflect on what other dangerous erasures occur in my daily life of which I am oblivious.

“Mom, this is so messed up,” I said. She understood what I was reacting to as soon as I briefly explained to her why I was so upset. Tears welled up from deep within me and streamed down my face. I could not stop. I watched people around me with a blurred vision, some people looked at me probably wondering why I looked as if I had found out someone had just died. I had to get out immediately, so I pushed through the crowd, past the security guards and went out on the steps to get air. “Who was the curator for this exhibit?! They better hire some better researchers. This is messed up. They’re gonna hear from me,” I exclaimed once the tears stopped and I was outside.

Looking back, I think about why this had affected me so much and why I had reacted the way I did. Even as I write I cry because I re-enter the emotional space in which the encounter occurred and revisit how I felt. I had spent the previous semester examining brutalities

of colonialism and apartheid in southern Africa in one of my classes. We studied how deployment of certain discourses can work to conceal violences, to silence certain people and nonhuman others, reflecting greater systems of power. I had been thinking a lot about and studying how people conduct science, what scientists study, collect data on, who is considered 'expert' is determined by the politics of power, often to further certain political agendas. All of these matters seem salient in this particular encounter.

The purpose of this exhibit, as advertised in the brochure, was to "reframe the way we look at photographs and networks through which photographs have been shared," to explore "the various ways in which photography has been shared and made public," and to explore the ways by which "photography has always been social." It seems innocent, joyous even, a beautiful celebration of photography. The repressive uses of photography and how production of photographs and their dissemination is intimately connected with networks of power seemed to have been conveniently, ignorantly, and dangerously missed. Perhaps this was not intentional, which is all the more disconcerting because maybe when people have been drinking the Kool-Aid for so long, we as a society are conditioned to accept the erasure of violent histories that occur all too often within our white supremacist society.

How do people, those considered experts and researchers within their paradigm, co-opt certain representations of people to paint a particular story? And for what ends? How do seemingly innocent gaps like this erase nuanced histories and experiences of people and places? Chimamanda Ngozi Adichie's Ted Talk "The Danger of a Single Story" immediately comes to mind in which Adichie speaks about how "the single story creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story the only story," thus depriving people of their dignity. When repeatedly showing people as one way only, she says, "that is what they become." Adichie mentions the Palestinian poet Mourid Barghouti who writes that, "if you want to dispossess a people, the simplest way to do it is to tell their story and to start with, "secondly"" (Adichie 2009). This is a form of extraction by erasure of history, and Adichie goes on to say, "start the story with the arrows of the Native Americans, and not with the arrival of the British, and you have an entirely different story. Start the story with the failure of the African state, and not with the colonial creation of the African state, and you have an entirely different story" (Adichie 2009). Time, representation, and power are intimately related. Indeed, time has been and can be a tool that regimes of power, notably

colonial and imperial regimes, have employed as a tool of oppression – of extraction and dispossession to help maintain states of coloniality, which differs from colonialism:

Colonialism denotes a political and economic relation in which the sovereignty of a nation or a people rests on the power of another nation, which makes such nation an empire. Coloniality, instead, refers to long-standing patterns of power that emerged as a result of colonialism, but that define culture, labor, intersubjective relations, and knowledge production well beyond the strict limits of colonial administrations. Thus, coloniality survives colonialism. It is maintained alive in books, in the criteria for academic performance, in cultural patterns, in common sense, in the self-image of peoples, in aspirations of self, and so many other aspects of our modern experience. In a way, as modern subjects we breath coloniality all the time and everyday (Maldonado-Torres 2007, 243).

Carl Victor Dammann and Gustav Fritsch's photographic and anthropological work is an example of extraction in which they use time to create distance between them and the people they photograph, so as to objectify and render these people, in this case indigenous people of Southern Africa 'other' and non-modern, as if they were 'primitive' and therefore inferior. Using time in this way, to deny coevalness, as anthropologist Johannes Fabian writes, is a significant prerequisite for, in this case, colonial and imperial forces to commit violence on people that turn people into objects – to sell, enslave, kill, conduct experiments on, etc. Anthropologist Johannes Fabian writes how “American Anthropology and French structuralism, each having developed ways to circumvent or preempt coevalness, are potential and actual contributors to ideologies apt to sustain the new, cast, anonymous, but terribly effective regimen of absentee colonialism” (Fabian 1983, 69). We can think of this type of absentee colonialism through temporal distancing as states of coloniality.

In scathing tongue-in-cheek irony, Jamaica Kincaid writes in her book *A Small Place* that “Switzerland is a neutral country, money is a neutral commodity, and time is neutral, too, being neither here, nor there, one thing or another” (Kincaid 1988, 60). Photographs are not neutral, knowledge is not neutral, writing and research are not neutral, and certainly 'truth' is not neutral. “Wait a minute,” you say, “pictures don't lie.” Indeed, they do when people take them out of their context and place them in random exhibits that celebrate what was once used as a repressive, violent mechanism with little explanation.

I never wrote that letter to the NY Public Library. I remember trying over and over again. As angry and sad as this experience made me feel, I did not want to write it because to

write is to remember, and to remember is to feel pain and to face it. In the context of the Truth and Reconciliation Commission in Post Apartheid South Africa, Nadine Gordimer discusses how writing is a way to remember and to bear witness, and she quotes Milan Kundera: “The struggle of man against power is the struggle of memory against forgetting” (Gordimer 1991, 23). And now, over a year later, I return. I return to remember, and to remember is to create a new type of ‘truth’. In trying to reframe this encounter and analyze the discourses present, I try to assert a counter-discourse for “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). I would carry and embody this experience that left an indelible mark on me throughout my trip that was to begin a few weeks later. I understood then that perhaps nothing is truly free, and that everything comes at a cost. Perhaps no one or nothing can come out of any encounter unscathed or unchanged.

* Please note that I use composite elements and pseudonyms when necessary to preserve the integrity of the subject matter and of those involved.

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PART II
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India

What are some ways that women access education and health resources in Bahraich, Uttar Pradesh and New Delhi within middle class neighborhoods and in informal living settlements?

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Sunlight streams through the crevices of the buildings, shining onto the alley as we walk. Dust particles in the air look almost luminescent; the rays temporarily blind me. Up ahead, a man sweeps, his figure silhouetted from the backlight. A woman, balancing a basket on her head, smiles as she silently passes us. For a rare moment, everything seems still. In equilibrium.

Crisscrossed electrical wires hang low, as they trace the perimeter of the connected buildings where clothes hang off from balconies and occasional vines wrap themselves towards the light. We turn the corner, down another narrow alley, and the thrum of engines and honking in the distance intensifies. Though it's early, it seems as if the neighborhood has awakened hours before. Men ride motorbikes and pass inches away from me. Small children, uniformed, walk to school wearing backpacks almost bigger than they are. We exit the maze of Govindpuri in South Delhi where we live for the month, about an hour away from where we have classes in a neighborhood a few metro stops away. Along the main road, vendors sell fruits, vegetables, street food, and chai. A man turns to face a customer and in a swift movement, a cow snatches a chapatti from the stand. I smell trash burning, mixed with exhaust of early morning commuters. The four of us bargain to catch a rickshaw to the metro station, quickly enter the women's only car and make the next train. Every day, taking a rickshaw ride to and from the metro station to the school where we have our daily classes, we pass a large office building. It could fit in easily in midtown Manhattan. Men in western looking suits and women dressed up enter and leave. In active contradiction, there is a slum community meters away from the corporate building.

“You learn fast that India is a country full of contradictions,” one of our professors says to us. From my experience, this holds true. But isn't every country full of contradictions? Isn't every person? Beliefs and certain identities we hold can change and contradict each other from

one situation to another. Illiberal and liberal practices can often run alongside one another, however manifested and represented in different ways. To simply live is to exist in contradiction. In facing a culture and place that is unfamiliar to me, the apparent inequality and filth strikes me, though I realize that in more ‘developed’ countries like the US, inequality, inequity, poverty, and corruption perhaps run just as deeply, even if they may exist in less visible ways. And what is less visible to me, may be extremely visible to others who do not share the privileges that I hold.

Regardless, inequality is hyper visible and extreme in Delhi. Most people who live in the slum, I learn, are migrants and work as ragpickers who collect and sort through trash to find recyclable materials. They then sell these materials to brokers - middlemen - for small sums of money. Many children often work as ragpickers in this slum and in others in Delhi. We meet with people from an NGO based in the community that works with children and female sex workers. I see undrained grayish-black water running through the informal settlement. Raw sewage. Cows eat trash that is scattered everywhere.

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Papa-ji sits in lotus position on a stool at the head of the table that serves as both a coffee table and our main table for eating. I marvel at his posture. He wears his pajamas: sweatpants and a t-shirt that has a graphic of a lighthouse and a surfboard (it says “surfing”). In the mornings, Mama Ji helps him fold his turban in the main room, starting off on the opposite side of the room holding the fabric. Now his turban is off and his grey hair sits in a small bun atop his head. We all, the four of us, Mama and Papa-ji, already ate dinner and now watch soap operas on television. Papa-ji explains to us what the characters say.

It is our first night back in Delhi after a week in Bahraich, Uttar Pradesh, and it feels like we have returned home. “We’re so happy for you to be back,” he says to us. “Empty,” Mama-ji says. “She missed you,” Papa-ji says. I think that Mama-ji sometimes feels frustrated that she can’t communicate better with us. Yet I am always amazed how much facial expressions and body language can convey, especially when one has a good sense of humor like Mama –ji. Somehow, we always end up laughing. Mama and Papa-ji have two grown daughters, and Papa-ji tells us how much they enjoy having girls in their home: “What she said is that, ‘We love you.’ We’re very happy with you,” he says.

His face appears to have a natural disposition of sweetness; at times he seems to be smiling even when he is not. His face seems to light up as he scurries into the kitchen. He brings out gulab jamun that he picked up on his way home and some chikku, a fruit that none of us has ever tried. Papa-ji, along with his brother and some other family, have their own small printing business in the neighborhood. In the day, Mama-ji spends a lot of time cooking and preparing for dinner, which is always the tastiest and I always wonder what other things she does when we're in class and Papa-ji is at work. Does she go to the market? Does she go to see family around the corner? Does she watch soap opera? Talk on the phone? Facebook?

Mama-ji takes out her phone to show us pictures. "Wedding, byootiful." She smiles. While we were in Bahraich, we missed their niece's wedding, although we had been able to go to a pre-wedding ceremony at the bride's home five days before the actual wedding. Mama-ji seemed so excited for the wedding. Two weeks before, she came in our bedroom to model what she was planning to wear, taking out a satchel of jewelry to show us. Though perhaps not wealthy, they seem to be financially comfortable. When I first arrive, I see a box of face lightening cream - lighter skin a standard of beauty - though not one that is purely European or US inspired, but may also perhaps be an indication of class status, though I can only speculate. One does not have to work in outside laying bricks, working the fields, peddling a rickshaw. "What is healthcare like for you? Have you been to a hospital around here?" I ask. "Yeah, there's a private hospital close by. She had stomach surgery there two years ago," Papa-ji says pointing to Mama-ji. "Not too expensive," he adds. Mama-ji gave birth to both of her daughters in the private hospital as well.

Mama and Papa-ji seem to have a loving and joking relationship, appearing to respect one another and enjoy each other's company. In the Sikh religion, women are considered equal to men, though Mama and Papa-ji seem to maintain more traditional gender roles. Mama-ji says something and laughs and so does Papa-ji. "She said that even though 'Singh' means lion, she is the lioness, and I am a cat," Papa-ji translates. Singh is a surname that all baptized male Sikhs use. In addition, Sikhism does not have any castes. I wonder, however, the extent to which practices and notions of caste may slip into their own beliefs and practices, regardless of religion but as a result of living within larger cultural structures of Hinduism. Sunita-ji comes every night at 7 pm to make our rice and chapati for dinner. She often wears a bright kurtas - blue, orange, turquoise - and comes in to the apartment going straight to the

kitchen. Sunita-ji has a radiant smile shining her teeth out that are bright against her darker skin. I always feel excited and happy to see her. She and Mama-ji seem to be friendly, bantering back and forth and laughing here and there. Even so, Sunita-ji is clearly ‘the help.’ When there is food leftover, she eats squatting in the kitchen. I wonder about her life and wish I could communicate with her. Is she lower caste? Lower class, though she lives in the same neighborhood? Both? Hierarchies pervade. “Is it inevitable?” I ask myself.

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On the overnight train from Delhi to Bahraich, I have a bottom bed next to a window. Fuzzy-eyed. I look out at the landscape and the pink-hued sky. A layer of fog lingers across fields of lentils, yellow mustard seed, and wheat that blend into a blur of colors from my windowed view. The chugging train slows in anticipation of the next stop. I see families in makeshift structures. “Are they all Dalit?” I wonder. I look out and see people shitting near the tracks. “Chai, chai, chai!” the chaiwala says as he walks down the aisle with a large metal canteen. The Indian Railways are one of the largest employers of manual scavengers, or ‘sweepers,’ of which almost all are Dalits, even though the practice is illegal. The other people in my car – all men – whose persisting stares I felt searing into me the night before (*or was it just my own self-consciousness?*) were all awake. Now in the morning, we smile at each other as if to say, “Good morning.” “Are you a doctor?” one of the younger men asks, curious about me and why I’m here. I explain, and we chat for a little longer before I gather my things; our stop is next.

On our way to the private school, which serves as our home base for the next week, every so often, we pass white buildings, some of which have murals of animals and rainbows painted on them. I learn that these primary schools are often empty: no teachers, no students, and that many children just show up for a free meal. The government in 2009 passed the Right to Education Act to provide a free and compulsory education for children between ages six and 14 years old to prioritize education and make it a fundamental and constitutional right of each child. Yet, perhaps it takes much more than policy implementation for broader social change to take hold. Of course, limited governmental funding for education in this rural region in northern Uttar Pradesh compounds the issue.

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We pull up in 5 different large SUVs, an entire entourage, making a grand entrance that prompts stares. It is the kind of entrance that eclipses friendly greetings and renders them unnecessary. We gather around in the front of the hospital. “Take one and pass them around,” our program coordinator says, as he hands out green medical masks. None of our Indian faculty wears them, and when we enter the district hospital, no one else has a mask on except for our group. Is our health, our prized US bodies more important than theirs or anyone else’s? Are we cleaner, purer? I reason that indeed many people in the hospital are not contagious and are family members. I think how the mask serves as a physical and metaphorical barrier, dividing ‘us’ from ‘them.’ I take off my mask along with some others in my program, understanding that while a liability measure, there is something acutely wrong about this.

The figure’s blue-eyed gaze looks out amongst the small beds in the room. Missionary-like, his arm extends to a plump and smiling, white and blue-eyed baby, surrounded by multicolored balloons, flowers, small animals, and sunshine. This mural on the far wall of the district hospital malnutrition treatment center which UNICEF funds, provides a disturbing background to the mother sitting on a bed, holding her emaciated baby son in her arms. On the bed next to them, her older daughter, a child, plays quietly. The mother watches us enter, and her lips seem to curl up slightly in a weak smile. The three of them are the only people in here. “Why,” I wonder, “if malnutrition is such a major problem?” It is common here for women to give birth to low-birth weight babies, an indication of the mother’s level of health and her malnourishment during pregnancy. For older children, ASHAs, Accredited Social Health Activists, can actively refer a child to get treatment or the system catches the child when coming to see the doctor for another reason. Often, child malnutrition is difficult to detect, which perhaps explains why there is only one child here.

Our program coordinator leads us through the different parts of the hospital. Outside the ultrasound lab in the women’s ward, a billboard reads in English and Hindi, “Here the Pre-Natal Sex Determination is not done. It is a punishable act.” Here and in Delhi, these ubiquitous signs in hospital maternity wards and health centers serve as an attempt through policy to change what is a more socially, culturally, and religiously influenced preference towards males. In private hospitals where people have money to bribe, people may be able to pay off the ultrasound technician to tell them the gender. The practice of dowry where a woman’s family pays and

gives gifts the husband and his family is just one factor that influences the desire to abort female fetuses. Girls are too much money. We leave just as we arrived, climbing back into our cars.

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When the din subsides after 1 pm, we go to the Community Health Center (CHC), a primary health facility that is supposed to act as a filter to the District hospital. As a larger group, we were here earlier for a brief ‘tour’, and now, my smaller case study group and I, along with one of our Indian faculty Rajshree-ji, return to speak more about maternal health with the main biomedical family physician there. His is young and handsome, with his hair slicked back. Glasses frame his face seeming to give him a serious air: “Bollywood doctor,” Rajshree-ji jokingly calls him when he is out of earshot.

We meet him in his office where, just a few hours before, a crowd of people had lined up outside the door. He had appeared unfazed, seeing his typical 100 patients in a day. Now too, he seems to be all about business; he is here to directly answer our questions. “What are some of the main reasons why the maternal mortality rate is so high in Bahraich?” one of us asks. We take turns asking questions about family planning, prenatal care, delivery, postnatal care, and gender dynamics in the context of this primary health facility. He talks about the lack of medical resources in rural places like Bahraich. “Doctors want to see patients, not be social workers,” he emphasizes. “You strengthen the facilities, the doctors will come.” He had been here for two years, living on the premises, and he explains why many physicians do not want to come to rural places past their obligatory placement.

In India, development remains uneven between urban and rural places, as in many countries including the US. As a country 1.2 billion people strong, with 23 officially recognized languages, 29 different states and seven union territories with independent governments with distinct geographic, religious, and cultural differences, a uniform health structure is infeasible. In India’s constitution, health is a human right and is a mandated responsibility of the government to provide. Within the public sector of the rural primary healthcare system, community health centers are theoretically designed to filter out patients, thus placing lesser burden on secondary health facilities such as the district hospital.

While the health system places an emphasis on primary health facilities in theory and in policy, our later experience of the district hospital demonstrates a disconnect somewhere along the way. Lack of trust in the system – that if you go to a facility, you will be safe – is also a

reason why people go where they are sure they can see a doctor, which is not always a guarantee at primary health centers. With the implementation of the National Rural Health Mission in 2005, the government created the role of the ASHA, standing for Accredited Social Health Activist. “Proximity and whether there is a doctor are the biggest factors for people,” says an ASHA, a woman community health worker, who we speak to at one of the other primary health centers. As far as childbirth, the government through the National Rural Health Mission, strongly encourages women to give birth in hospitals or primary care facilities, though many factors often make this impossible.

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Traditional birth attendants or folk midwives also support many women and families and often work in tandem with ASHAs. We meet an older midwife who comes to the school where we stay. She wears her gray hair loose, while beads of sweat form on her forehead and upper lip. I can see wrinkles deeply etched into her dark skin as she sits directly in the sun, and asks for us to move into the shade.

“What kind of training did you have?” we try to communicate to a woman from the school translating for us. “She says she has over 20 years of experience.” Something is lost in translation, but I wonder what kinds of embodied knowledges she has that are outside of, beyond, what can be learned in an institutionalized, formal way. The wisdom and know-how in the hands of a midwife with years of experience is something that cannot be represented by statistics like birth rate or maternal mortality.

In rural places like Bahraich, shortage of biomedical doctors remains a major challenge. The distribution of health resources is uneven between rural and urban spaces, especially because most medical schools are in urban places, and many people stay in cities even if they are from villages. AYUSH health practitioners and professionals play a vital role within the health system. AYUSH stands for ayurveda, yoga and naturopathy, unani, siddha and homoeopathy. Even though in my limited experiences, I had only brief exposure to AYUSH practices and folk healing, the pluralities of healing practices and beliefs indeed both function independently from and complement practices deemed within the biomedical realm.

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Back in the physician's office at the CHC, Dr. Bollywood states that, "women come here by ambulance, and it is free," he states when we inquire how women ready to give birth arrive to the CHC. The way he answers us, it appears as if the system is flawless, even though he expresses areas of dissatisfaction. "What if a woman doesn't have her husband or another man to bring her here? Can she come alone if it's an emergency?" someone asks. "Women can't come alone; if there is no man, she needs to be accompanied by an ASHA," he answers. In addition, a woman also needs her husband's consent to get an abortion or sterilized. A man deeming a women's condition or desire to seek care unnecessary also affects the ability for women to seek timely care. "Last year, there were only two maternal deaths, one from postpartum hemorrhage, and the other from sepsis after getting an IUD," he says. Postpartum hemorrhage, which generally happens within 48 hours after birth, is one of the leading causes of maternal death.

Is he just telling us what he thinks we wanted to hear? I wonder to myself if he censors what he says to us, even if subconsciously. Maybe he does not want us to generate and perpetuate narratives of India's 'backwardness,' which I hear many Indians say this about their own country throughout my time. As students from the US, the ways people respond to us here are complicated. This fuels my curiosity, knowing that the gaps in my understanding and in contradictory perspectives and *performances of certain perspectives* even if people do not actually hold them, give meaning to the entire situation.

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After we ask him a few more questions, he graciously leads us into the large labor room to introduce us to any ASHAs, midwives, or new mother who may be willing to speak to us. "Come," he says, and we follow. In this room's air that feels heavy with dampness, smells of chlorine fill my nostrils. Earlier in the day, we had only been able to peek into the labor room because it was so crowded and we were a large group. Now, the energy feels different, less chaotic and crowded. We can see twelve beds, six rows of two, lined up. Occasional stains of dried blood dye the soiled linen that remain scrunched up on some of the beds from births earlier in the day. There are only few women in there, including an ASHA and an auxiliary nurse midwife (ANM). A young woman who has given birth earlier in the day sits up in her bed resting while her baby sleeps in the nursery down the hall. Her mother-in-law, a middle-aged woman dressed in a yellow sari, is with her.

The new mother appears downcast. From exhaustion? Because she did not give birth to a boy? Perhaps it is a combination of many things - I can only wonder. The physician asks her in Hindi if we can talk to her for a few minutes. She looks down, and seems guarded as she wraps herself and tries to cover her face with her dark pink scarf. Six of us stand at the foot of the bed. I feel as if we are intruding, catching her off guard. I feel unsure whether I should be here during this intimate and vulnerable time for this woman.

On one of our first few days in Delhi, an SIT professor from Bahraich who built the school we stay at emphatically says to us, “Don’t think, ‘Oh that doctor is violating the privacy of the patient. Because this is India! You can’t impose your Western view of privacy.’” Now, in this situation, I wonder if this is what I am doing. Or, perhaps something else that I cannot quite pinpoint operates here as a result of our presence.

“Please tell her it is okay. We really don’t need to talk to her if she’s not up for it,” one of us quickly says. Agreeing, the rest of us chime in, “Yes, we do not want her to feel pressured.” I wear a dim smile, trying to appear warm and open, but also slightly disinterested at the same time, to avert my attention from the woman whose gaze never meets our own, nor the eyes of the physician. Though I do not know exactly what the physician says to her, it seems as if he keeps prompting her to speak to us. It seems like he will not let up, and when she does not respond, or rather, before she even has a chance to respond, it seems her mother-in-law speaks for her, answering some of his questions, which Doctor Bollywood then translates back to us in English.

Good intentions aside, it seems as though we all become ensnared in the interstices of power imbalances running their course. These interstices, like fissures in the cracked earth, divide and distance as they simultaneously construct and reorient the terrain from which they originate. And in the encounter, the connection itself, do we each lose some of our humanity in the process?

When we are in Delhi, at a private hospital, we meet with a gynecologist from southern India where she worked in government hospitals for a while. “Here in the north, a woman’s mother-in-law usually takes care of her when she is pregnant. I see many women that are malnourished versus in South India where a woman’s mother takes care of her when she is pregnant. Also, many more people here are vegetarian than in the south,” she explains.

The complex dynamic between the new mother and her mother-in-law could affect the woman’s ability or desire to speak. Indeed, there are many hierarchies operating at once:

between us and the doctor, the doctor and woman, us and the woman, and the woman and her mother-in-law. This last dynamic between the woman and her mother-in-law demonstrate the pluralities of 'woman' related to age and patriarchal relations where the husband's mother seems to hold authority. Does one's authority preclude another's agency?

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We leave the building after thanking the physician and stand outside the main entrance. The ASHA who had assisted the woman we met, comes outside to talk to us wearing a forest green sari and a bright smile, her lips colored in with pink lipstick. She is obviously pregnant. We introduce ourselves, having a script down by now: "We are a group of students from different universities in the US, and we're in India to learn more about the health system here and are interested in maternal and child health, etc." We each chime in a here and there, and Rajshree-ji translates to them in Hindi and seems to further explain to her why we're here. It is a relief to have someone who knows us as a translator. "And please, feel free to ask us any questions you want!" one of us says.

Many ASHAs are young women who have had at least one child. The ASHA we speak to now is pregnant with her fourth child, she tells us that she had her first two children at home where she caught them herself while her husband went to get a doctor, and for her third child, she needed a C-section at the District Hospital. I ask her if she will also get support from an ASHA, and she replies, "Later on, I will have one of my AHSA friends help me, but now I am doing my own care." She continues to speak. "She says that it is hard work being an ASHA, and she works all the time because there is only one ASHA for every 1,000 people. She trained for 18 months," Rajshree-Ji translates back to us. "Sometimes it is hard because there is no permanent salary. It is purely incentive-based, but I like it," she says. ASHAs perform many roles and labors that as community health workers, who are often explained as the bridge between women in rural communities and the health care system. They seem at once to be agents of the state, embodying and carrying out governmental roles and broader discourses on health and development, while also embodying individual agency as community leaders. People, men and women, seem to respect this ASHA and the others whom I encounter, holding her in esteem. She motions with her arm to move a few feet away, as a group of children and men migrate over

in curiosity. “Come. Come. Let’s move the conversation over, so I can speak freely,” the ASHA says in a hushed tone to Rajshree-ji.

It is a warm day, though not hot because it is the dry season here. We walk a few feet away to stand under a tree. A dawdling goat meanders to and fro in front of the health center entrance, and I inhale deeply, welcoming the fresh, non-Delhi air. Some of the people in the growing crowd follow us anyway. A woman who originally stands on the periphery of the group enters the circle to stand next to the ASHA. “She is an ANM [Auxiliary Nurse Midwife],” the ASHA introduces her. I think to myself what a sweet and warm face she has. “What is the most rewarding part of being an ANM?” I ask. Her face seems to brighten as she answers, “Being an ANM, I am saving two lives at one time. I am the lucky one; it is the biggest thing I am doing in my life. People feel safe with me, and I feel lucky to be able to provide that. I want to serve the human.” She has already delivered three babies today.

“We work a lot together, in delivery and immunizations,” says the ASHA. “I have never had any woman deny my services. Women here get married at a young age, 19 to 20 years old is the average age women have their first baby,” says the ASHA. I try to jot down at rapid pace all that they say while maintaining eye contact. Someone poses the question, “Do you often escort many women here to give birth? Do most women come by ambulance?” “Yes, but a lot of women don’t come by ambulance. The woman in there, she came here at 11:30 on the back of a motorbike and gave birth at 11:50. It normally takes 50 minutes for an ambulance to come,” the ASHA replies. Often, women wait to come because they have work to do, such as farming, domestic work, and taking care of their other children. I wonder why the physician doesn’t mention this, but instead emphasizes the efficiency of the ambulance system, though it seems as if many women come on their own via motorbike.

We reiterate and say, “if you want to ask us any questions, feel free!” They chuckle and start to smile. A larger group – the men chewing paan, lips dyed red, and boys who had been drifting our way after we moved - now edge closer, leaning into the conversation. Even the goat seems to stray close. We field questions that they ask us. “How do you like India?” “What else are you doing here?” “What is the US like?” We take turns throwing out answers.

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Later that night, I lay in my cot shoulder to shoulder with my friends in one of the school's classrooms where half of the group sleeps. I replay the tape of the day as my eyes get heavy, and I think of the nameless woman's face half veiled in her scarf. I go back to how uncomfortable I felt. As students and travelers, could we have changed what seemed like a predetermined script, each actor assuming and playing their roles? I wonder if just by virtue of being on a trip like this one, I already signed myself up for this imposing (*imperial? colonial?*) role. What kind of agency can I embody to alter these dynamics, as an interloper? Even with our innocent intentions, maybe we had become actors in perpetuating structural violence on multiple levels – feeding into systems of patriarchy and western superiority. Why should I assume this woman desired to speak? Would the doctor have spoken to – *at* – her in the same way if we were not there? Maybe we misunderstood her inability to 'speak' and by remaining silent she was expressing something that words could not. I wonder how much of our desires we as subjects, as individuals construct, and to what extent are the production of our desires reflections of larger societal forces.

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Under the shade of several tall trees, we sit on a faded, dusty yellow blanket. Young children, their mothers, and teenage girls sit across from us. I smile as I raise my hands to my heart and say, "Namaste," to several children and women. Elder men in the community and older boys gather over to stand informally on the periphery of the blanket. It seems as if we all are enraptured in each other's unceasing curious stares, friendly smiles, and head nods.

The day before in Bahraich, we had met with the founder of an important grassroots NGO in the area that champions children's rights and prioritizes children's education and empowerment, especially those marginalized and vulnerable because of caste status and impoverishment. The NGO's founder along with his teenage son accompanies us to meet with people in a few different villages where they have programs.

In this forest area, isolated and remote, as of 2010 people in this village, among several others in the area, have lived without government recognition since the implementation of British colonial law in 1865, which led landless villagers to move to the forest area to provide slave labor to the British. After independence, the forest department assumed the position of the British, yet now the Indian government deemed these people encroachers. They had no

recognition by the government – no citizenship rights, no proof of land ownership, no voting rights, inability to access education or other governmental schemes, apply for governmental jobs, and denied access to bank loans. The NGO in many ways acted as an impetus for people in these forest-dwelling villages to gain constitutional rights and recognition of land ownership.

To get here, we drive in SUVs for around two hours, traveling on semi-paved roads that transition into dirt and rock as we get closer to the border of Nepal. Our car passes truckloads of timber and tractors hauling loads of sugar cane while men and women workers sit atop the crop in the backs of the trucks that seem precariously loaded. As we get closer to this village in the Katarniaghat Forest, more tree cover encroaches on the landscape. Now, sitting on the ground, I welcome the stability.

A few feet away from me, two young girls play with each other, one sitting on the other's lap. They tickle and laugh in each other's faces before holding hands. Thick kajal frames the inky eyes of the smaller girl as she smiles and looks out at us. A few moments pass, and one of the teenage girls stands up to introduce herself, thanking us for coming to meet with them. She speaks loudly and appears to be at ease, though wearing a serious expression, in front of everyone.

The son of the NGO's founder translates what she says back to us, explaining the young woman's role as an elected leader in the child parliament. The child parliament is an initiative where children in the village, around 15 years and younger, elect child leaders to educate children in the village on their basic rights, health and sanitation, and safety, particularly because human traffickers often pass through the area. The child parliament is a way that children and adolescents can address and express their own issues. After she finishes speaking, she says that they want to perform a song for us and asks if we could perform one for them in return.

A handful of about 11 teenage girls reorient themselves to kneel in 3 rows together, looking as if in place to be photographed. With smiles imprinted on their faces, they start to sing a song that they wrote. The song has delicateness to it, and they harmonize off the melody that sounds at once melancholic and hopeful, their voices raised in strength. All else is silent except for their voices and the occasional leaf rustling in the wind. As the song carries on, however, the tone shifts. The girls' expressions seem to change, along with the energy of the song. Smiles disappear. I too wipe the smile off my face. The girl who appears to be the oldest out of them all begins to cry. At first, her eyes water, but then as their singing intensifies, so do her tears. As if

triggered, the entire group of girls starts to weep, letting out sobs while simultaneously singing and comforting each other, holding hands and putting their arms around the shoulders of the girl next to them.

Confusion settles in to me, and I search around for people's facial expressions to see if anyone's reactions would elicit any sort of understanding. A few older women cry along with the girls. When the song ends, the girls continue to weep, yet more forcefully now that they are able to put all of their energy into crying versus singing. I feel like crying even though I don't know why. I look at my friend for camaraderie in the confusion. What had they so powerfully expressed that triggered such visceral reactions?

It is a delicate situation to navigate, one that Abid-ji with a smile and tears in his eyes swiftly and briefly explains to us: "The girls are asking to be able to continue their education, to get funding to attend more classes. They are asking what will become of them, what will they do when their classes end. They're asking the NGO for more support, for more funding." He wipes his eyes, as does the head of the NGO. The girls, or rather, young women, are almost too old to participate in the programs where they learned basic arithmetic and how to read and write, health education, among other areas. It is our turn – what song could we possibly sing after what just happened? Before I could think of anything relatively appropriate for this situation (*is there such a song?*), someone in my group speaks up.

"Lean on me, when you're not strong, and I'll be your friend, I'll help you carry on," our group sings, muddling through the words that not all of us know. As I sing, I feel that this becomes a kitschy performance of bitter irony. While we would leave this situation completely, eventually returning back to our elite universities in the States after having had the privilege to travel around the world, what could we possibly mean by "lean on me?" The irony is not only in the paradox of the song's lyrics and our transient presence, but also that this song, while conveying perceived solidarity in a way, also expresses another power dynamic: the demonstration that we feel sorry for these young women, that they are victims of their situation, victims of the many forces that give shape to their lives of hardship and poverty. Alas, 'Third World victims.' The slippage into feeling sorry for these young women in part stems from a dangerous narrative undergirded with a fine layer of paternalism.

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Back in the car, after having processed a little more, a few tears stream down my face. My friends' expressions look hazed and somber, thoughtful and tense all at once. I sense that we witnessed a moment, however ephemeral, of profound resistance. I sit with my head against the window and notice small purple flowers lining the dirt road for a short distance before unfurling among the fields of green; I smile at their unexpected presence. We pull away down the road.

I remember a song that I learned in my capoeira class back in Vermont. The Afro-Brazilian people who originated the song washed their clothes in a river. As a way to target them, the police make it illegal for them to use the river to do their laundry, and the song is their reply. In a low voice, my professor explains: "You see that a lot of folk music has crying intonations. But in their crying, they are pleading and demanding an answer, like saying 'what the hell?'"

In a tactfully enacted performance at an opportune moment, the young women embody resistance as they sing their pleas. Communication is movement towards something else, an emergence like a budding flower. As Paulo Freire said, "no one is born fully-formed: it is through self-experience in the world that we become what we are." The performance is hardly one of victimhood but one in which they act as creative agents. It seems as if they had planned this for a while, picking the right time to leverage their demands to an audience of American university students and the head of the NGO. Did the teenage girls use our group's presence as a platform, an entryway, for them to perform this act of resistance? Before we leave, I see the NGO founder make a quick phone call. By the next day we learn that the NGO founder has been able to secure the necessary funds to continue the program for this group of girls at least for a little while longer. There is power in asking and expressing their desires, asserting their subjectivity and their worthiness to be educated. I know this performance was meant to do more than muster tears in our eyes.

Moving beyond simplistic narratives of either victimization or valorization of these young women, thinking about what kinds of agency they embody and perform – specifically how they embody certain modes of development and discourses around education, I consider the role of this NGO and others like it in the area. How does this NGO inform the subjectivities of rural teenage girls in a changing landscape by adopting and exposing them to a human rights framework that emphasizes the autonomy of the individual? This NGO intervenes where the government seems to be falling short, and so too do the NGOs become agents of the state. Many

people in the village bear witness – young boys and girls, men and women – and I think about how others in the village may interpret this. What kinds of broader societal shifts does this reflect? What kinds of societal shifts could this trigger?

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Forces that are vast, profound, and sometimes difficult to discern affect access to education, health information, and health resources. The ways that people express their identities, different from one moment to the next, embody agency, and respond to their worlds of inequalities and inequities, privileges and opportunities are embedded in webs of relationships and hierarchies of power. Even in our group's transient presence, we become actors in the landscape with every move we make, with every assumption we impose, and with every mask we put on. And of course, the world responds.

South Africa

In ‘post-apartheid’ South Africa, what is the connection between a woman’s racial identity and her ability to access resources such as preventative and curative health services, secondary and advanced education, as well as natural resources (factors that are mutually reinforcing) in Cape Town proper, its suburbs, and in peripheral/rural townships ?

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“...Affliction must be understood as the embodiment of social hierarchy, a form of violence that for modern bodies is increasingly sublimated into differential disease rates and can be measured in terms of variances in morbidity and mortality between social groups” (Nguyen et al. 2003).

“Hey Erica, I need to get a pack of cigarettes. Wanna run out with me?” he asked. A few weeks after I returned home from my travels, I visited my older brother Jarrett in Baltimore. Jarrett picked me up from the train station earlier that day, and drove me back to his apartment. Stopped at a red light, I looked out the window and saw a few news reporters and camera crews. On this day, the judge acquitted the police officer involved in the fatal arrest of Freddie Gray. It had been over a year since his death (*murder?*) that sparked mass protest in the streets of Baltimore. I doubt anyone was surprised by the verdict. I wasn’t. Another black man down. Charges dropped. Business as usual.

Jarrett and I walked from the convenience store back to his apartment. A liquor store, a pawn shop, and a few fast food restaurants lined both sides of the street. On this early summer afternoon, the sky held heavy clouds just ready to break. We picked up the pace in anticipation of deluge. “Erica, wait. Look,” Jarrett said motioning over to the other side of the street. I slowed down.

To our left, only a block up, stood towering mansions, easily some of the most beautiful houses I had ever seen. “Dang, who lives *there?*” I asked. “Who do you think?” Jarrett retorted. Of course I knew. Probably the most wealthy people in all of the city owned these homes: green, manicured lawns, pristine parks, mature sycamore trees, and tulip gardens in full bloom. The Guilford Mansions.

“No, but Erica, *look,*” he said emphatically. I had missed what Jarrett was referring to besides the ostentatious homes incongruously located next to this socioeconomically and racially contrasting neighborhood (*albeit an increasingly gentrified neighborhood, hence my brother*

living there). I saw that the road, perpendicular to the one where we were, instead of continuing on - as one would expect a road to do - abruptly ended. No cars from the side we were on could enter freely. Instead, a narrow, timeworn footpath meandered through a manicured grassy section that served as a barrier, cutting off the road. There might as well have been a sign reading “Whites Only.” But of course, in the US (pre-Trump era), we prefer to use a more sugarcoated façade of equality - manicured patches of grass - to do the work that these signs once did. No matter, the message was the same: “Get out.” The clouds burst, and Jarrett and I ran back to his house.

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The US, in many ways, is an apartheid state as much as South Africa still is - in a different context and historical trajectory, but still separate and violent, and indeed, abhorrently unequal all the same. One can effortlessly trace systemic racism in our country’s urban planning and spatial design of our landscapes - also a product and productive source of structural racism and inequality. *Space is not neutral*. In the South African context, this is perhaps even more blatantly true and dramatic, 23 years after the end of Apartheid.

In this ‘post-apartheid’ era, de facto practices and realities of segregation are systemically legitimized. University of Cape Town political science professor Zwelethu Jalobe spoke to the students in our program about South Africa’s current political and racial landscape. He discussed how the very existence and idea of a ‘township’ legitimizes and institutionalizes racialized poverty that is perpetuated in a vicious cycle. In the 23 years since Apartheid, he felt that very little has substantially changed for most poor black South Africans.

Creating townships was a way for the apartheid regime to create functional spaces where black people could practice their rights in a very limited area, still separate from the rest of society and without significantly changing realities of racial and socioeconomic power imbalances. The apartheid regime forced black people to relocate to townships, or ‘locations,’ most built on the outskirts of towns and cities. It is an obvious and terribly effective method of biopolitical control and regulation of bodies, bodies that are racialized and gendered.

Far removed from Nelson Mandela’s politics and material gains for black and colored people after the end of apartheid when he became elected in 1994, the current faction of the African National Congress (ANC), the governing political party, largely comprises black elite who neither cater to, nor represent the realities of structural violence that the majority of poor

blacks face everyday. “The old party of liberation has become gentrified,” Zwelethu Jalobe remarked. In South Africa, housing disparities, which mirror glaring health disparities, are one of the most obvious displays and legacies of apartheid.

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There was only one road to enter and leave Zwelethemba. Riot proof. Advertisements painted in red and white on the concrete wall that ran on the road’s perimeter read “Family Funeral Services.” *Call for best prices. A phone number below.*

Rust colored mountains towered in the distance against an arid landscape. The Western Cape was in a bad drought season, though you’d never guess by the greenery of the surrounding white-owned farms and vineyards. I had never seen mountains like these, majestic and bold. Beautiful. And tragically so, because they were useful: “It is as if, then, the beauty – the beauty of the sea, the land, the air, the trees, the market, the people, the sounds they make – were a prison, and as if everything were locked in and everything and everybody that is not inside it were locked out” (Kincaid 1988, 79). Surrounding Zwelethemba, the mountains were barriers.

The Apartheid government, after passing the Group Areas Act, created Zwelethemba between 1952 and 1954. They relocated black people - Xhosas, Basutos, Botsawanas, Zulus - from the town of Worcester and from other white and coloured areas to this new ‘location.’ Zwelethemba used to be situated across from a river, but the government diverted and blocked it off with stones and concrete to further create a barrier between white and black areas. Here, people confront the living legacies of Apartheid on a daily basis. Zwelethemba became a cradle of resistance and underground political activity until the end of Apartheid.

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Mama Eunice and I sat on her concrete-floored patio and looked out at the street where playing children ebbed and flowed between homes, sometimes trickling into Mama Eunice’s. The homes here seemed porous, realms at once public and private. Mama Eunice had finished some cleaning inside, and I had been reading. It was a rare moment to speak with her alone, and for her, a seemingly rare moment of rest.

Mama Eunice appeared sturdy and physically strong from years of farm work and domestic labor, well weathered and aged. Aged less like a fine wine and more like a great tree,

roots deep and sure, branches extended out with generous grace. Worn hands. Someone to trust. Someone who had been through a lot. Someone who loves people. Her eyes seemed bright with kindness, one eye ever so slightly covered with a milky-blue lens of cataract. Though at ease, I felt honored to be in her presence.

“I grew up on a farm outside of Worcester and started working when 13 or 14. Eat outside, sleep under table in the kitchen, sit on the ground, can’t use anything from whites. It was difficult under Apartheid. The shops, beaches, boucherie. All separate, can’t buy white bread, brown bread only, only beef and not lamb, no white sugar,” Mama Eunice explained. “So glad things have changed, yho,” she said.

Many of the homestay “mamas” including Mama Eunice had never had a white person in their home before they started to host students in this program. It was a big deal for me to be here, and still I think about whether it was a reciprocal exchange. Moreover, why was I here? Was this a kind of voyeurism of poverty, especially being here temporarily? We were parachuters, coming in, then leaving, entering and leaving emotional and physical spaces. I particularly think about how this could affect the children I grew close with, but perhaps it reflects other fragmented relationships that many experience such as losing a parent to AIDS. How much of this program was a collaboration and how much of it was something else? Some people in the street asked me whether I was a doctor or a missionary - someone to ‘help,’ because why else would a white person be in Zwelethemba?

Mama Eunice had several children and had adopted two children from her sister. After having her third baby, Mama Eunice left her husband. Most of the women I met, both older and younger mothers were single. Mama Eunice had also lost a child, which I learned later during my stay. “I’ve looked after children my whole life,” she said with a slight smile, which seemed to be her mouth’s natural equilibrium. The irony of the Apartheid state is that at the height of Apartheid, black women raised and took care of white women’s children. Slippages in the system of separation.

Mama Eunice was active in the community, well connected after having lived here for around 20 years. She now lived with her daughter and baby grandson. All of the children in the neighborhood seemed to love Mama Eunice, maybe because she could play around and laugh. Even so, I sensed that Mama Eunice claimed respect, for she had a subtle air of humility, almost undetectable, that made people want to respect her. I wondered if people often understated her,

taking her greatness and goodness for granted because she never falters, always seeming to do what needed to be done.

I was not meant to live with Mama Eunice. Mama Thembsi experienced a fire a few days before we arrived, so Mama Eunice and her family graciously welcomed three of us to stay with her until Mama Thembsi could repair part of her house. On top of already hosting three of our other friends in the program, Mama Eunice, her daughter Thuli, and grandson seemed unbothered, happy even, by our extra company.

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“Ah the day is spoiled...shame! The day is spoiled!” said Mama Eunice, throwing up her arms, brows furrowed, an expression of disappointment seeming to appear on her face. “Mama, it’s fine, the day isn’t over! I’m fine with just hanging,” I said. She seemed to feel badly that our Saturday was not going as planned. We had intended to go into town for a day at the pool; it was at least 98 degrees out.

It was the first day that any semblance of coolness broke through the unrelenting heat of prior days, and cloudy skies hovered above. Our friends needed to get their hair braided, and it was taking longer than anticipated. It was no day for the pool, though Mama Eunice had already packed a picnic lunch for us. The bag rested against the wall next to the door. Zisa, Mama Eunice’s two-year-old grandson and Songe, another boy of about eight who was like a grandson, had their bathing suits on, ready to go. The initial excitement of going swimming had all but vanished as the inertia of the day settled in like a fine dusting of sand. Mama Eunice seemed to take on the responsibility and hold the desire to entertain us. “The day is spoiled. Shame, shame,” she remarked again, her voice trailing off.

“My babies, you hungry?” asked Mama. I loved when she referred to us as “babies.” It made me feel welcome, an expression, I felt, of affection and warmth. It was well past lunchtime. “Babies, let’s eat!” she exclaimed without waiting for a response. She reached into the bag, and in one swift motion, pulled out a blue bed-sheet and threw it on the floor in the center of the family room. “Babies, spread it out, move the chairs,” she said. “We will have our picnic lunch inside!” declared Mama. She reached into the bag a second time to bring out the food, a plastic bag of sandwiches that she passed around. “Come, come, babies, sit.” She put a container of green grapes and a bag of potato chips in the center of the blanket. We gathered around on the floor, as it began to rain lightly outside.

Having a picnic inside. It was something that my parents would do, something I can remember doing on snow days or when I was sick home from school - an impromptu activity reserved for rare occasions. A few days earlier, I had taught Zisa and some of the other kids the Earth, Wind, and Fire song “Beijo,” a throwback from my childhood. During our stay, the song seemed to become an anthem in Mama Eunice’s house, and now, while all on the floor, even she joined in: “Badee-ah, badee-ah, badee-ah dee-ah-dee, badee-ah dee-ah -- bada-bop-ba-ba.”

I felt a freedom in the informality and beauty of Mama’s spontaneity, her steadfast and genuine refusal to accept a day ruined, to be excluded from doing something. She brought a box over and laid it on the floor. “Mama, what’s this?” I asked. “It’s a cake,” she answered. “Oh, what for? Is it someone’s birthday?” my friend asked. “No, no. I bought it for us to enjoy, because you’re all here,” she said. The day had not turned sour in the least. “Mama Eunice, thank you,” I said. My friends and homestay partners appeared to be as appreciative and touched as I was. I looked at my smiling friend who said, “Mama Eunice, you are the sweetest.”

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“Make sure you girls close and lock the window at night and when you leave the room,” Mama Eunice cautioned us on the day we moved in. There was no way to escape the stagnant heat at night, but better to be safe, I thought. “So cats don’t come in through the window,” Mama Eunice’s voice trailed off as she walked away. I laughed in surprise. Still, like Mama Eunice’s, most of the nicer house had gates for protection. There had been a history of people breaking in to steal televisions and other valuables especially when they are high on tik, a street name for crystal meth: cheap, potent, and widely available in many townships.

As for the not-so-nice houses (shacks, rather) in Zwelethemba, there were no gates, a reminder that even within this township, class differences are highly visible. When first arriving in Zwelethemba, we walked around to get oriented, passing the library where we were to have classes and the one grocery store. Our program coordinator showed us Mandela Square, the name for the growing makeshift squatter camp in Zwelethemba. People who moved here live in corrugated tin shacks and have little infrastructure because they are unauthorized by the city. People find precarious ways to hook up to the electrical grid. I learned that there are several spigots and pipelines for squat toilets, though I saw several blue port-o-potties that while supposedly temporary, serve as ‘safe’, ‘hygienic’, and ‘functional’ solutions. Needless to say, people a few blocks away from where we lived face different health challenges such as

inadequate sanitation and lack of access to safe drinking water. We continued to walk, pausing to look at Zwelethemba's vast cemetery where white crosses marked the landscape. Death seemed to keep an active and ready presence here.

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Issues of sanitation and disposal of human feces prevail throughout South Africa's informal settlements. In 2013, activists in Khayelitsha, an informal settlement on the outskirts of Cape Town, made these problems visible to the politically and economically powerful. People emptied the contents of the government toilets, throwing their waste onto a main highway that can be viewed from the Cape Town International Airport and throwing it onto steps of political buildings. They demanded to have proper toilets that flush, and not to smell excrement when cooking, when sleeping, during all times of the day and night. To have proper infrastructure where people don't have to defecate in the open. To have more toilets so that women don't have to have to walk far at night to go relieve themselves with the fear of getting raped.

Unsurprisingly, politicizing human waste and making poverty visible can be effective.

March 9th, 2015. University of Cape Town student Chumani Maxwele threw shit on the famous statue of Cecil Rhodes. This act of protest marked the beginning of the Rhodes Must Fall movement, a student led fight to 'decolonize education,' to increase the visibility of South Africa's glaring racialized poverty, and financial and academic exclusion of colored and black students and faculty. In addition, Rhodes Must Fall demanded transformation to the Eurocentric course curriculum, while its sister movement, Fees Must Fall is struggling to cut costs of education, asserting that education is a human right and should be free. University of Cape Town (UCT) students called upon the administration to remove the Cecil Rhodes statue that *glorified* white supremacy and symbolized the lack of change since the end of Apartheid. For many black and colored students walking by daily, it was a violent reminder of South Africa's colonial past, brutal Apartheid regime, and the present oppression of structural racism that students experience. Indeed, South Africa has a long history of student led protest.

Cecil Rhodes was a British businessman, mining tycoon, and powerful imperialist in South Africa - an exemplar of colonization. Rhodes donated the land for UCT, at the foot of the rocky slopes of Devil's Peak. On the UCT campus, I looked up at the veil of mist suspended over the peak and above the ivy-league type buildings, making them appear majestic but ghostly in form. I could see through this institution's righteous façade as a bulwark of liberalism. This

institution's history, like many universities in the US, rests on a textured history of violence. Students in Rhodes Must Fall noted how the Black Lives Matter movement in the US had been inspiring. Taking down the Rhodes statue seemed more symbolic than anything else, hardly a panacea to these deeper racial and socioeconomic issues.

We were here to meet with student leaders in the Rhodes Must Fall movement, almost exactly one year after they had pressured the UCT administration to remove the Rhodes statue and only a few weeks after students of Rhodes Must Fall had organized a demonstration called 'Shackville.' They set up a corrugated tin shack on campus to protest against the lack of housing accommodations for black students on campus as UCT has a first-come, first-serve policy to determine who gets campus housing.

Those who arrive first are the wealthier, white students who live closer to UCT and in Cape Town proper, whereas black and colored students who live in townships on the peripheries of towns and have to travel farther naturally have less access to dorm rooms. This leaves some students (almost all black and colored) homeless and many on waiting lists for housing. Of course, access to adequate housing, undoubtedly both an environmental and health issue, affects student performance and success at the university. I met several people from US universities studying abroad at UCT who, of course, scored on-campus student housing, which shows how the university values different types of students based on class, race, and nationality.

When we met with student leaders in the Rhodes Must Fall movement, someone asked, "How do you balance being a student with social activism?" The woman replied frankly: "It is beyond social activism. This is about people's lives."

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On the way to meet with a panel of students from Rhodes Must Fall, we walked passed a room with caution tape zigzagged across the door, prohibiting anyone from entering. I peered through the glass door and windows. A placard next to the door read, "Echoing Voices from Within." an exhibit presented by Rhodes Must Fall (RMF). I could see just a few of the photographs that seemed to document critical events in the last year. The exhibit opened on the one year anniversary of the day student Chumani Maxwele threw shit on the former statue of Rhodes.

Splattered and smeared red paint trailed across most of the photographs. Vandalism? Protest? Less than a week after opening, the disrupted exhibit now remained closed. It was as if

the layers of dissent on UCT's campus and within the greater RMF movement had been captured and placed in a showcase for all to see. *An exhibit within an exhibit.*

Who was behind this and why? A friend in my program made an astute point when she said, "Putting photos like these on display as the movement is happening...it's like the exhibit is trying to fix Rhodes Must Fall by representing it in a particular way. It's kinda messed up." Regardless of the red paint's latent meaning beyond our initial interpretations, we witnessed the aftermath of an engagement with RMF. A dynamic conversation that now embodied a performativity of its own.

Not everyone was echoing the 'voices from within.' In fact, this was a response from the voices 'outside' - apparently voices that the power dynamics within RMF sidelined. The Trans Collective at UCT responded and made new meaning out of this public display. Only a few days before, the collective had printed pieces of paper that read, "We will not have our bodies, faces, names, and voices used as bait for public applause" and another paper that read "RMF will not tokenise our presence as if they ever treasured us as part of their movement."

In the urgency of the Rhodes Must Fall movement, striving to deconstruct white supremacist power hierarchies, how are relations of power within, sidelining and erasing other peripheral perspectives and experiences? The Trans Collective, as a student group focused on the rights of transgender, gender non-conforming and intersex UCT students, had released a statement that its "role has now evolved into speaking back to RMF and keeping it accountable to its commitment to intersectionality precisely because it is positioned as a black decolonial space."

While a single example of the nuanced complexity between racial and gender identities (among other identities such as class) and the representation, or lack thereof, of actors within the movement, creating a dialogue within Rhodes Must Fall is a form of resistance and agency on multiple levels. The dynamic interaction of dissent between and within groups shows the constant struggle in decolonizing ways of being and doing.

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"When you make this clicking sound, you have to put your tongue up to the roof of your mouth. Like this," the professor said, her British-sounding accent overpowering the way she spoke in Xhosa. When we arrived in South Africa, we spent a few days at a hostel in Muizenberg, a beach town outside of Cape Town. In preparation for our h Zwelethemba

homestay, we had a crash course lesson in “isiXhosa”, the Bantu language that people speak in Zwelethemba. The spritely, middle-aged professor of isiXhosa at University of Cape Town - white - came in to teach us basic phrases and to discuss the Xhosa culture.

“Repeat after me.” She said the phrase, “How are you?” and we tried to mimic the sounds in unison. “Okay, everyone, next we are going to learn a song: The Click Song! It’s a traditional Xhosa song sung at weddings. Has anyone heard of Miriam Makeba?”

The professor appeared to be an intelligent and sweet woman, and even an engaging teacher, surely an expert in her field. It struck me, though only after the lesson, as a bit odd that she was here. Why was *she* teaching us when we would be in Zwelethemba the next day? I wondered if we could have waited a day for someone in Zwelethemba, a native isiXhosa speaker to have spent some time to teach us about their own language and culture, and for someone there to have the opportunity to earn some extra money. Instead, our program paid for this ‘expert’ to come in and teach us.

I asked myself, “Why was it that we valued *her* knowledge of the Xhosa language and culture over the Xhosa people themselves?” Along with others in my program, I felt a lingering sense of betrayal by our program coordinators and the program itself, and by the practices we were actually perpetuating. It’s not that the professor did anything wrong, but I could not help but feel as if this were an affront, minor on the surface, but with deeper significance to us and to the people in Zwelethemba.

Perhaps there was a quota on how many formal professors had to teach us for our credits to be transferred back to our home universities. Perhaps it was a matter of convenience and timing. Perhaps it was that the program coordinators had to conform to the politics of hierarchical knowledge that construct the academy. Perhaps the program, and us as students in the program, remain deeply embedded within the colonial/modern matrices of power of which we are all products. Perhaps all of these things hold true at once. What kind of dynamics, power hierarchies, notions of who is ‘expert’ were we playing into, almost without our consent, or unknowingly, or knowingly only after the fact? I found it interesting that while meeting with students from Rhodes Must Fall and while having panels of people in our classes to challenge the idea that the expert is the one with the degree, we couldn’t quite escape these colonial knowledge hierarchies.

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I felt split. An internal tension that (un)settled in my stomach and made me feel heavy. My usual easy-going disposition turned rancid. Having difficulty pushing away the negativity clouding my mind, I realized I had to accept and embrace, try to work through, and understand these feelings. I had a week of vacation for spring break during my last week in South Africa. Playing ‘tourist’ seemed like a bad joke to me at this time. Perhaps I needed to turn my brain off and just not think about what processes I was playing into, perpetuating, narratives I was locking myself into and driving. It is not that I felt guilty going to nice restaurants, sightseeing, and going to museums; rather I felt like a phony, a traitor almost, my actions not reconciling with my emotions. Cognitive dissonance. Jamaica Kincaid’s words echoed in my mind: “An ugly thing, that is what you are when you become a tourist, an ugly, empty thing, a stupid thing, a piece of rubbish pausing here and there to gaze at this and taste that, and it will never occur to you that the people who inhabit the place in which you have just paused cannot stand you...”

One night, I went to Cape Town’s waterfront, which reminded me of Baltimore’s inner harbor. It was the part of the city that gave people a nice, clean, modern impression, even as fires rage elsewhere. A delusion. A distraction? A money-generating hub. And an enjoyable one at that, ferris wheel and all. I wandered into a souvenir shop. On a shelf, I caught a glimpse of a colorful dishware set. The theme was ‘township.’ Rims of the dishes displayed cartoon people, vibrant multicolored shacks, people peddling fruit, and children playing in the streets. Shining African sun. Smiling people. Exotic. Simple. Stress-free. Oh the romance of township life! For a moment, I thought that they had forgotten to include matching napkins, but then, to my relief I saw them nicely folded and creased.

It made me nauseous to imagine eating from one of these plates with their romanticized and racialized depictions of township life, of poverty and hardship, objects meant to be bought as souvenirs to directly feed into the Western imaginaries of ‘Africa.’ Exploitation. Exoticism.

When I reflect on the actual food I often eat on a daily basis, how much of it is harvested, processed, grown on the backs of people treated inhumanely, paid slave wages, constantly navigating unsafe labor conditions and health hazards? By migrants forced to remain in isolation for fear of being deported? How can I be so self-righteous to say that I could never eat from one of these plates, that I could never perpetuate this type of racist exploitation, when the food that I so often eat is dripping with the blood, sweat, and tears of real people facing real injustice miles

from where I live in the US. I fall prey to the very things that I condemn. How much do I ignore on a daily basis because it has become normalized to me?

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After about a week, we were able to move in with Mama Thembsi and her family of five grandchildren, some by blood, some not. She provides for them all. The small pink house was on a different street than Mama Eunice's, and my two friends in the program and I walked bags in hand to her house. Two young men carried a bed from Mama Eunice's to Mama Thembsi's while all the kids from the street tagged along. It felt like a parade, though bittersweet, as I loved Mama Eunice's home and felt uprooted.

Mama Thembsi was an older woman now, well built and plump. A woman who exuded patience, wisdom, and a confidence that could only come from a life's worth of experience and struggle. She used a cane and wore glasses, and each morning she wrapped her head in a different brightly patterned scarf. In the mornings she would fix our breakfast in a pink robe with white polka dots. One day when my homestay partners and I woke up late, Mama Thembsi commiserated with us: "I love to sleep. Sometimes after I get the children off to school, I go back into my bed and take my coffee. I relax and maybe sleep for a little while." The burnt smell in the home lingered for days. One of her younger grandsons had found a box of matches and had accidentally started the fire.

During Apartheid, Mama Thembsi was a political activist in the struggle and a leader of the ANC Women's League. Mama Thembsi wrote a book about her social and political life, and before we left, she gave us each a copy, slightly water-damaged and smelling of fire. I treasure this book, and I hear her voice when I read, dictating her life's events, lost in thought, her stories meandering in a nonsequential way.

Mama Thembsi raised six children, though three have died. One of her daughters died several years ago when she could no longer take, or 'defaulted' in taking her antiretroviral (ARV) medication, leaving her three children with Mama Thembsi. The HIV/AIDS epidemic is the reality of township life. In the wake of Thabo Mbeki's regime of AIDS denialism and the fight against big pharma to have access to affordable, life-saving ARV medications, an unprecedented number of people live with HIV. It has in many ways become a chronic illness because now people can usually access ARVs, though it seems no less stigmatized. Often, the

language around defaulting on medication can cast blame on the person suffering, thus becoming another barrier for receiving care, both mental health and HIV care.

Coinfection of HIV and tuberculosis (TB) is also rampant in Zwelethemba. Considered a ‘disease of poverty,’ TB is highly contagious to young children with low body mass indexes and others with compromised immune systems, particularly people who are HIV positive. HIV and TB coinfection compound and mutually exacerbate one another. Inadequate housing with poor ventilation as well as inadequate nutrition are major determinants of TB contraction. TB is often a neglected disease with less financial incentive to invest in TB research. High HIV and TB prevalence often adds another level of complexity in ensuring maternal health.

One day, I came home after classes by myself. The kids were still in school. “Let’s have tea,” offered Mama Thembsi. Using her cane, she got up to put hot water on. “Puma!” she yelled, opening the door and trying to get the scruffy dog out. What sounded like “puma” in English means outside in Xhosa. Mama Thembsi said, “You know, the other students who were here before you, they would call for the dog and say, ‘Puma, Pumaaaa,’ thinking that was the dog’s name. And I said, ‘No! His name is not Puma, it’s Goofy.’” We shared the tea bag and talked about our days. “I waited in line for three hours at the clinic,” said Mama Thembsi with a sigh. This occurred even though she had a scheduled appointment at the overburdened clinic down the street.

In 1996, primary health care services became free for all. A line of people often spilled out of the clinic doors a few blocks away. I went with a friend to learn more about the services and support for women in general as well as expectant mothers and current mothers in Zwelethmeba. The main waiting room was full of people sitting in chairs, and additional people queued at the main counter to check in. The line of people wrapped around a table near the clinic entrance with a basket of both male and female condoms, as well as multilingual (Xhosa, Afrikaans, and English) informational pamphlets on condom use.

In the antenatal waiting area, funded by USAID, one child coughed incessantly while another climbed through the legs of the chairs. I got the sense that some of the women had been waiting for a while. We met with a nurse for five minutes, careful not to take away too much of her time from seeing patients. “One of the biggest challenges to care are language barriers because there are other women from other countries who live here - Malawi, Zimbabwe. The stigma surrounding HIV is huge too. Sometimes a woman who is pregnant won’t disclose her

status,” she explained. Women give birth at the hospital in Worcester but receive HIV counseling, nutrition and breastfeeding support, pre and post-natal support, and contraceptives here. The nurse was a ‘coloured’ woman and was not from Zwelethemba but from another town close by. “Most pregnant women who come here are in their early 20’s, but I see girls as young as 14 and still in school,” she said. Many teenage women here drop out of high school because they become pregnant.

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Axola, one of Mama Thembsi’s teenaged grandsons, of around 17, had a soft-spoken, sweet disposition, though I had not had enough of a chance to talk with him. He told me that he sang in the church choir as the youngest member. On his way home from school one day, he flew over the handlebars of his bike and severely lacerated his face. The day of his accident, I came home from classes in the late afternoon. Mama Thembsi’s granddaughter, Pamela was there with her children and other women from the community, helping Mama to cook, clean, and take care of the kids. That afternoon Pamela had taken Axola to the health center for stitches, and now he rested on the couch in the other room. Although sprawled out, he remained still, for the tiniest movements seemed to make him wince in pain. Pamela had made us dinner, and my friends and I had started eating when we heard a knock.

A voice said, “Molo Mama, it’s the choir. We’re here to see our brother!” Mama Thembsi opened the door saying, “Hello, jah, hello, welcome, welcome, come in.” Axola came into the kitchen, seeming surprised that they came for him. A continuous procession of 20 or so people entered the small kitchen. “How you doing brother? We’ve come to sing to you,” said a young man with a smile. They lined up in two rows as best they could, as if in a huddled version of singing in church. I swallowed my chicken and wiped the oil from my hands. This was no time to eat. I smiled and said, “Hi,” as people got situated and the other kids gathered into the room.

Within seconds, the people in the choir opened their mouths, holding nothing back. Their voices joined together strongly, harmonizing, turning the small, dimly lit kitchen into a sanctuary. I remember few of the song’s words, yet I remember how it sounded and felt, with the power of their voices piercing the air and my psyche enigmatically. I closed my eyes and felt transcended into a different realm. My eyes teared up in awe of this expression of genuine love, and this creation and transference of positive energy to Axola, and by association, to all of us in

the room. The song did not last long. I could not exactly read the expression on Axola's face, partly because gauze covered all but his eyes and lips. I thought I could see Mama Thembsi's eyes fill with tears. Axola hugged a few of the choir members who responded with: "You will heal fast! Take care of yourself," and "God will bless you and heal you! Stay strong brother."

The choir left, and we finished our dinner. We did not discuss what had just happened as that would have been unnecessary. Gratitude filled me, to have witnessed this moment of supreme beauty. Mama Thembsi and her family had allowed me in and welcomed me into their worlds, which meant I had the opportunity to share this moment. Gratitude to have witnessed the compassion, support, and love that this community within Zwelethemba had forged. I think of it as a gift that I had the opportunity to live both with Mama Eunice and Mama Thembsi and their beautiful families. I had two homes in Zwelethemba.

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Zwelethemba means "Place of Hope" in Xhosa. "How fitting," I think, "and at the same time ironic, maybe even mocking, depending on who named it." The Apartheid government, or the people who live here? Even so, many people that I met in South Africa and particularly in Zwelethemba claim this name and embody hope - the hope of a better tomorrow that Nelson Mandela once personified.

Hope is an *active* and *creative struggle* of becoming. Everyday resistances can be located in the face of material everyday violences - profound racism, environmental and health injustices - and in the ways some people embody *suffering*, which can be different than *victimhood*.

The word 'health' derives from the word 'whole'. Like threads of a sweater, one can locate wholeness in webs of relationships however incomplete, frayed, fleeting, torn, damaged, soiled, and full of sorrow and loss. And still, wholeness can be found through connection, in the moments of pause and togetherness: sharing a cup of tea in the evening, a single instant of silence when words seem excessive, a conversation on the porch, a second of unfaltering eye contact.

The moments in between what we may often consider the event itself.

The understanding that *space is not empty; it has meaning*.

A place of hope: an HIV positive body, a mother's womb, a picnic inside, a small kitchen, a song, a smile, a family in any and all variations, a demonstration on a college campus that is part of a growing movement. A place of love becomes a place of struggle becomes a place

of resistance becomes a place of life that extends beyond the individual being; a place of hope that becomes all-encompassing and rhizomatic. A person is and becomes a person through other people. Wholeness and hope found through and with others, creating a life and culture of inclusion even when excluded in so many ways. “I’m gonna go on,” declared Mama Eunice after sharing her life story. People live, suffer, die, try, love, and struggle, dealing with what comes their way. After all, the “bandits didn’t rule the world” (Shakur 1987, 247).

Brazil

In southeastern Brazil, in São Paulo City and in the municipality of Barro do Torvo in São Paulo state, how do women assert their health needs and those of their children? Moreover, how are women agents of resistance against hegemonic political and cultural forces and values (e.g. religion, land-use changes, racial discrimination, etc.)?

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“Oi, capoeira? Eu não falo Português,” I said. I don’t speak Portuguese, but that didn’t matter. “Oi, oi, hi!” a few people said from inside, motioning for us to come into the building and join them. I could already hear the familiar rhythms and distinct sounds of capoeira instruments. Now after sunset, there was a chill in the air in Barra do Turvo, a municipality in Sao Paulo state situated in the Atlantic Forest. My friend and I dropped in to join an evening capoeira class in town. I had only studied capoeira, an Afro-Brazilian dance martial art, for a few years in Vermont and was hoping to play while in Brazil.

We entered the small room that was attached to an ice cream store, closed for the day. A group of 15 people filled the room - children, teenagers, and adults. They were already practicing movements with partners. The room was warm with body heat, blood pumping, and fans blowing. At first, I felt nervous coming to this class, but these feelings quickly vanished because the atmosphere felt light and full of positive energy. I started to imitate the movements of the other people, and the mestre, or master, took me on as his student. He helped me to correct my form and assisted me to adjust what I was doing incorrectly. I re-familiarized myself to the same movements, rituals, music, and songs that I had learned in the US, and now, here in Brazil, I felt connected to these strangers through the capoeira language.

Capoeira is at once a dance, a game, a performance, a fight, and a conversation through body movement. In sync with one’s partner and with the rhythms of the music, I think of capoeira as a navigation through time and space - a constant instinctual deliberation of when to make contact, when to break away, and when to enter into the game in an assertive but graceful manner. It is about the “the energies in between” the movements, like a call and response of jazz improvisation. Playing capoeira is a process of becoming part of and creating something bigger through playful collaboration, a game full of emotion and expression if one can shake away feelings of self-consciousness. “Be calm, calm. It’s a game. Be with your partner. Control your emotions. Play, guys,” I heard the encouraging voice of my capoeira professor in Vermont in my

head as I entered the roda, or circle, to play. The kicks are the questions, and the responses to the kicks are the answers. “You can’t go in with assumptions. Wait for the question, then it is up to you to find the answer and respond,” my professor once said. On the outside of the roda, clapping, singing, and playing the instruments, one is part of a larger collective. It is not about individual expression, but about keeping the energy alive for those playing in the center. Capoeira has been a process of learning through the body. People in this class had opened their world to my friend and me by embracing us to learn with them, sharing capoeira, their culture, their history, and their way of life with us. I knew after the class was over that I would see some of these people again to play while I was still in Barra do Turvo.

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Beginning in the 1500s, the Portuguese enslaved around 4.9 million Africans during the Atlantic slave trade. Capoeira developed differently throughout different parts of Brazil, and the art is a continuous amalgamation of encounter between cultures: indigenous, Yoruba, Bantu, and European. Spanning around four centuries, the Portuguese primarily enslaved people belonging to West African and Bantu groups. On plantations, enslaved people developed capoeira as a means of resistance against masters, using capoeira as a martial art and system of self-defense. Capoeira also was an outlet to relieve boredom, and as a way to foster unity, facilitate communication, maintain African and indigenous culture, while also conditioning and training the body. Capoeira was subversive and dangerous. It is thought that people disguised the fighting aspect of capoeira as dance so that slave owners (and later police) would not know that they were practicing. Brazil outlawed slavery in 1888, and following that, capoeira was outlawed in 1892. Black people criminalized. Capoeira criminalized. Indeed, capoeira is an art form and movement born out of resistance. Many enslaved people rebelled and escaped to remote locations, married local people, and created runaway slave communities called quilombos where their descendants continue to live.

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The forest was lush, the ground muddy as we walked. A few horses roamed in the pasture next to us. The two women had been expecting our group’s arrival, inviting us to sit in a circle outside one of their homes. We had someone from our program translate while a younger woman spoke to us. “This is an environmentally protected area, but our access to this land has been restricted because the government doesn’t recognize this as our property. Many of our

traditional practices we can't do because of institutional regulations. Land regulation, combatting racism, and food safety are the main issues affecting our community," she explained to us. She was an activist and community organizer. She continued, "before they created the park, we were able to live and work freely. Plant rice, beans, have chickens, but now every time we would burn to replenish the soil, the government would fine us. But we know how to burn in a controlled way, and quilombos became targets when real culprits were big companies for big agriculture." Even though it's a protected area, companies still come in to use the land. I wondered how this woman became a leader in her community, what her influences and pivotal moments were.

Another older woman who had been cooking when we arrived now came out of her kitchen to show us how they practice agroforestry. She wore flip-flops while leading us along uneven paths, through leaf debris and felled branches. She would stop every now and then to show us another fruit tree or other crop that they plant, explaining how the relationships between the plants strengthen the ecosystem, and how each plant fits into their diet. People here rely on very few resources from outside their land and community.

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"We practice macumba, a black magic, witchcraft, but our religion and practices are criminalized," the woman who spoke to us initially explained. "The government says they want to preserve our culture and ways of life, but we can't practice our culture," she says. She uses her hands and arms when she speaks to emphasize her points, to point to different areas of the landscape. She wears a simple dress and seems passionate about teaching us about their ways of life and about the challenges they face. Beads of sweat shine from her face; it is hot and humid out, and I felt dehydrated and tired from the heat.

"We have to practice in secret. The institutionalized system of health is imposed. I don't go to the doctor because I want to - I have to because of the Family Health Program. We use herbal medicine, the mother is the doctor, and we teach younger generations traditional knowledge. You only take kids to the UBS (the clinic) if herbal remedies don't work. The Cuban doctors, just a few though and not the system as a whole, are learning more about how we use herbalism and are putting together information sheets with properties of herbs." An older man wearing a fedora type hat walks over to us, using a cane. He introduces himself as the grandson of the founder of this quilombo.

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In 1988, human health became a right as stated in Brazil's constitution. The national health system called *Sistema Unico de Saude (SUS)*, is a universal health system that provides free care to all, at least in theory. Undoubtedly, health disparities persist between urban and rural places, socioeconomic status, race, among other factors. SUS is a decentralized system where workers are dispatched at the municipal level where there seems to be a fair amount of autonomy that provides each place the opportunity to tailor SUS to meet their community and region's needs. Part of this decentralization comes from the Family Health Program, which is Brazil's primary health care strategy.

The Brazilian government has partnered with Cuba to establish the *Mais Medicos*, or *More Doctors Program*. Because Cuba has a surplus of doctors, this partnership enlists Cuban doctors to practice in under-resourced, rural parts of Brazil where the doctor-to-patient ratios are lowest. A nurse and clinic director who we met in the town of Barra do Turvo said, "it has been overall positive even though language barrier is a challenge and there is often a high turnover rate of doctors, many of whom leave rural areas or go to other countries when their contracts are up."

Later on, we met with several Cuban doctors who work in Barra do Turvo. "The entire mindset of doctors from Cuba is different from Brazilian doctors who are more business oriented and not about treating the patient as a whole and getting to root problems," one of the woman doctors said, speaking in Spanish. "Many Brazilian doctors treat the person like a client versus a patient."

Someone asks about what it is like working with people in quilombo communities and how they address the tensions between institutional medicine and other practices of healing. One of the woman doctors seemed to become animated as she responded: "I see herbal medicine as a complement to mainstream medicine - not a competition. It helps our work because most medicines come from plants, so I try to educate the population on herbal properties and dosages. I try to explain that if there are two medical conditions for example, an herbal remedy could help one and hurt the other." It is hard for me to imagine that her views and approaches as a doctor are the norm.

Even if imperfect, it seems as if this partnership has been a creative way to temporarily address the lack of health resources in rural places like Barra do Turvo. “The intention of the Brazilian government with SUS is good I think, but masses are demanding better services and are no longer blind to realizing that health is a right,” said one of the doctors. “And by around 2029, Brazil will have enough graduated doctors,” he added. The government is now trying to increase the ratio of Brazilian to Cuban physicians.

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“We face racial discrimination. Many people here used to be ashamed to go into town, feeling ashamed of speaking in public because our vocab and rhythm of speech distinguishes us immediately,” the woman from the quilombo expressed. Out of my periphery, I saw a flurry of hummingbirds fly out from a flowering tree ahead, buzzing around in search of more nectar. This forest was teeming with life. The woman continued to speak: “Many people are ashamed of recognizing their ancestry and saying they’re black, so I am part of the movement to combat the denial of African ancestry. It’s not just about the color of skin - but about attitude and cultural aspects. We try to teach our children our religion, and celebrate our identity, how we dress, our skin, our hair and attitudes, getting the youth involved in the arts.” Her voice seemed to get louder as she spoke about claiming her African heritage. “We play capoeira and teach our children the religious parts of it.” Resistance as a way of life. Self-sufficiency as a community. After spending the day here, we needed to leave before it got dark.

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It was up to the next vote, the final vote. Politicians were screaming, suspense was building. Would the current president Dilma Rousseff be impeached? I lived in a high rise apartment located in a more affluent part of the city with a young couple, my homestay ‘dads,’ Glauco and Alvi. We all watched these final moments on TV, as Glauco explained to us about all of the political corruption present in the government. And the final vote was in favor of her impeachment. “It is a long process though,” said Glauco. Over the next few days, protests erupted on the streets of Sao Paulo, on Avenida Paulista, and in Rio de Janeiro along Copacabana beach.

Brazil was in financial and political crisis, and funding for health programs and education had already been reduced and cut. On top of that, parts of the country were in the thick of a zika

outbreak and epidemic. The 2016 Olympics loomed only a few months away now. Construction had been lagging in Rio de Janeiro and the city faced polluted waterways, visible poverty, crime.

Many had doubts that the government would be able to clean up the Rio de Janeiro in time to create a positive facade to the rest of the world. Some people seemed to feel angry about Brazil hosting the Olympics, spending so much money when so many people are living in poverty, starving, in communities where drug and gang violence and police brutality thrive. Police beating street children in Rio, sweeping them away, put in jail to make the city ‘clean.’ What costs, to the environment and to certain people, *certain bodies*, come with hosting an event like this?

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In major urban places that have rapidly industrialized and have been centers of rapid migration such as Rio de Janeiro and Sao Paulo, health disparities persist and in visible ways. Comunidades, which is an alternate name for ‘favela’ which many people see as pejorative, health clinics are overburdened. Too limited funding, too many patients, and many health challenges that wealthier parts of the city do not face. Sanitation is a major issue.

In Sao Paulo, dengue fever is rampant, especially where sanitation conditions are poor. Raw sewage, poor waste management, stagnant water all attract the mosquito vector. Outbreaks are most prevalent in warm and wet climates like Sao Paulo, and these areas will only become warmer and wetter as the effects of climate change are felt. It astonished me how some people living in the same city do not experience the same intensity levels of infectious disease as others. Still, however, because of the unbounded nature of infectious disease and the vectors that spread it, all remain vulnerable. Though there were few cases of zika virus in Sao Paulo while I was there, it was still a concern. “Wear bug spray all the time, keep your windows closed at night, and cover up even though it’s hot,” one of my professors said. People suffering the most from zika, however, were in the northeast region, one of the poorest and least white regions of Brazil.

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Over dinner one night I asked my homestay dads, Glauco and Alvi, why they thought so many women opt for cesarean section births. I had recently met Glauco’s sister who was pregnant at the time. “It’s like, we don’t even question it, getting a c-section is what our mothers did, what everyone else does. And because of this, it seems like it’s the safer thing to do.” His

partner, my other homestay ‘dad’ Alvi, chimed in between bites of rice and beans, “it’s just what people do, a part of our culture.”

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In the atrium at the main entrance, the excessively waxed floors reflected the incoming natural light. Brightness. The Santa Joana Maternidade, a private and esteemed maternity hospital in São Paulo City, bore little resemblance to a hospital. Near me, people walked in and out of the elaborate gift store holding assorted stuffed animals and bouquets of artificial flowers. A smiling woman holding her baby against her breast passed me in a wheelchair as a man, perhaps her husband, pushed her towards the exit. Outside of the cesarean delivery rooms, a blown up photograph of a white baby smiling on the wall stared back at all who passed. Indeed, most of the babies born here are white.

In the US, cesarean rates are also high. Around 32 percent of women give birth via c-section. In Brazil, however, these numbers are amplified. “Brazil is in the midst of a c-section epidemic,” said our public health professor in class one day. “In the private sector, around 80 to 90 percent of women have c-sections, whereas in the public system, the c-section rate is half of that, which is still high,” she said.

“What is the c-section rate here?” someone asked the anesthesiologist who led us through the hospital. “It is at 92 percent, so 15,000 births from c-sections per year,” she replied. “But, of course, women here have the choice whether or not to have the c-section. There is a high demand for them, so this rate reflects and is acclimated to the cultural demand. Besides, it is only a tiny incision,” she explained. But what other pressures, between doctor-patient interactions and beyond, are there for women to have c-sections when not necessary, within doctor-patient relationships? “Many women schedule to have their c-sections in advance. That way, their families can plan better and can be here for the delivery,” the anesthesiologist said. She led us along through hallways and different rooms, while explaining the philosophy of the hospital and highlighting the “state of the art” technologies and amenities they offer. On the wall outside of the delivery rooms, a larger monitor displayed a color-coded spreadsheet: room numbers, doctor names, and scheduled times for c-sections. I looked down at my feet as I walked. These were the most polished floors that I had ever walked on, just one part of the greater, well-greased and shiny mechanism that industrially produces births.

Often, doctors strongly encourage and schedule women to have c-sections according to

the doctor's own wants and needs: getting home in time for dinner, having a full weekend off, or not leaving a laboring mother for the next doctor on shift to deal with, out of politeness. In this type of medicalized, capitalistic culture, time is oriented and commodified in ways that pressure women to have c-sections because it is more efficient than vaginal delivery. The hospital needs more available beds for the already scheduled c-sections.

“A lot of doctors in private hospitals forget how to do vaginal birth because they never do it,” said a nurse in the maternity ward of a public hospital in São Paulo. It seems that doctors become automatons, products of the greater private, profit-driven medical system. The more practice a doctor has doing c-sections, the easier it is, and the more practice a doctor has doing vaginal births, the easier it is. Even though c-sections are major abdominal surgeries, for many doctors who have not had as much experience with vaginal deliveries, having a c-section could be safer for a woman and her baby.

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In class one day, a panel of women came in to share their birth stories. This group of women had come together to create an advocacy organization for sexual and reproductive rights, including abortion, humanization of childbirth, and the right to dignified, respectful, and informed choices during childbirth and over the course of pregnancy. One young mother held her fidgeting toddler as she spoke about getting an abortion at age 21: “Abortion is illegal, so to get an illegal one, one that is safe, it's really expensive. But, it was still an option for someone like me who is white and upper class and lives in a resource rich urban place.” She and the other women who spoke seemed educated, and overwhelmingly white.

Illegal abortion due to unsafe practices and lack of access to safe procedures, is one of the leading causes of maternal mortality. While abortion is illegal in Brazil as a Catholic country, except in cases of rape or when pregnancy endangers a woman's life, does not mean that the law has stopped abortions. Most women who die from unsafe abortions are young, black, poor women from peri-urban areas. In Brazil, misoprostol is an illegal medication that was developed and introduced in the US in the 1980s for NSAID-induced ulcers, which women can buy on the black market as an abortifacient. It is easily available and cheap, but it can be dangerous when used in unregulated ways, potentially leading to further complications. It is, however, still safer than other abortive practices.

With the outbreak of the zika virus leading to cases of microcephaly and other birth

defects, abortion laws have been challenged and called into question. Indeed, politicians, health workers, and other organizations are increasingly discussing abortion. Movements have gained momentum to make abortion legal. I think about the US and the many places where access to abortion is limited and challenging. In southern states in particular, certain laws limit funding and resource allocation, including lack of funding for Planned Parenthood, TRAP laws that target and restrict abortion providers, as well as insurance coverage that restricts abortions. On a federal level, in the midst of conservative backlash, how will access to abortion change in places where there was greater access? Whose bodies will continue to be most severely affected and controlled? Indeed, inaccessibility to safe abortion practices is a problem that often transcends place and culture, while playing out in place and time specific contexts.

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“Besides, it is only a tiny incision,” said the anesthesiologist. All that remains on woman’s body is a scarred-over seam, like a faded memory, from the cut. But what else is left over, embodied from this experience? What other meanings does this scar carry? In a seemingly seamless system of order and logic, people’s bodies become conditioned as part of the greater mechanistic system that constructs bodies, nature, gender - all of which are social constructs reflecting the other: “At least one source of body alienation in advanced industrial societies is the symbolic equation of humans and machines, originating in our industrial modes and relations of production and in the commodity fetishism of modern life, in which even the human body has been transformed into a commodity” (Lock, M et al. 1987).

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“Body language is never neutral,” my capoeira professor often says. Indeed, bodies are tools and systems of communication at all times, and in turn, are socio-political-cultural-historical constructions. Like palimpsests, bodies bear and express layers of history - bodies that are at once individual, social, and political, produced in many ways through different structural forces of control. Bodies that are pathologized, feared, commodified, and become sites of violence, control. But perhaps, there are many ways that people actively struggle to claim and reclaim their bodies, in some cases by learning from, through, and with the body. The body remains in constant encounter, in contact with the world. A permanent, yet dynamic state of permeability.

While in Barra do Turvo, we stayed for five nights in an agroforestry cooperative. One night, while we sat outside, the main farmer named Pedro who hosted us shared a story. He seemed to have a faint grin and a glimmer in his eye that I could see through the dim moth-covered light hanging above. He spoke about how circus trainers would shackle young elephants in chains. By the time they grew up, they would remove the chains, but memory of this would be enough to condition their bodies and minds to obediently stay in place without any physical chains. I think about the ways that people break free and move beyond ‘the chains,’ ways that resistance can come from the body, and ways that embodied resistance can reshape and inspire new ways of thinking and doing. A constant struggle against dehumanization - of ourselves, each other, our ecosystems, and other species.

Conclusion

Donna Haraway writes that, “food, jobs, housing, education, the possibility of travel, community, peace, control of one’s body and one’s intimacies, health care, usable and woman-friendly contraception, the last word on whether or not a child will be born, joy: these and more are sexual and reproductive rights” (Haraway 2016, 6). Starting with the body, women’s sexual and reproductive rights are environmental justice issues. Who falls through the cracks in health systems that are reflections and manifestations of larger, structural violences? Who is rendered silent or invisible in certain encounters, why, how, and by whom? But these fissures, these spaces, are productive. And even people who ‘fall through the cracks’ so to speak, respond creatively because power is something imposed, embodied, responded to and reacted to.

“Good intentions aside, it seems as though we all become ensnared in the interstices of power imbalances running their course. These interstices, like fissures in the cracked earth, divide and distance as they simultaneously construct and reorient the terrain from which they originate. And in the encounter, the connection itself, do we each lose some of our humanity in the process?”

Interstices of power. Small intervening spaces in between. Cracks in discrete categories.

Messiness.

Through this thesis process, I have realized that ‘agency’ - what it can mean and look like in different contexts, how it can be defined, and who is defining it - is exceedingly subjective and fluid. What does it mean for a ‘woman’ to be in control, to be an agentive force, including different pluralities of women and people who cannot discreetly fit into this category of ‘woman’? As both creative nonfiction and health deal with global inequalities of power and voice, writing about these topics through this form is a significant pairing. I argue that tracing power relations on multiple scales can nuance and reframe how one considers reasons for health inequalities and the ways that they become perpetuated in different cultural contexts. Furthermore, these essays collectively express that treating certain people as victims overlooks - *erases* - the mere possibility of acknowledging the ways, even if subtle at first glance, that people act with agency. It seems as if too often, perhaps especially in feminist development work, NGOs fall in the trap of saviorship by turning people into victims. The reverse is true as

well, for when individuals become made into heroes of sorts, perhaps this diverts attention away from structural systems of oppression and inequality. Indeed, possibilities for women specifically to access health services, education, and other resources are bound up in these larger systems of power and representation. Even though health inequalities play out in culturally specific ways, socio-ecological hierarchies of power exist everywhere and are interconnected globally as well.

Kaleidoscope world: patterns, visions, identities blurred and multiplied, shifting all at once. On this multi-continental trip, I felt uprooted, flighty, and ghost-like moving from one place to the next so often. Different colors, faces, memories, and landscapes swirled in my mind - fraught histories, emotions, people, landscapes that are and were at all times shifting.

Adaptation. The only constant is change. And yet on this trip, the change was amplified and exacerbated through time and space as I moved around places, hopping across the world, entering intimate spaces and lives, at times welcomed into with open arms and sometimes not. In transit from one place to another, in the air between India and South Africa, between Brazil and the US, I was often on the threshold of dramatically different places, experiences, and cultures. Identities shifted in the local contexts of gender, racial, religious, and political relations. At times, I was an insider, an outsider, and even both at once, occupying many times and spaces of discomfort and realizing that learning can often happen through embracing and leaning into the discomfort.

I use the creative nonfiction essay as a medium of expression to process and make sense and meaning out of my experiences – and indeed to map out experiences and emotions through storytelling. Reflecting on, reanalyzing, and reassessing narratives, encounters, and initial impressions is not an easy task; yet one that is significant to do as a means of learning. On her blog, scholar Sarah Ahmed writes about how she treats her first reactions as pedagogy saying how “we can all get things wrong,” and that, “we need to attend to how we get things wrong when we do” (Ahmed 2016). That is not to say that all of my initial impressions were necessarily ‘wrong,’ but that I think it is meaningful to think about the kinds of insights and new perspectives we may gain from critically reflecting on certain encounters. Writing in this way can add depth and richness to experience. In turn, perhaps greater senses of humanity, humility, and empathy may emerge through the process, “for apart from inquiry, apart from the praxis, individuals cannot be truly human. Knowledge emerges only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the world,

with the world, and with each other” (Freire 1968, 72). Indeed, pursuing processes of *becoming with*.

References

- Ahmed, Sara. 2016. "You are oppressing us!" Retrieved from <https://feministkilljoys.com/2015/02/15/you-are-oppressing-us/>.
- Banks, Andrew. 2001. Anthropology and Portrait Photography: Gustav Fritsch's 'Natives of South Africa.' *Kronos*, No. 27: 43-76 Published by: University of Western.
- Barad, K. M. (2007). *Meeting the universe halfway: Quantum physics and the entanglement of matter and meaning*. Durham: Duke University Press.
- Barone, T. (2008). Creative nonfiction and social research In A. Cole & G. Knowles (Eds.), *Handbook of the arts in qualitative research: perspectives, methodologies, examples, and issues* (pp. 105-116).
- Bernard, H. Russell (2006). "Chapter 14. Field notes: how to take them, code them, manage them." In *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Lanham, MD: AltaMira Press, pp. 387-398.
- Bernard, H. Russell (2006). "Interviewing: unstructured and semistructured." In *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Lanham, MD: AltaMira Press: 210-250.
- Bochner, Arthur; Ellis, Carolyn (2016). Evocative Autoethnography: Writing Lives and Telling Stories. Retrieved from <http://www.ebilib.com>
- Bradley, E. H., Curry, L. A. and Devers, K. J. (2007), Qualitative Data Analysis for Health Services Research: Developing Taxonomy, Themes, and Theory. *Health Services Research*, 42: 1758–1772. doi:10.1111/j.1475-6773.2006.00684.x
- CHANGE: Center for Health and Gender Equity. (n.d.). Retrieved from <http://www.genderhealth.org/>
- Chimamanda Ngozi Adichie: *The danger of a single story* | TED Talk | TED.com [Video file]. (n.d.). Retrieved from https://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story.
- Chowdhury, M.F. (2015). *Coding, sorting and sifting of qualitative data analysis: debates and discussion*. *Quality & Quantity*, Vol 49, 3: 1135-1143.
- Coovadia, Hoosen, et al. (2009). "The health and health system of South Africa: historical roots of current public health challenges." *The Lancet* 374.9692: 817-834.
- da Costa, Larissa Barbosa, Rosalba Icaza and Angélica María Ocampo Talero. 2015. 'Knowledge about, knowledge with: Dilemmas of researching lives, nature and gender otherwise.' In Wendy Harcourt and Ingrid L. Nelson (eds.) *Practicing Feminist Political Ecologies: Moving Beyond the 'Green Economy'*, p. 260E285. London: Zed Books.
- De Koninck, Maria. 1998. "Reflections on the Transfer of 'Progress': The Case of Reproduction" Sherwin, Susan, & Feminist Health Care Ethics Research Network. *The politics of women's health: Exploring agency and autonomy*. Philadelphia: Temple University Press: 150-177.

- de Lima Costa, Claudia. 2016. 'Gender and Equivocation: Notes on Decolonial Feminist Translations.' In Wendy Harcourt (ed.) *The Palgrave Handbook of Gender and Development*, p.48E61. New York and London: Palgrave Macmillan.
- DuBois, W.E.B. 1903. *The Souls of Black Folk*, Chicago: A.C. McClurg & Co., from the version edited by David W. Blight and Robert Gooding-Williams, Boston: Bedford Books, 1997.
- Elo, S. and Kyngäs, H. (2008), The qualitative content analysis process. *Journal of Advanced Nursing*, 62: 107–115. doi:10.1111/j.1365-2648.2007.04569.x
- Fabian, J. (1983). *Time and the Other: How Anthropology Makes its Object*. New York, Columbia University Press.
- Foucault, M., & Rabinow, P. (1997). *Essential works of Foucault, 1954-1988*. New York: New Press.
- Foucault, Michel. 1988. "Technologies of the Self." In *Technologies of the Self: A Seminar with Michel Foucault*, edited by Luther Martin, Huck Gutman, and Patrick Hutton, 16-49. Amherst: University of Massachusetts Press.
- Freire, P. (1972). *Pedagogy of the Oppressed*. New York: Herder and Herder, Print.
- Gordimer, N. 1996. *Writing and being*. Cambridge, Mass.: Harvard Univ. Press.
- Glaser, B. G. 1992. *Emergence V Forcing Basics of Grounded Theory Analysis*. Mill Valley, CA: Sociology Press.
- Gutkind, L. 1996. *Creative nonfiction: how to live it and write it*. Chicago, IL: Chicago Review Press.
- Haraway, Donna. 2016. *Staying with the trouble: Making kin in the chthulucene*. Durham, NC: Duke University Press.
- Haraway, Donna.1991. "A Cyborg Manifesto: Science, Technology, and Socialist-Feminism in the Late Twentieth Century," in *Simians, Cyborgs and Women: The Reinvention of Nature*. Routledge.
- Harcourt, Wendy and Ingrid L. Nelson. 2015. 'Introduction: Are we "green" yet? and the violence of asking such a question.' In Wendy Harcourt and Ingrid L. Nelson (eds.) *Practicing Feminist Political Ecologies: Moving Beyond the 'Green Economy'*, p. 1E26. London: Zed Books.
- Helman, Cecil G. (2007). "Introduction: The Scope of Medical Anthropology." In *Culture, Health and Illness*. London: Hodder Arnold, pp. 1-18.
- Kincaid, J. (1988). *A Small Place*. New York, N.Y: Penguin.
- Kleinman, Arthur (2000). "The violences of everyday life: the multiple forms and dynamics of social violence." In Das, Veena, Arthur Kleinman, Mamphela
- Laws, T., & Chilton, J. A. (2013). Ethics, Cultural Competence, and the Changing Face of America. *Pastoral Psychology*, 62(2), 175–188. <http://doi.org/10.1007/s11089-012-0428-1>.
- Le Guin, Ursula. (2015). *Steering the Craft: A Twenty-First-Century Guide to Sailing the Sea of Story*.

- Le Guin, Ursula. 1988. "The Carrier Bag Theory of Fiction," published in *Dancing at the edge of the world: Thoughts on words, women, places* (1989). New York, NY: Grove.
- Lewis, J. L., & Thompson, R. F. (1992). *Ring of liberation: deceptive discourse in Brazilian capoeira*. Chicago: University of Chicago press.
- Lock, Margaret. 1998. "Situating Women in the Politics of Health." Sherwin, Susan, & Feminist Health Care Ethics Research Network. *The politics of women's health: Exploring agency and autonomy*. Philadelphia: Temple University Press: 48-63.
- Maldonado-Torres, N. 2007. On the Coloniality of Being. *Cultural Studies* 21 2(2/ 3): 240-270.
- Marino, D. (1997). Re:framing: Hegemony and adult education practices *Wild Garden: art, education, and the culture of resistance: Between the Lines*.
- Nascimento, Fabio "Fuá." 2017. Capoeira Professor at University of Vermont.
- Ngcwecwe, N. 1997. *Not the end of the world*. Bloemfontein u.a.: Kagiso Publishers.
- Nguyen, V., & Peschard, K. 2003. Anthropology, Inequality, and Disease: A Review. *Annual Review of Anthropology*, 32(1), 447-474. doi:10.1146/annurev.anthro.32.061002.093412.
- Oliveira, Pedro. 2016. Barra do Turvo, São Paulo. Farmer at Coopfloresta and host for students of School for International Training program.
- Pink, S. 2008. An urban tour: The sensory sociality of ethnographic place-making. *Ethnography*, 9(2), 175-196. doi:10.1177/1466138108089467
- Pratt, M. L. 2010. *Imperial eyes: Travel writing and transculturation*. London [u.a.: Routledge.
- Public Eye: 175 Years of Sharing Photography. December 12, 2014- January 3, 2016. 2014. New York Public Library, exhibit brochure.
- Ramphele, and Pamela Reynolds (eds.). *Violence & Subjectivity*. Berkely and Los Angeles: University of California Press:. 226-241.
- Robins, S. (2014). *The 2011 Toilet Wars in South Africa: Justice and Transition between the Exceptional and the Everyday after Apartheid*. *Transition and Justice*, 85-111. doi:10.1002/9781118944745.
- Root, R. (2008). *Nonfictionist's Guide (The): On Reading and Writing Creative Nonfiction*. Rowman.
- Ross, Fiona. 2005. Codes and Dignity: thinking about ethics in relation to research on violence. *Anthropology Southern Africa* 28 (3 & 4): 99-107.
- Ross, Fiona. 2010. "Chapter 3. Sense-scapes: sense and emotion in the making of place." In *Raw Life, New hope. Decency, Housing, and Everyday Life in a Post-Apartheid Community*. Cape Town: UCT Press: 54-75.

- Ross, F.C. 2003. *Bearing witness: women and the truth and reconciliation commission in South Africa*. London: Pluto.
- Scheper-Hughes, N., & Lock, M. M. (1987). The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly*, 1(1), 6-41.
doi:10.1525/maq.1987.1.1.02a00020.
- Shakur, Assata. (1987). *Assata: An autobiography*. Chicago, Ill: L. Hill: 247.
- Shaw, M., D. Dorling, et al. (1999). Poverty, Social Exclusion and Minorities. Social Determinants of Health. M. Marmot and R. G. Wilkinson. Oxford, Oxford University Press: 211-239.
- Sherwin, Susan, & Feminist Health Care Ethics Research Network. 1998. "A Relational Approach to Autonomy in Health Care." *The politics of women's health: Exploring agency and autonomy*. Philadelphia: Temple University Press: 19-47.
- Spivak, G. C. (1988). *Can the subaltern speak?* Basingstoke: Macmillan.
- Tedlock, B. (2013). Braiding narrative ethnography with memoir and creative nonfiction In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies of Qualitative Inquiry* (Vol. 4, pp. 233-252). Thousand Oaks, California: Sage Publications.
- Tsing, A. L. (2015). *The mushroom at the end of the world: On the possibility of life in capitalist ruins*.
- Victoria, C. G. et al. (2011). Health conditions and health policy innovations in Brazil: the way forward. *The Lancet*. Vol 377: 2042-2053.
- Villalba, Unai. (2013). Buen Vivir vs. development: a paradigm shift in the Andes? *Third World Quarterly*, 34:8, 1427-1442.
- Vogt, W. et al. (2014). *Selecting the Right Analyses for Your Data : Quantitative, Qualitative, and Mixed Methods*. New York, US: Guilford Press.
- Wilson, Margaret. 2001. Designs of Deception: Concepts of Consciousness, Spirituality and Survival in Capoeira Angolan Salvador, Brazil. *Anthropology of Consciousness*. 12(1): 19-36.
- Yardley, L. 2000. "Dilemmas in Qualitative Health Research. *Psychology and Health* 15: 215–28.