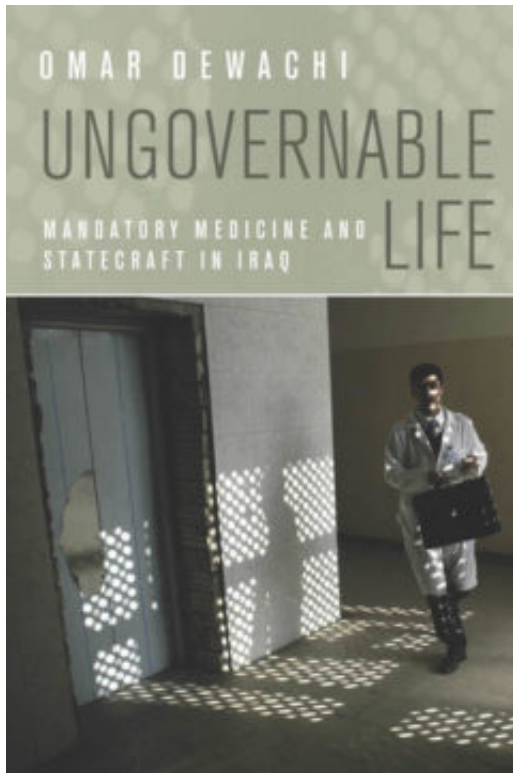


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## Omar Dewachi's Ungovernable Life: Mandatory Medicine and Statecraft in Iraq

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By Anna Zogas



[Ungovernable Life: Mandatory  
Medicine and Statecraft in Iraq](#)

[Omar Dewachi](#)

Stanford University Press, 2017. 239 pp.

Every year, tens of thousands of Iraqi patients leave their country seeking healthcare, and Iraqi physicians move abroad seeking asylum and work. Omar Dewachi writes elsewhere about this crisis and the “therapeutic geographies” it sets in motion, but in his book *Ungovernable Life: Mandatory Medicine and Statecraft in Iraq*, Dewachi focuses on the formation of Iraq’s once-robust public healthcare system, and how its past shapes its recent dramatic unraveling. Using the theoretical framework of biopolitics, Dewachi traces state-making practices dating from World War I

as they manifested in Iraq's healthcare system.

Dewachi focuses on what he calls "mandatory medicine" or "state medicine," which highlights the entanglement of medical science and state-making logics. "Mandatory medicine" refers to an historical period, at the end of World War I when the territories of the defeated Ottoman Empire were transferred to countries of the Allied Powers, and Mesopotamia became a British Mandate. The constellation of policies, institutions, and patronage relationships that emerged in that period are "mandatory medicine." Dewachi writes that in addition to "being a form of masked colonialism, the mandate was a regime of political patronage aimed to reconfigure Ottoman territories in relationship to architectures of alternative political and economic regimes" (pp. 67). The British empire's official role in the newly "conditionally sovereign" Mesopotamia was one of "trusteeship" and "tutelage", and Dewachi's analysis shows that "Iraq became a site for 'experimentation' in political and medical organization" (pp. 47). Each chapter of the book describes examples that arose during the engineering of the medical system that serve as evidence of the "expanding role of medicine as a regime of biopolitics and governance" (pp. 17).

The arguments in *Ungovernable Life* are built largely on historical data from documents held in collections at international universities and Iraqi research centers, autobiographies of and correspondence from multiple generations of Iraqi doctors and government employees, and local histories of the healthcare system. Using these sources, Dewachi demonstrates, through specific narratives and networks, how state medicine and the ethos of public health became a mode of governance in Iraq (pp. 50).

Chapter 1 contains accounts written by European medical doctors who traveled to Mesopotamia aboard military hospital ships during the first World War. They describe the landscape, the heat, and their theories of soldiers' illnesses and the region's microbial ecology. Dewachi interprets these narratives as groundwork for the "therapeutic promises" of imperialism, writing that these colonial discourses of local pathology "open[ed] the door to the improvisation that shaped the British military occupation and attempts to transform Iraq into a viable state" (pp. 43). Chapter 2 demonstrates a post-war shift in the colonial discourse. Representations of the region as exotic and "ungovernable" were replaced by analogies to Europe, where disease and ill health were understood as wasteful, and preventable with public health infrastructure. A cholera outbreak in 1923 became an opportunity for authorities to demonstrate Iraq's emerging national health care system's capacity to manage the population's health. The figures who appear in these two historical chapters are "bio-politicians" engaged in the project of public

health government (pp 57).

The next chapters introduce some of the first generations of Iraqi doctors. Chapter 3 focuses on the transfer of science and technology from Britain to Iraq, a project which pivoted around erasing the Ottoman legacy by minimizing the influence of the “doctors from the other empire” (pp 66). Dewachi explores 1920s debates about who should be employed by the new medical system and in what language they should receive instruction in medical school. At stake in these debates was “the new state’s infrastructure of science patronage” (pp 81). In Chapter 4, Dewachi draws on Iraqi doctors’ memoirs and autobiographies to provide a glimpse into the early years of the Baghdad Royal College of Medicine, created in 1927. Dewachi’s analysis of doctors’ socialization shows that the school sought to produce modern, cosmopolitan, Western oriented citizen-scientists, a project characterized by tensions between ambitious young doctors’ career goals and the state’s desire for the newly-minted Iraqi doctors to extend the national public health project into the country’s rural areas.

Chapters 5 and 6 concern population politics, and they show the scope of biopolitics as a tactic of state building in mid-twentieth century Iraq. In Chapter 5, Dewachi analyzes a public health crisis provoked by the migration of rural Iraqis and their livestock to Baghdad in the 1950s. The landless farmers settled in areas public health experts called “rural slums” or “tribal slums” (pp. 118), and the officials’ management of the settlements revived the colonial-era discourse of ungovernability. Chapter 6 zooms out further, showing population politics at work on a national scale. During the Iran-Iraq war (1980-1988), the state launched a public health initiative to reduce infant mortality, in line with contemporary international global health regimes. The initiative included educational campaigns for women community leaders, physicians speaking on TV and radio broadcasts, and state-sanctioned midwifery. Dewachi’s analysis of the examples of a smallpox outbreak in the Baghdad “rural slums” and the infant mortality initiative shows that new regimes of population politics were mobilized during crises.

In Chapter 7, Dewachi introduces the only ethnographic data of the book, about the experiences of doctors seeking asylum and work outside of Iraq. In 2005 and 2006, Dewachi conducted research in London, at a time when Iraqis were the largest population of doctors seeking asylum in the UK (pp. 154). He lived among different generations of Iraqi doctors, some of whom had been his colleagues at Baghdad Medical College in the 1990s. Through three “migration stories” (pp. 155) Dewachi demonstrates the destructive consequences of the scientific patronage projects described in Chapters 3 and 4. Throughout the book, Dewachi animates Iraq’s history from the perspectives of colonial-era administrators, public health officials

and doctors, and connects people's experiences to the larger structural forces of imperialism, scientific knowledge production, and statecraft.

Dewachi is an anthropologist and an Iraqi medical doctor, and his experiences in Iraq and abroad inspire this very accessible inquiry into the formation and destruction of Iraq's health infrastructure. The book demonstrates specifically *how* biopolitics works—in discourses, expertise, and policies—and therefore it provides rich examples for use in graduate-level medical anthropology and global health classes (and it would be a welcome addition since, in my experience, such classes rarely include examples from the Middle East). The book traces Iraq's healthcare system from 1918, through two empires and three wars, to the present; the scope and depth of the historical and archival data in this book may overwhelm undergraduates.

More broadly, *Ungovernable Life* speaks to the endurance of institutions as “sites where state building has been contested and subjects and citizens formed” (pp. 11). Medical schools, state hospitals, government ministries, and overseas educational missions are social formations in which we can see empire and imperial governance at work. As Dewachi writes, “[t]he Iraqi doctor seeking employment in London, an Iraqi health-care infrastructure smashed by war and sanctions, the Iraqi patient seeking care in Beirut—this is how empire looks in our present-day reality” (pp. 27).

[Anna Zogas](#) is a cultural anthropologist who studies health and medicine in the United States. She received her PhD in 2018 from the University of Washington. Her first book project is an ethnography of mild traumatic brain injury (TBI), a politically symbolic injury affecting American combat veterans of the wars in Afghanistan and Iraq. She also serves as Somatosphere's “In the Journals” editor.

## Note

\* See: Omar Dewachi, Anthony Rizk & Neil V. Singh, “(Dis)connectivities in wartime: The therapeutic geographies of Iraqi healthcare-seeking in Lebanon,” *Global Public Health* 13, no. 3 (2017): 288-297, doi 10.1080/17441692.2017.1395469 and Omar Dewachi, “[War and the Costs of Medical Travel for Iraqis in Lebanon](#),” The Costs of War Project (December 2013) (*open access*).

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