

Book Review

– *State of health: Pleasure and politics in Venezuelan health care under Chávez*, by Amy Cooper. University of California Press, 2019

Two years into a pandemic that continues to impact everyday life across the world, debates about how healthcare is funded, experienced, and understood politically have never been more important. In this rich and textured ethnographic study of healthcare in Venezuela, Amy Cooper offers a novel contribution to these debates. *State of Health* is a fine-grained account of a fascinating experiment in healthcare that will interest scholars and students of public health, urban social movements, and Latin American politics and society.

Drawing on fieldwork conducted in what was perhaps the most optimistic period of Venezuela's Bolivarian Revolution (2006-2009), Cooper documents the experiences of patients, community health activists, and low-income Caracas residents amid the roll-out of the late president Hugo Chávez's flagship social missions, which were funded principally by revenues from Venezuela's oil exports. The book's argument unfolds through five ethnographic chapters that cover themes such as citizenship, clinical intimacies, community participation, everyday *barrio* life, and health activism. These chapters bring Cooper's participants to life, with her thick descriptions of doctor-patient interactions, community exercise classes, and everyday exchanges at Grandparents' Clubs anchoring her overarching argument: that good healthcare is about far more than biomedicine.

As Cooper argues in the book's introduction, the decision taken by Chávez to provide free and universal healthcare at the local level was a major break with the prevailing direction of travel in Venezuela, where access to quality medical attention had historically been determined by class and wealth. From 2003 onwards, tens of thousands of new local health clinics were constructed in predominantly low-income areas as part of the Barrio Adentro ("Into the Neighborhood") social mission. Many of these local clinics were staffed by Cuban doctors who arrived through an oil-for-doctors exchange program agreed with the Cuban government. As Cooper explains, the missions were presented by Chávez as a way of repaying the "social debt" incurred by two decades of neoliberal reforms that had deepened what were already stark inequalities in access to healthcare,

education, and social services. She contends that they thus imbued government programs with “moral connotations of compassion and social justice” (2019, p. 19) and encompassed the drive to cement a new social contract between citizens and the Venezuelan state.

At the heart of Cooper’s argument is the theme of pleasure, which she breaks down into three principle subthemes. First, she shows how having access to local healthcare through Barrio Adentro led to real and immediate improvements in people’s biophysical health. Given the history of Venezuela’s highly uneven healthcare provision, the significance of this in historically excluded communities cannot be overestimated. Second, this newfound access also produced what Cooper terms “sensual and social pleasures” (p. 10) for her interlocutors. These included small everyday encounters such as doctors looking patients in the eye, offering “compassionate and gentle touches or hugs” (p. 11), and participating in mission-run exercise classes. Finally, Cooper argues that people also experienced pleasure in political terms through the missions because, for the first time in their lives, they were being treated as “bodies that mattered” (p. 11). As she notes, it was not that people regarded the health missions uncritically, but rather that having access to healthcare opened up a whole new experience of citizenship.

Together with promoting an emergent model of inclusive citizenship, the revolution’s missions and social initiatives also produced new imaginative horizons for the estimated 140,000 people who signed up to become community health promoters. As Cooper explains regarding these actors:

Rather than experience the work as burdensome or as a sacrifice for the greater good, people enjoyed being health promoters. They entered into it voluntarily for a variety of reasons. Some emphasized the tangible benefits for people they helped as a motivating factor. Some wanted to learn more about medicine. A few said they wanted to reciprocate for the benefits they received from government doctors. They all stated that becoming a health promoters was an opportunity to participate in society that they never had before (p. 103).

Yet while *State of Health* documents the many achievements of the mission programs, the book is by no means an uncritical account of the first decade of Bolivarian governance. In the final ethnographic chapter, Cooper explores some of the more ambivalent and contradictory dimensions of Chávez-era community projects by focusing on Mission Negra Hipólita, another social initiative that was established to help the street homeless, drug users, and other so-called *indigentes*.

As she outlines through detailed accounts of this mission, although community health volunteers were initially enthusiastic about helping the most vulnerable members of their neighborhoods, they soon became frustrated by people’s apparent inability to recover from their addictions. Situated in a context where individuals were exhorted to transform themselves morally as part of the

revolution, such persons “threatened the logic of health and healing that undergirded Bolivarian social programs” (p. 125). Because some health activists held unproblematic notions of personal transformation, those who struggled to reform were inadvertently marginalized because they constituted a “moral threat” (p. 143) to the revolution’s lofty ambitions for social healing. These findings point to some of the tensions that underpinned the Bolivarian Revolution even before Venezuela’s social and economic crisis began in 2014.

If there is a weakness to the book, it is that greater attention was not also paid to Venezuela’s public hospitals, which fared significantly less well under Chávez and continue to struggle today. Although Cooper mentions that there was internal hostility to reforming the country’s hospitals, more details on this theme might have shed further light on the connections between the Venezuelan state and the wider political economy that shapes its dynamics. Indeed, the plight of Venezuela’s public hospitals is arguably emblematic of one of the revolution’s central failings: that it did a far better job of funding new state initiatives and structures than reforming existing ones.

As Cooper writes in her conclusion, however, the structural contradictions that were baked into the revolution highlight the myriad difficulties that arise in efforts to make progressive reforms stick amid hostile geo-political and socio-economic contexts. In spite of the social missions’ difficulties in recent years, Cooper points out that providing universal and accessible healthcare has meant that Venezuela’s poor majority “have become accustomed to state-citizen relations grounded in reciprocity and the promise of socio-political empowerment” (p. 156). The challenge, as she notes, is to channel this principle of reciprocity into a lasting set of social relations that can endure the vicissitudes of political turmoil. Venezuela is by no means alone in facing this challenge.

Overall, *State of Health* is a compelling and moving account of Venezuela’s social missions that speaks to wider contemporary debates about citizenship, the state, and healthcare in the broadest sense. It is also a timely reminder that our understanding of sickness, well-being, and healing must encompass far more than biomedicine.

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