Ronnie Shepard & Shir Lerman Ginzburg (eds.), *Gender, Health, and Society in Contemporary Latin America and the Caribbean*. Lanham MD: Lexington Books, 2019. viii + 222 pp. (Cloth US\$90.00)

Gender, Health, and Society in Contemporary Latin America and the Caribbean brings together scholars and practitioners heralding from cultural and medical anthropology, social work, sociology, social psychology, public health, and other related disciplines, in a collection that exemplifies the combined insights of intersectionality theory and engaged ethnography. As I write in the midst of the Covid-19 pandemic, its relevance could not be clearer: the precarity of many of the populations illuminated in the collection—commercial sex workers, prisoners, LGBTQ persons—is most certainly exacerbated by the current crisis. The ten chapters are linked through a conceptual framework that demonstrates how social, economic, and political inequities structure health disparities. Long histories of colonialism, neocolonialism, and neoliberalism have produced syncretic patriarchal gender systems including competing, resistant notions of masculinity, femininity, nonbinary genders, and sexualities. As noted by editors Ronnie Anthony Shepard and Shir Lerman Ginzburg, the essays are conceptually unified through their attention to “gendered health, the embodiment of identity, societal structures and social inequality, and the ways in which gender, health, and society intersect on a daily basis” (p. 1). Each one offers a case study of a particular gender/health/identity/inequality matrix located within the conventionally recognized nation-states of Central America, South America, and the Caribbean, but also including the “‘Black Caribbean,’ or West Indies” (p. 3). Marginalized identities are demonstrated to be critical variables of disease risks and internalized oppressions as well as rallying points, through identity politics for organizing resistance against deprivation and stigma, in opposition to cynical disparagement by those who themselves perpetuate these historically constructed categories. This is made explicit in the essay by Antwonn Michael Simpkins, who spotlights the cisgender-hetero acts of violence against “gully queens”—gay and trans youth who have been expelled from their homes due to “toxic hetero-masculine patriarchy” (p. 165) and a state definition of citizenship carried over from British colonialism that excludes sexually diverse persons.

As a scholar-activist of gender and sexual diversity in the Anglophone Caribbean, I appreciate the inclusivity of the Caribbean, as historically and culturally related to Latin America by the societal hierarchies within which health distinctions emerge. Excelling in their nonreductionist, nonessentializing portraits, the authors demonstrate the resilient strategies of survival and the daily expressions of agency, assertions of non-normative identity claimed

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by subaltern populations as they navigate complex, oppressive social structural inequalities and hegemonic moral codes. Distressingly, but unsurprisingly, those who are discriminated against can also be perpetrators. Ronnie Anthony Shepard and Tia Tyndal, for example, explore the nuances of masculine identity formation in Ecuador among men who seek sex in brothels, challenging homogenous notions of *machismo* while also showing how those same men who counter a singular masculinity, nonetheless reinforce constraining socially valued racial and ethnic qualities of women sex workers. Those “valued” qualities create the context in which women’s bodies become objects of capital in the “ethnosexual frontier” of the brothel. A second example: Sham Estelle Brown shows how parents of children with sickle cell disease in Guadeloupe do not attend a major fundraiser on World Sickle Cell Day because “people in Guadeloupe are concerned about being seen and labeled as ‘the parent with the sick kid’” (p. 93). Also, the gendered conceptualization of sickle cell disease underscores the ways in which “power, class, race, gender, and culture” (p. 99)—shaped by the island’s history of colonialism and slavery—impact peoples’ understandings of who gets sick and why. By contrast, Leyla Savloff underscores the solidarity that emerges through practices of health-making, demonstrating how incarcerated women in Buenos Aires reimagine themselves as creative beings through the women’s art cooperative YoNoFui, interacting with both nonincarcerated women and fellow prisoners in the art space outside the prison. Through poetry and photography, these women experience a sense of becoming, even while enduring sickness-inducing conditions of overcrowding.

“Health” in this collection, is conceived holistically; it is a form of well-being sought *through struggle* for too many, that spans physical, mental, and, for some, spiritual domains. Olivia Marcus and Evgenia Fotiou explore the “medicoscape” of ayahuasca healing retreat centers in Peru for western pilgrims/tourists. In healing centers segregated by gender according to Indigenous ideologies, shamans sing to life the powers of plants offering spiritual renewal, weaving western psychotherapy into their health-making processes. Valuable for researchers, graduate students and perhaps undergraduates, and especially important for policymakers and legislators, this text underscores the importance of pathways for improved holistic health determinants charted for them through the human right to health.

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