

BOOK REVIEWS



CALDWELL, KIA L. (2017): Health Equity in Brazil. Intersections of Gender, Race, and Policy. Urbana, IL: University of Illinois Press, 226 pp.

KIA L. CALDWELL is Associate Professor in African, African American and Diaspora Studies at the Institute for the Study of the Americas (University of North Carolina / Chapel Hill / USA). Her recent work is located in the field of medical sociology and political science and addresses structural and institutional inadequacies and failures in the quality of healthcare in Brazil, especially for poor Afro-Brazilian women. Unfortunately, CALDWELL does not deliver any figures to support her argument but she acknowledges that some progress has been developed to increase health equity in Brazil since the 1980s due to the work of activists, social initiatives and scientific work. However, CALDWELL criticizes that it is still the poor, the female and the colored people of Brazil who suffer from structural violence. She focuses on the official Brazilian public health system *Sistema Único de Saúde* (SUS, “Unified Healthcare System”) and explores its strengths and shortcomings concerning gender and racial equity in health. She describes how

“[d]uring Brazil’s transition to democracy, following a twenty-one-year period of military rule (1964-1985), health activists struggled to create a universal healthcare system which would meet the needs of the entire population. The idea of health as a citizenship right was consolidated in the 1988 Brazilian constitution. It declared that health ‘is the right of every individual and a duty of the state, guaranteed by social and economic policies that seek to reduce the risk of disease and other injuries, and by universal and equal access to services designed to promote, protect, and restore health’ (Presidência da República 1988). The Brazilian constitution thus established health as the right of every Brazilian citizen and state re-

sponsibility. It also enshrined the principles of universal and equal access to health services and called for the development of the *Sistema Único de Saúde* (Unified Health System, SUS) which was an essential step in efforts to broaden access to health care in the country.” (p. 6)

From the perspective of the reviewer, CALDWELL only scrapes the surface of this healthcare system which has been praised by many politically left-wing oriented social actors. Even though it has produced some efforts towards equal treatment for patients of any social class, it mainly has resulted in equally inadequate treatment for everybody no matter what ethnic, social or gender background. This is not only due to lack of knowledge and technology but to indifference and corruption. CALDWELL analyzes these aspects especially concerning neoliberal economic policies and the strength of this work is its outline of the social, political and economic abysses in Brazilian (national) healthcare.

The author develops her argument in six subsequent chapters: chapter one analyzes the development of health policies for women in Brazil since the early 1980s and the role of feminist health activists for gender health equity. It also articulates future challenges which CALDWELL addresses directly to the former first female president of Brazil, Dilma Rousseff, who was impeached in 2016 while CALDWELL’s work was already in press. However, severe issues and problems in Brazilian healthcare continue to exist and the reviewer doubts that the current Brazilian president, Jair Bolsonaro (since 2019), will resolve them in favor of the members of the Brazilian population he liked to insult most throughout his campaign:

Afro-Brazilians, women, and the poor. With CALDWELL, this means that poor Afro-Brazilian women will even suffer more from the inequalities of the Brazilian healthcare system.

Chapter two focuses on the topic of black women's health activism in Brazil since the mid-1980s and introduces the nexus of gender, race and social class-based discrimination in general and for the healthcare system in particular. Chapter three addresses the topic from the perspective of state policies on the health of the black population in Brazil and explores political shifts since 1988 (the 100th anniversary of abolition in Brazil). Chapter four formulates critical issues and challenges related to the effective implementation of health policies for colored populations and the development of initiatives to combat institutional racism in the health sector. CALDWELL postulates to integrate the aspect of race/color into medical statistics and records to facilitate the inquiry of related differences in terms of resilience and reconciliation. Chapter five analyzes a tragic case study of maternal mortality before chapter six turns to the topic of HIV/AIDS as another topic of Brazilian health policy especially regarding the female Afro-Brazilian population.

CALDWELL does outline relevant political issues to be resolved in the Brazilian healthcare

system. However, in the opinion of the reviewer, these are not reducible to questions of ethnicity and gender. Most people in Brazil suffer from insufficient therapy options and the concept of "race" has to be substituted by concepts which better fit contemporary Brazilian reality: options to medical care are not related to skin-color or ethnic descent but to economic resources and infrastructure. Of course, the majority of Afro-Brazilians holds less economic resources than European-descendant Brazilians. However, it is a minority of white-colored Brazilians who economically succeed while vast numbers of Brazilian citizens are threatened by social decline. The reviewer does not deny discriminatory practices in contemporary Brazilian healthcare but by focusing on "poor black women" (p. 16f), CALDWELL herself does not deliver a representational study of the Brazilian healthcare system. She acts exclusively herself and draws a picture of black and white which does not take into account all the shades of grey and the sometimes colorful alternatives Brazilians establish to generate and support health and wellbeing. Given her efforts to ask the right questions, CALDWELL should have integrated a more holistic view on contemporary Brazilian healthcare.

HELMAR KURZ, Münster

OMAR DEWACHI (2017): *Ungovernable Life. Mandatory Medicine and Statecraft in Iraq.*

Stanford: Stanford Univ. Press, 239 pp.

Omar Dewachi was an Iraqi physician before he fled to the U.S. in 1998 and became an anthropologist. This personal information about the author is important to understand his point of view, his access to information and his analysis of a specific topic in a country that has suffered from wars and unsafe times for decades and where foreigners cannot easily enter to do research. His linguistic competence, his knowledge of structures and his contacts with former colleagues have contributed to a unique work that explains the context and developments in medicine, not only within Iraq but also touching on neighboring countries. He also explains why so many Iraqi physicians fled to the U.K. (currently around 5000 of them work

in the NHS), the country that contributed strongly towards creating the local medical education institutions and the workforce, and the conditions under which they work today.

His book is divided into seven chapters, unveiling results from historical and more current sources which are often only available in Arabic. The methods used to collect data and the triangulation of the diverse sources, are mentioned in a 20-line endnote within the first chapter. He does not provide details about the methods of data analysis. This makes it difficult for non-social scientists to understand how the author came to these results. His knowledge of the country, his former profession and his mother tongue Arabic were