During my pregnancy a few years ago, I collided with the assumption that I, as a woman of South Asian ancestry, might opt to abort my unborn daughter. Racial categorization—which collapses all individuals who share a particular ethnic heritage into a single, homogeneous group—has a long history in race politics in many countries, including Canada. While Canadians publicly espouse multiculturalism, the country is still imbued with a white settler identity, redolent of the early-twentieth-century ballad “White Canada Forever.”

Both as a Canadian woman of South Asian ancestry and as a feminist, one who has strongly supported the pro-choice movement in hopes that all women will someday have control over their own bodies, I have struggled with the issue of sex-selective abortion. Advocating for women’s rights, particularly their right to exercise control over their bodies, while at the same time acknowledging that some women may choose to terminate a future body precisely because that body is female, poses an ethical dilemma. How do we
decide when an abortion is “ethical”? Who decides this? Is it up to Canadians as a whole or to individual women?

My ethnic identity positions me as an insider, as someone who can pull back the curtain and reveal the hidden truths of “my people.” Yet, while I share cultural roots with other Canadians of South Asian ancestry, we are not one monolithic community marching to the same drum, and no one person can be “our” collective voice. I enter this discussion with caution, since my words, the words of a “native informant,” could be used to confirm practices of racial profiling—in this case, the profiling of pregnant South Asian women and South Asian communities as “baby girl killers.” As someone who has faced race-based profiling, I offer my thoughts regarding the racial politics that surround the issue of sex-selective abortion.

Like many couples, my partner and I wanted to know the sex of our baby so that we could make preparations for her or his arrival. I shared our desire with my family physician, who is also an obstetrician, and she agreed to schedule an ultrasound. When I arrived back at the front desk, however, one of the receptionists interrogated me with questions: “Why do you need to know this? Why do you care? What does it matter?” I was taken aback by this line of questioning, as it is not uncommon to wish to know a baby’s sex, and I was certain that many patients before me had made this request. I explained that we were planning to purchase many baby items prior to the baby’s arrival and also wanted to finalize the baby’s name. The receptionist looked at me with suspicion and continued shaking her head. Despite all the polite exchanges we had had over the years, my South Asian ancestry suddenly took precedence: I was reduced to a stereotype, according to which I might be likely to abort a daughter.

Over the past decade or so, concerns have been raised about the possible practice of sex selection in Asian and South Asian immigrant communities. An analysis of census data from 2003, for example, revealed a disproportionate number of male births in areas of British Columbia and Ontario where large South Asian populations reside. While natural births occur at a rate of about 105 males to 100 females, in these communities the ratio ranged from 107 to 110 boys for every 100 girls. Moreover, if the previous two children had been girls, the ratio was even further off balance: the odds were nearly
two to one that the third child of an Indian-born Canadian woman would be a boy. While researchers cannot confirm that the skewed ratio results from the use of sex-selective abortion or sex-selective embryo implantation, they acknowledge that such a ratio is not a naturally occurring phenomenon.

Various tactics have been adopted in an effort to avert sex selection. In British Columbia, as elsewhere in Canada, doctors are generally unwilling to order an ultrasound prior to week 20 simply for the purpose of determining a child’s sex. In the case of ultrasound examinations conducted as a routine part of prenatal care, clinics may also choose not to record information about the baby’s sex in the report returned to the doctor. Informing parents of the sex of the fetus only after week 20 is another option, given that, in Canada, abortions are rarely performed after week 20 unless the mother’s life or health is at risk or the fetus is seriously impaired. Theoretically, these measures should prevent abortions based solely on a preference for male children. In practice, however, it is not difficult to circumvent such policies. Private commercial clinics, both in Canada and the United States, offer ultrasound imaging prior to week 20, for a fee.

Canada’s Assisted Human Reproduction Act (2004) explicitly prohibits the sex-selective use of reproductive technologies, although this regulation applies only to technologies used to create an embryo. However, Canadians can access sex-selective reproductive services simply by crossing the border. In fact, American clinics have advertised their provision of sex-selective embryo implantation in South Asian and Asian newspapers in British Columbia, on the assumption that members of these communities prefer boy children and will be prepared to spend substantial sums of money to choose a baby’s sex. “Reproductive tourism” has become increasingly popular, and Canadians can easily travel next door to access reproductive services and procedures that are not legal in Canada.

Like many others of South Asian ancestry, I do not have a preference for a male child. My partner and I celebrated our daughter’s birth, and we would welcome a future child (or children) of any sex. Our sense of honour in being our daughter’s parents is woven from our Sikh philosophical beliefs regarding gender equality, my strong feminist standpoint, and our personal ethics and values around equality, as well as our relative freedom from the patriarchal pressure to bear sons. This freedom is anchored in our many sites of privilege that have sheltered us from dependence on traditional patriarchal structures to fulfil our needs, including a need for male children to
support us financially in our elder years. Female infanticide and sex-selective embryo implantations and abortions have been traced to patriarchal mores that prevail in many South Asian communities. While patriarchy is not the only operating hierarchy, it incessantly informs both explicit and implicit social, economic, cultural, and political practices surrounding the preference for sons.\textsuperscript{11}

Alongside the economics of raising and marrying daughters, social factors such as the perpetuation of the family name and the perceived prestige of having sons have been well documented in South Asian communities, although these values are not universally shared. Given the persistence of dowry customs, some families consider girl children to be a financial liability. Additionally, because girls are traditionally raised as “guests” in their parents’ home until they are married, at which point they are given over to their husband’s family, investing in a daughter does not ultimately contribute to her family’s financial situation.\textsuperscript{12} Sons, however, are traditionally raised to remain with their natal families and to care for their parents in their later years and carry out the last rites.\textsuperscript{13}

North Americans of South Asian ancestry do not necessarily need to rely on their sons to care for them in their elder years. However, a recent study of Indian-born immigrants in the United States reveals that some families of South Asian ancestry continue to uphold this ideal, even while acknowledging that elder care is primarily carried out by daughters.\textsuperscript{14} In India, pensions and social support are not universally available, and this lack perpetuates the ongoing preference for male children. The preference for male children persists, however, even in relatively well-educated, higher-income groups, as the ratio of male to female births reveals.\textsuperscript{15}

In 1992, in an editorial published in the \textit{British Medical Journal}, Amartya Sen estimated that 37 million women were “missing” in India as a result of inequities in care, which contributed to a much higher female mortality rate. In a follow-up editorial written in 2003, Sen reported that although the “female disadvantage in mortality” had been substantially reduced, “this has been counterbalanced by a new female disadvantage—that in natality—through sex specific abortions aimed against the female fetus.”\textsuperscript{16} Researchers have indeed postulated an increase in sex-selective abortions of female fetuses in India from 2001 to 2011; their findings are based in part on the growing imbalance in the number of boys versus girls revealed in the 2011
Indian census, which counted 7.1 million fewer girls than boys in the age range from birth to six years.17

In an effort to combat the preference for male children, India banned the use of sex-selective technologies in 1994 with the enactment of the Pre-Natal Diagnostic Techniques (PNDT) Act. The Indian government has also launched campaigns to support the education of girls from elementary school through to university or college in an effort to offset gender inequities. In addition, during my last visit to India, in 2009, I saw billboards throughout Punjab advertising programs and charitable organizations that provide support to poor families to help with wedding expenses. While, in the long run, these measures may work in unison to improve the status of women, their impact on the sex imbalance so far seems limited.18 After all, policing the practice of sex-selective abortion and embryo implantation is difficult. As Sen suggests, as access to new reproductive technologies becomes easier, the use of sex-selective procedures will probably increase, further enlarging the gap between the number of boys and girls in India.19

The issue of sex selection is bound up with a complicated web of ethical concerns and, understandably, provokes strong emotional reactions. All the same, I am troubled by the shadow of apparent racism in media and scholarly articles when sex selection is discussed. In “Sex Selection Migrates to Canada,” Lauren Vogel calls attention to the view—expressed by a number of economists and bioethicists—that “easy access to abortion and advances in prenatal sex determination have combined to make Canada a haven for parents who would terminate female fetuses in favour of having sons.”20 Like the contention that Canada has become a safe haven for terrorist organizations, such a view implies that immigrants are now bringing another social evil into our country: their alleged preference for boy children and female infanticide. The opinions she goes on to quote implicitly blame the South Asian diaspora for disrupting the Canadian value system. Such arguments quickly evoke concerns about Canada’s claim to support “the accommodation of different religious values and practices,” in accordance with a policy of “peaceful pluralism,” and to expect its institutions to be “both respectful and inclusive of Canada’s multicultural character.”21
Vogel goes on to quote Canadian bioethicist Kerry Bowman: “It really works against everything we believe in Canada in terms of equality. It works against our Charter [of Rights and Freedoms].”22 The idea that there is a unified “Canadian” belief regarding equality is puzzling, given the numerous issues pertaining to gender inequality in Canada, including institutionalized barriers restricting women’s movements away from violent intimate partnerships, women’s health, and the ongoing wage gap between women and men.23 Indeed, Amartya Sen’s warning to Western nations not to be “smug” about gender inequality applies to Canada as well: “Gender equality exists in most parts of the world, from Japan to Morocco, from Uzbekistan to the United States. Yet inequality between women and men is not everywhere the same. It can take many different forms. Gender inequality is not one homogeneous phenomenon, but a collection of disparate and inter-linked problems.”24 Without acknowledging that other forms of gender inequality exist in Canada, Bowman situates the cause of sex-selective abortion, which she cites as a violation of the Canadian Charter of Rights and Freedom and Canadian values, as immigration and the concomitant importation of non-Canadian cultural and political values.

With regard to sex selection, Lena Edlund, an associate professor of economics at Columbia University, is quoted as saying: “We don’t expect immigrants, let alone their children, to continue doing it once they’ve settled in North America.”25 The statement that “immigrants” and their subsequent offspring are not “expected” to carry on cultural practices reveals how cultural intolerance for immigrants’ less palatable cultural practices is reformulated and perpetuated. The world of the Other is divided into two hemispheres—one is considered exotic, voyeuristic, and fun, such as our clothing, bangles, food, music, weddings, and Bollywood films; the other marks our culture as dark, potentially dangerous, backward, immoral, and violent. Unravelling the discourse allows us to trace how race, class, and gender are constituted in Canadian society, thus exposing processes of racialization that are highly dependent on maintaining the binary of us versus them, the Other versus the norm. When the discourse specifies racialized communities, it draws on colonial beliefs that Europeans are inherently superior and needed to “save” the misguided Other.26 It is the role of Canadians of European ancestry to identify and police these unwanted cultural practices—the “snakes and scorpions” that were never invited into Canada’s multicultural immigration and settlement process.27
In “It’s a Girl!”—Could Be a Death Sentence,” Rajendra Kale articulates similar notions regarding the by-products of Asian migration to the West, commenting that, even as these immigrants “brought welcome recipes for curries and dim sum,” they “also imported their preference for having sons and aborting daughters.” Kale acknowledges that the tendency to abort daughters “is a small problem localized to minority ethnic groups,” but it is a problem that cannot be ignored: sex-selective abortion is, he says, an “evil” that “devalues women.” His solution is to prohibit doctors from disclosing the sex of a baby until “after about 30 weeks of pregnancy”—an “ethical compromise” that Kale describes as “reasonable.” However, his suggestion merely contributes to the ongoing colonial surveillance project, whereby the Other is monitored and regulated. “Compared with the situation in India and China,” Kale writes, “the problem of female feticide in Canada is small, circumscribed and manageable. If Canada cannot control this repugnant practice, what hope do India and China have of saving millions of women?”

The requirement that Canadian authorities “control this repugnant practice” highlights the need for the presumably civilized white settler nation to intervene in the moral habits of the backward Other. Such proposals echo the sentiments expressed in a June 1914 article in *The Vancouver World*, according to which

> it is the universal opinion of all citizens resident upon the Pacific Coast of the Dominion of Canada, that the influx of Asiatics is detrimental and hurtful to the best interests of the Dominion, from the standpoint of citizenship, public morals and labor conditions.

> All good British subjects respect the law, even though they may not approve of it. There is a species of anarchy in the attitude of these Hindoos which, if white people were the offenders would be vigorously suppressed. We are all alike in wishing our own working people to have food and enough to live upon, and we do not want any sort of immigration that, by cutting wages and lowering the standard of living tends to degrade our people to Asiatic standards.

Articles in the *Canadian Medical Association Journal* and contemporary Canadian media continue to echo this early-twentieth-century call for surveillance, monitoring, and managing of the “Hindoo” population. These sentiments—that “Hindoos” cannot assimilate into Canadian culture because our beliefs, customs, values, and practices are so dramatically

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different, that making allowances for our “special” practices would negatively impact the “white” Canadian identity—haunt contemporary discussions.31

While these historically rooted opinions identify the “Asiatic” as “detrimental and hurtful” to Canadian citizenship and morals, these sentiments resounded in responses to the media articles about sex-selective abortion in 2012. Three articles published in the *Canadian Medical Association Journal* regarding sex-selective abortion within the span of a month were taken up by Canadian media.32 The Canadian Broadcasting Corporation (CBC), the *National Post*, the *Globe and Mail*, and the *Toronto Star* were among the media organizations to report on this issue, specifically implicating Canadian communities comprising individuals with South Asian and Asian ancestry, as the scholarly articles had. One CBC News article quotes Roger Pierson, a director of research at the University of Saskatchewan, as saying that he isn’t “surprised” that an American reproductive clinic is targeting the South Asian community, because “from the American perspective this is business, and you are not only creating, you are working to expand your market.” Pierson also argues that “Canada has a very strict law respecting gender equity and the difficulty is that they have no way to enforce it due to the extremely porous nature of the border.”33 This contention situates the Canadian South Asian community as deviating from Canadian laws, eager to accept alternative options presented by Canada’s “porous borders” that allow these immigrants to slip into the United States and procure these “repugnant” procedures. The assertion that the American company is simply creating and expanding their market removes any “repugnancy” from their service offerings.

The media’s presentation of sex-selective abortions as a South Asian and Asian cultural practice that has “migrated” along with the South Asian and Asian bodies offers those who question Canada’s immigration policies another reason to “keep them out.” The well-established rhetoric of “keeping them out” or “sending them back to where they came from” is apparent in the comments left by readers of the online media articles.

When multiculturalism was envisioned [sic], I think the idea was only that we would be sharing the best of each other’s cultures . . . we end up mostly sharing the worst. . . . The people that come to Canada from India are pretty much the 1/100th of the 1% in India who have lots of money and little respect for human life in the way westerners view life. Their caste system is simply not compatible with our western ways . . .
I think we have to be selective on who comes and it shouldn’t be just those that can write a check. I see no value in bringing in 50 year old + people from India as they will bring us nothing but outdated ways of thinking.  

Here is another case where the problem is imported and remains restricted to culturally alien minorities, but the measures to alleviate it would be extended to the completely innocent majority . . . If the term Minority-Run Canada (MRC) has not been copyrighted yet, I’m claiming it. Diversity, the gift that keeps on giving.

gender selective pregnancies are here to stay . . . we have a morally decaying society when things like this are allowed to happen, but time and again we are told to be tolerant of other’s choices . . no warm fuzzy feeling here . . . some choice, eh?

Who would have guessed that 3rd world immigration would bring 3rd world cultural problems to Canada? . . . The same idiots who insist on even more immigration now, insisting there’s no danger, even though they’ve been dead wrong.

These comments illustrate the racism that many visible-minority individuals and communities face in multicultural Canada. While the language has changed, the early-twentieth-century newspaper articles and the contemporary online responses express similar sentiments. Immigrants of South Asian ancestry are conflated with the “Hindoos”—“a species of anarchy” who degrade Canada to their “Asiatic standards.” Drawing on the legacy of white settler identity, authors writing in CMAJ and in popular media alike choose to racialize sex-selective abortion, presenting it as a cultural practice of the non-white, one that violates the fundamental norms of Canadian society.

Is it possible to discuss this issue without naming specific communities? Yes. The Abortion Rights Coalition of Canada (ARCC) released a position paper on sex-selective abortion and was careful not to focus on a racial or ethnic community. Naming ethnic-ancestry communities first and foremost as “South Asians” or “Indian immigrants” and not as Canadians operates to differentiate those communities as Other. This practice perpetuates the surveillance and policing of these brown bodies, especially when they do not conform to “good” Canadian standards. ARCC acknowledged cultural practices and poignantly identified the vulnerability that women may experience,
without further marginalizing these women and the communities with which they identify:

Being pro-choice means supporting a woman’s right to decide whether or not to continue a pregnancy for whatever reason, even if one personally does not agree with her reason. . . .

. . . If a woman is in a dependent and vulnerable position within her family, where she feels obligated to abort a female fetus or suffer serious personal consequences, these complex issues are dealt with in a compassionate and safe way. . . .

. . . The root issue is the value and respect—or lack of value and respect—that society and certain cultures give to girls and women. The answer lies in education and raising the status of girls and women over the long-term, not in restricting abortion. 38

Tackling gender inequality and challenging ongoing patriarchal privilege is a holistic and global project that is not fixed within a particular location or particular culture. It is a broader issue of social justice for girls and women.

Notes

1 “White Canada Forever” was one of many racist responses to the influx of immigrants to Canada during the early decades of the twentieth century, a period in which race-based theories of eugenics also became popular. On racialization, especially in the context of Canadian multiculturalism, see Himani Bannerji, The Dark Side of the Nation: Essays on Multiculturalism, Nationalism, and Gender; Sunera Thobani, Exalted Subjects: Studies in the Making of Race and Nation in Canada; and Sherene Razack, Malinda Smith, and Sunera Thobani, eds., States of Race: Critical Race Feminism for the Twenty-First Century. See also Homi Bhabha’s analysis of cultural hybridity in The Location of Culture; and, for depictions of the East in the context of Western imperialism, Edward Said, Orientalism.

2 Andrea Mrozek, “Canada’s Lost Daughters,” Western Standard, 5 June 2006, 34–35. Similar ratios were observed in Chinese immigrant communities.

3 Lauren Vogel, “Sex Selection Migrates to Canada.” The male-female ratio for the third child was 1.9 to 1—that is, 190 boys for every 100 girls.

4 Health Canada advises against the use of ultrasound for nonmedical purposes, including determining the child’s sex, as does the Society of Obstetricians and Gynaecologists of Canada. BC’s College of Physicians and Surgeons has a similar guideline: “Physicians should only perform or
provide ultrasound examinations, including obstetrical ultrasounds, for valid medical indications and not solely for non-medical reasons.” See Shia Salem, Kenneth Lim, and Michiel Van den Hof, “Joint SOGC/CAR Policy Statement on Mon-medical Use of Fetal Ultrasound”; College of Physicians and Surgeons of British Columbia, “Non-medical Use of Ultrasound.”

5 For discussion, see Allison T. Thiele and Brendan Leier, “Towards an Ethical Policy for the Prevention of Fetal Sex Selection in Canada.”

6 Abortion Rights Coalition of Canada, “Late Term Abortions (After 20 Weeks).”


8 Assisted Human Reproduction Act (S.C. 2004, c. 2), Justice Laws Website, 2015, http://laws-lois.justice.gc.ca/eng/acts/a-13.4/. Section 5(1)(e) prohibits any action that “would ensure or increase the probability that an embryo will be of a particular sex, or that would identify the sex of an in vitro embryo, except to prevent, diagnose or treat a sex-linked disorder or disease.”


10 On Canadian reproductive tourism, see Christabelle Sethna and Marion Doull, “Accidental Tourists: Women, Abortion Tourism, and Travel.”

11 On the structural marginalization of daughters within strongly patrilineal family systems, see Monica Das Gupta, “Selective Discrimination Against Female Children in Rural Punjab, India.”


13 Ibid., 3.

14 See Sunita Puri et al., “‘There Is Such a Thing as Too Many Daughters, but Not Too Many Sons’: A Qualitative Study of Son Preference and Fetal Sex Selection Among Indian Immigrants in the United States.”


18 See S. Sudha and S. Irudaya Rajan, “Female Demographic Disadvantage in India: Sex Selective Abortions and Female Infanticide”; Subramanian and Selvaraj, “Social Analysis of Sex Imbalance in India.” As the findings of these studies indicate, attempts such as the PNDT Act (http://pndt.gov.in/writereaddata/mainlinkFile/File50.pdf) to legislate new social norms have had little effect on the skewed birth ratio, nor does improved socioeconomic status seem to make a significant difference.

19 Sen, “Missing Women—Revisited.”

20 Vogel, “Sex Selection Migrates to Canada.”


22 Quoted in Vogel, “Sex Selection Migrates to Canada,” E163.


26 Linda Carty, “The Discourse of Empire and the Social Construction of Gender.”


28 Rajendra Kale, “‘It’s a Girl!’—Could Be a Death Sentence,” 387. As Kale notes, his solution is very similar to that proposed by Thiele and Leier in “Towards an Ethical Policy for the Prevention of Fetal Sex Selection in...”
Canada.” For similar debates in a different postcolonial context, see Sawitri Saharso, “Sex-Selective Abortion: Gender, Culture, and Dutch Public Policy.”

Ibid.

“Great Mass Meeting Says Hindoo Ship Must Return: Vancouver People Determined That East Indians Shall Not Be Permitted to Land (Huge Building Packed: Overflow Meeting Held: Approaches to Auditorium Jammed by Masses of Indignant Citizens),” Vancouver World, 24 June 1914. This article appeared during the Komagata Maru “incident,” as it is sometimes called. In 1914, the Komagata Maru arrived in Vancouver carrying 376 passengers from British India, many of them Sikhs from the Punjab region, who were seeking to immigrate to Canada, in deliberate defiance of regulations that effectively barred South Asians from entry. The ship was denied permission to land, and its passengers—all of them British subjects—were held offshore for more than two months without adequate provisions for food and water. Eventually, the ship was ordered to turn around and transport them back to their place of origin. The fate of the Komagata Maru is chronicled in Ali Kazimi’s documentary Continuous Journey (2004), which includes a sound clip of Vancouver locals singing “White Canada Forever.” See also Hugh Johnston, “Komagata Maru,” Canadian Encyclopedia, 2006 (updated 2014), http://www.thecanadianencyclopedia.ca/en/article/komagata-maru/.

See, for example, Enakshi Dua, “The Hindu Woman’s Question”; Harminder Bindy Kaur Kang, “A Post-colonial Reading of Vaisakhi: Unveiling the Indo-Canadian Sikh Identity Through Canadian Media.”

The articles were Rajendra Kale’s “It’s a Girl!” and Lauren Vogel’s “Sex-Selective Abortions,” and “Sex Selection Migrates to Canada.” Quoted in Burns-Pieper, “Baby Sex Selection Ad Targets Indo-Canadians.”


37 Fast Frankie [pseud.], comment on Weeks, “Study: Is Sex Selection to
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38 Abortion Rights Coalition of Canada, “Sex Selection Abortions.”

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