

industry in their book, I wonder what differences the authors of *Women of the Street* see between the criminal justice–social service alliance and the rescue industry. If the authors believe they are in fact different (I am not convinced they are), in what ways does the rescue industry Agustín described influence the local alliance the authors studied? Overall, this book is a compelling read that introduces a new analytical framework and a captivating ethnography to the field.

*Indian Blood: HIV and Colonial Trauma in San Francisco's Two-Spirit Community.* By Andrew J. Jolivet. Seattle: University of Washington Press, 2016. Pp. xvi+157.

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There are two possible ways of reading Andrew J. Jolivet's *Indian Blood*. One of them is as a proposition of a risk model that may be applied to the mixed-raced American Indian. Another one would be as an anthropological critique to rigid approaches to cross-cultural problems related to how other subjectivities deal with illness and health—and the political implications, both within and beyond native communities' relations: how a community can heal someone, and how it is related to a deeper discussion about the *self* when dealing with two-spirit people. After reading Jolivet's book, my impression is that it is much more successful in this latter aspect. What I want to show here is how this second reading of the book shows itself to be especially fruitful and makes the book worth reading.

The book itself consists of eight chapters in which Jolivet, a professor of American Indian studies at San Francisco State University, examines the correlation between mixed-race identity and HIV/AIDS among Native American gay men and transgendered people. The first one is, in my opinion, the most interesting in terms of theoretical discussion. Jolivet brings the background of his ethnography and the importance of concepts such as *radical love* and *colonial haunting* to bear on issues related to identity, colonialism, and community. The other seven chapters deal more directly with the factors that produce high-risk sexual behavior among mixed blood two-spirited persons: two-spirit cultural dissolution; historical and intergenerational trauma; gender and racial discrimination; mixed-race cognitive dissonance; and sexual violence and impaired stress coping in urban Indian kinship networks (p. 9). These factors are part of the model he proposes but are related to each other intrinsically. As he states, "Each chapter also identifies and documents the ways that each psychosocial factor relates to the others to produce an interlocking system of trauma and oppression" (p. 28). In fact, every chapter is a universe of possibilities in terms of political or research agenda.

The book aims to offer a risk model—and it does, brilliantly. But the problem is that the book is not about this model, even if the author thinks it is. To develop a risk model, Jolivet should have brought the work into closer conversation with epidemiology, but he does not. Instead, he uses an approach based on queer studies, anthropology of health, and ethnomethodology. When he is writing about blood, he is writing not about transmission rates or immunosuppression, but about sovereignty, care, and belonging. An epidemiological model is not in the book, even if the author's intention was to build one.

Throughout the book, *blood* works as a metaphor of the stigma around a diseased body and the politics of racial mixing. As a Latin American reader, I found that part of this discussion strange. Discussions around blood quantum are very different from our ethnic perspectives, which are much closer to Fredrik Barth—in which self-declaration works as part of a greater interethnic system, where identity and not blood plays a major role. One is part of a community by feeling like being part of that collectivity in counter position to another: identity is a fluid category, much more than a category of fluid. But that does not mean that “bodiness” does not work as a political place or exists away from power relations.

In this sense, Jolivet offers a strong critique of medical allopathy and its models for understanding the importance of the community as a way of healing and the part that *bodiness* and *self* play in understanding social and racial relations. His approach to this task is what makes the book original.

The occidental medical system is based on a perspective of *self* that is directly related to modernity in a way that makes it almost impossible to understand its processes of healing without viewing the notion of the individual through a modern lens. Even public health problems are viewed as problems requiring individual-based solutions: use condoms, take your medicines, wash your hands, and so on. Even persons who do not know Foucault are likely to agree that modernity develops its own ways to deal with bodiness and with (what *we*—the “moderns”—understand as) sickness. Moderns isolate the “infected” in order to save “society.” The sick are no longer persons; now they are diseased bodies. They are, in a word, a risk.

Jolivet offers an alternative: What if we approached our *care* system—not our *medical* system—holistically? What if community offers healing and protection instead of exclusion? The book uses ethnographic data and two-spirit critiques to answer questions like these. In fact, after reading it we may understand two-spiritness as an alternative to the very concept *individual*, as if it was the only possible way to relate to one another.

Writing as an anthropologist living in the southern Brazilian Amazon, I found the book particularly interesting. The mixed-blood two-spirited persons in San Francisco Bay are very distant from here, but Jolivet helped me understand a little bit more about initiatives taking place here such as the use of *ayahuasca* tea in prisons. The example is not by chance: prisons, like hospitals, are places where the state exercises its bio/necro power and enforces its control over individuals/bodies.

Once the focus is changed to community/healing/self, the sovereignty over bodies is put at stake. In a certain way, the holistic way to perceive the health-disease process is a decolonial turn. Once a person is not seen as a body or as someone infected, but as a person who belongs to a whole, colonial wounds heal too. This brings us to one last matter: is HIV/AIDS related in any way to colonial traumas? It is a tricky question, but once we take a look at how AIDS brought native gays out of their closets to make political demands and how third world countries—especially in Africa—struggled for public policies of care and against pharmaceutical industries interests, we may have a clue.

*The Online World of Surrogacy.* By Zsuzsa Berend. New York: Berghahn Books, 2016. Pp. 270. \$130.00 (cloth); \$27.95 (paper).

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As is the case with much of contemporary human experience, surrogacy—in which a woman agrees to gestate and birth a baby for another couple—can be initiated online. Virtual outlets have obviated the need to work through formal channels to find a “match,” as surrogates today have the possibility of taking what they call an “indy journey,” or an independently negotiated surrogacy arrangement outside of agencies or clinics. Via web forums, surrogates and intended parents can now find one another, interview each other, decide on the appropriate amount of compensation, and forge a contract. Surrogates, as well, can gather online, ask questions, and debate about the meanings and logistics of their reproductive practices. How do surrogates discuss a deeply embodied practice in the acutely disembodied domain of the internet?

In her book, *The Online World of Surrogacy*, Zsuzsa Berend studies SurroMomsOnline.com (SMO), a virtual meeting ground that constituted, in the view of SMO users, “the backbone of the surrogacy world” at the turn of the 21st century (pp. 33, 48). This fascinating book details the complex ways that the culture of surrogacy gets collectively produced in an online forum, where discussions about the day-to-day realities of surrogacy “teach women what to expect, want, and dream of” (p. 11). In a crucial departure from previous studies that examined the social control function of surrogacy agencies or feminist critiques of surrogacy, Berend scrutinizes how women create and monitor the dominant narrative of surrogacy and how they themselves act as the principal form of social control in this realm.

Berend approaches her ethnography of SMO with an interest in interactive meaning making, and, unlike previous studies of surrogacy, Berend’s unit of analysis is the interactive online group, not the individual. Each empirical chapter considers an enduring topic in online surrogacy discussions, and Berend makes several important observations that recur throughout these chapters. First, in line with findings from previous studies, Berend