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

door openers that cannot be compared to somebody who does not have these competences.

Its title relates to the British mandate opinion that Iraq was an ungovernable territory and that therefore the state's influence needed to be strong. At different points in the book the reviewer was reminded of Foucault's biopolitics and power discourses. He illustrates "how articulations of ungovernability, and responses to them, became the foundations on which architectures of rule and practice of science and medicine were imagined and deployed in colonial and postcolonial state making." (p. 11) Dewachi calls it "mandatory medicine" when the state gave medicine an "instrumental role in the transnational circulation of people, knowledge, and technologies, as well as connecting centers of power – not only within the postcolonial state, but between center and peripheries of the empire." (p. 25)

During the Ottoman Empire, of which Iraq formed a part until 1920, the education of physicians took place only in military schools, and physicians had to work first of all for the state and its interests. British colonizers entered the country during the First World War, and in their first actions after 1920, health policy in Iraq was framed by Western ideas of the state's role and control of the local population. The discussion about a first local medical school since 1922 and its foundation in 1927 during the reign of Faisal I, who was appointed by the British mandate, reflects how influential British scholars were in defining how medical education should take place, which content should be taught and how, and even in which language this should take place. Not surprisingly, English won this discussion and although ten years after the foundation of the health system most of the staff of the school were local, English has continued until today to be the official teaching language for medical education in the country, as in many other Arab countries too. From the point of view of gender studies, it is interesting to learn that women were allowed to study medicine almost since the beginning, that they played a crucial role during times of war, and are still an important part of the workforce in the health care system.

One curious fact is that Iraq, which is greatly influenced by the two big rivers—the Euphrates and Tigris—that cross the so called Mesopotamia region, was considered a tropical country by British medical and military officials. This was due to the prevalence of some diseases considered tropical diseases by Western medical institutions, such as bilharzia, malaria, skin leishmaniasis and other infestations (p. 35). Soldier's bodies were subjected to far-reaching examinations, and treatment units, even on boats, were moved to Iraq to care for them and the local population at the beginning of the British mandate.

In between the great diversity of sources, especially documents in archives are autobiographies from local physicians that served as valuable sources to illustrate the education of an Iraqi physician. Two autobiographies written by one female and one male physician and an interview with one male physician unveil how the physician as a professional with a specific role within Iraqi society was prepared and shaped by those who created the medical schools, not only by scientific knowledge but by conveying what behavior was expected from them (pp. 93ff) once they have graduated. It went beyond what we consider today in medical education as competences we expect from them.

The Iraqi health care system was developed and shaped by a British understanding of health, medicine and education and was part of a state-building project that established a functioning bio-political order. This local reality was destroyed gradually and sustainably by waves of international intervention in the region since 1980 through wars and economic sanctions. Interestingly, a high local child mortality rate before the Iran-Iraq war (1980–1988) led to a successful child survival campaign which has remained unique until today. Dewachi describes how this took place locally, but also how it is strongly related to international developments in the paradigms of primary health care (PHC) and the child survival revolution for the global south (WHO and the Alma-Ata Declaration in 1978).

Iraqi patients seeking health care in Beirut or elsewhere are the consequence of destroying a country's infrastructure, imposing strict rules for the import of pharmaceuticals and medical infrastructure afterwards, continued political instability and the loss of physicians during and in armed conflicts, and their flight from these. To conclude, Dewachi's book gives an impression of how states

organize a health care system in times of conflict and insecurity, and how medical training is shaped by governmental plans and expectations.

MARGRET JÄGER, Wien und Linz

ROCHA, CRISTINA (2017): John of God. The Globalization of Brazilian Faith Healing.
Oxford: Oxford University Press, 269 pp.

Brazilian cultural anthropologist CRISTINA ROCHA moved to Australia in 1998 and is currently the director of the *Religion and Society Research Cluster* at Western Sydney University. Her academic research focuses on religious exchanges between Australia and Brazil and this monograph has been dedicated to the phenomenon of the transnationalization of Brazilian Spiritist healing practices. She considers the case of spirit healer João de Deus (John of God) from the small town of Abadiânia in the state of Goiás / Brazil and the international attention he has received by patients and media alike. In the past, Brazilian Spiritism gained in popularity through the phenomenon of Dr. Fritz, a German medical doctor who died during the World Wars. While being incorporated in a medium, he would perform surgical interventions on his patients without anesthesia or hygienic precautions (cf. GREENFIELD 1987, 2008). Most comparable contemporary 'spirit doctors' (e. g. Dr. Frederik, Dr. Hans, Dr. Hermann, Dr. Wilhelm) due to legal issues only perform energetic treatments on the *perispirit* of patients (the energetic subtle body of human beings, cf. KURZ 2015, 2017, 2018), but John of God attunes to both practices, seeking moral and energetic support in the prayers and meditations of his followers.

The starting point of ROCHA's argument is the US-American talk show host Oprah Winfrey. In 2010, Winfrey hosted US-American citizens who were allegedly healed from severe diseases by John of God in his *Casa do Dom Inácio* ("House of Master Ignacio") in Abadiânia. Rocha then declares Winfrey's subsequent visit there in 2012 as

> "[…] the culmination of a trend that had started in the late 1990s. At that time, John of God was merely João de Deus, an illiterate, mostly unknown, faith healer in a village in the middle of nowhere in Brazil. A decade later, John of God has become an international faith healer superstar – visited not only by Oprah, but also by thousands of the desperately ill, the wealthy, and an increasing array of media" (p. 3).

According to ROCHA, a transnational spiritual community has been developing ever since, which comprises not only the ill and those who seek spiritual growth but also healers, tour guides and business people. Her book is the result of one decade of research on the social and cultural forces that left a local healer from Brazil becoming a "global guru in the 21st century" (p. 4) and the prominence of spiritual healing in late modernity. The main questions are (1) What attracts foreigners to John of God's cosmology and healing practices?; (2) How do they understand their own experiences of healing or lack thereof at the *Casa de Dom Inácio*?; (3) How well do the sacred objects, healing practices and cosmologies travel?; (4) How are they localized in different ways in the West?; (5) How are conflicts ironed out when foreigners' worldviews and John of God's cosmology do not dovetail?

In her methodology, Rocha orientates herself to the ontological turn in the social sciences, which takes experiences and narratives seriously and avoids any form of evaluation or discussion of efficacy. She finds that the healing practices of John of God are related to a transnational spiritual movement reflective of the worldview of a global popular culture. Regarding the conceptualization of "culture," ROCHA critiques the work of SIDNEY GREENFIELD, a US-American anthropologist who studied Spiritism and other forms of Brazilian faith-healing for decades and developed a cultural-biological model

> "[…] that equates culture with nation, and singles out 'Brazilian culture' as the reason for the efficacy of […] spiritual surgeries. For him, Brazilians easily enter altered states of consciousness, and once they are 'hypnotized' they are able 'to control pain and alter their flow of blood – to slow down bleeding or speeding it up to heal wounds