Jose Antonio Kelly provides an ethno-graphically rich and theoretically tactile analysis of how the Yanomami, an indigenous Amazonian people in South Venezuela, have been progressively integrated into the Venezuelan state health care system. By going beyond the resistance-dominance analytic, characteristic of much anthropological writing on the relations between indigenous peoples and the state, Kelly's rendering of Yanomami relationships with the white medical personnel staffing their community health posts evokes an altogether more subtle and differentiated picture of this hybrid social formation. Rather than portraying the Yanomami’s engagement with the various agents of the state health care system in the simplistic terms of either resistance or submission to it, Kelly emphasizes the sense of negotiation that pervades all interaction between Yanomami and health personnel. This constant bargaining marks all facets of the doctors’ work, and makes it generally impossible for them to disentangle the medical aspects of their relationships with Yanomami from the non-medical ones.

While the doctors are keen to restrict their social interactions to the medical context, the Yanomami approach them in cosmological terms as ‘potential affines’ (9), which entails that they do not see their relationship as exhaustively defined by their respective standing as doctor and patient. Instead, as Kelly depicts vividly, they plead with doctors for personal goods and favours, thus drawing them effectively into the Yanomami sphere of kinship and political obligations.

As the title of the book announces, Kelly explores these differing expectations among doctors and Yanomami with full ethno-graphic symmetry. He relates these competing expectations, on the one hand, to a ‘Western political economy of health,’
shaping the doctors’ attitudes, and, on the other, to an ‘Amazonian symbolic economy of alterity’ in which the doctors-as-whites (‘criollo’) occupy by default the slot of the epitome of Amerindian alterity: that of dangerous, but necessary, others (napë) (11). The result of this methodological exercise in ethnographic symmetry is a highly compelling analysis of both the mutual interests of Yanomami and of state actors in improving health care delivery, as well as an analysis of the incongruous sides of their respective interests and stakes in the project.

Drawing on the theoretical work of anthropologists Roy Wagner and Viveiros de Castro, Kelly illuminates how this reality of only partially overlapping trajectories is concealed by the ‘homonymy’ of certain words: words or concepts that sound the same for Yanomami and non-Yanomami, but that have fundamentally different meanings for each group. For example, both state representatives and Yanomami frame discussions about extending health services in terms of a larger ‘civilizing project,’ but civilization denotes a fundamentally different thing for Yanomami and non-Yanomami respectively. While the civilizing project for the Yanomami is a historical transformation that involves ‘putting white culture at the service of reproducing Yanomami society’ (3), it is for the representatives of the health system a way of installing in Yanomami bodies the very docility on which the bio-medical state apparatus’s functioning depends. Throughout the book, Kelly provides a number of concrete ethnographic examples of such cross-cultural misunderstandings, and develops the potential of anthropological theorizing to mitigate them. While being a timely addition to the Amazonian literature on ‘indigeneity,’ which aims to reconfigure indigenous peoples as contemporaneous actors in society, Kelly’s analysis is thus also instructive in showing how theoretical or philosophical anthropology can be reconciled with applied or engaged approaches.