

tem of governance that is supposed to be committed to transparent decision making and broad civic participation. Whooley's smart new book explains precisely how this contradictory arrangement came to exist and why choices about who governs and how remain matters of life and death.

Governing How We Care: Contesting Community and Defining Difference in U.S. Public Health Programs. By Susan J. Shaw. Philadelphia: Temple University Press, 2012. Pp. x+214. \$84.50 (cloth); \$27.95 (paper).

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In many ways, *Governing How We Care* is not a traditional ethnography, and the reader is better for that. The author draws upon the findings from anthropology, sociology, public health, and science and technology studies to explore the ways in which low-income and marginalized people are treated and thought about in urban public health programs in the United States today. That Susan Shaw has written an engaging book geared toward these multiple disciplines is no easy task, as these disciplines each have their own ways of defining and studying the themes of community and health that she explores. In particular, Shaw challenges the health disparities framework that she and others argue depoliticizes the underlying causes of poor health in the first place under neoliberal reform state policies.

Shaw skillfully weaves an ethnographic account of two urban public health programs (a needle exchange and a welfare-to-work program in New England) alongside a more elegant theoretical engagement of the important questions guiding public health today. These questions include What is or should be the relationship between governments and individuals in community health? What roles do racial and ethnic identity and cultural differences play in health care services at the local community level? What are the localized effects of neoliberal policies on U.S. public health programs? She asks and locates these questions within the scholarly literature of health disparities research, data about structural inequality, and debates about neoliberal state policies.

As you might expect, there are no easy answers to these questions, and this is why the ethnographic data and detail are so important in this book. The data illustrate the complexity of both the issues and any possible answers to them. The grounding of larger theoretical issues within the ethnography allows Shaw and the reader to systematically explore these questions. This exercise is the great strength of the book. Community education and empowerment programs are often built around concepts developed by Paulo Freire and the pedagogy of the oppressed literature. This source is true of the community-health-worker training programs detailed in *Governing How We Care* as both the force of and for collective mobilization. Shaw explores

some of the central theoretical and methodological issues built into public health and applied social science research programs. But in providing detailed ethnographic accounts of what happens in these training programs, Shaw also shows how these concepts intertwine with and are complicated by neoliberal state policies. So, what is community and what does it mean to bring community partners to the table? Words and definitions matter in how people in a particular communities (scholarly or otherwise) refer to themselves and others.

Shaw develops the idea of the professionalization of “like helping like” (or, as it is known, a lay-advisor model) in health services. This model is highlighted as necessary by advocates of public sociology or publicly engaged programs especially found in public health today. There is a balancing act or dilemma faced by community health advocates in helping their local community while at the same time being perceived by or even perceiving themselves to be working for or as agents of the state. Community health workers are portrayed as boundary workers between the “community” and the agency or state, which in turn creates an ambivalent expertise. Shaw specifically challenges the efficacy of harm-reduction models of public health, especially in her accounts of needle-exchange programs and situates these programs within the larger public and policy debates about who is a “deserving” citizen who should receive care in the local community.

Shaw concludes that the local community becomes the site or space of governance shaped by this dilemma or tension. She questions the effectiveness of the lay health-workers model now being used now throughout the world and uses her data to challenge what we think we know about harm-reduction policies and the continuum of care in the community that is often connected with welfare-to-work, HIV reduction, and needle exchange programs that are tied to the state for funding and accountability. This book is very important and makes a valuable contribution to our understanding of community health programs under the neoliberal state.

Doing Good: Racial Tensions and Workplace Inequalities at a Community Clinic in El Nuevo South. By Natalia Deeb-Sossa. Tucson: University of Arizona Press, 2013. Pp. xiv+161. \$50.00.

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In *Doing Good*, Natalia Deeb-Sossa presents a study of the day-to-day relationships that redraw race and class boundaries in “El Nuevo South.” Deeb-Sossa recounts how black, Latino, and white service providers hierarchically fragmented by race, education, gender, and class within and outside a health care clinic in North Carolina calibrate their moral identities amid drastic demographic changes that transform and resignify the face of “the poor” and “needy.” The growing presence of Latinos in a clinic that