
BUCHBESPRECHUNGEN

Tamara Giles-Vernick/ James L. A. Webb Jr. (eds.): Global Health in Africa. Historical Perspectives on Disease Control, vol. 2: Perspectives on Global Health, Athens: Ohio University Press 2013, 246 S.

Reviewed by
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This edited volume consists of an impressive collection of essays offering fine-grained historical and anthropological analysis of a variety of global health initiatives in Africa. The goal of combining biomedical and social science approaches to improve our understanding of the bio-social causes of ill health, as well as the social, political, economic and cultural factors that underline the failures and partial successes of interventions bears resemblance to other contemporary books focused on ethnographic explorations of Global Health.¹ The distinctive contribution of the work is its explicit historical orientation. Particularly fruitful is the dynamic historical perspective that is not only confined to drawing lessons from, for example, the colonial past, but produc-

tively explores the “linkages between past, present, and emergent” (p. 2).

Taken together, the contributions illustrate how “Africa has long served as a laboratory for human research and experiences” (p. 15). The contributions show how historical/anthropological analysis can shed light on the unintended social and medical consequences that follow from narrowly conceived technical interventions that fail to take complex contexts into account.² Importantly, the historical perspective, at the same time, highlights the long-term continuities, unquestioned assumptions and moral ambiguities that characterize global health initiatives in Africa. The breadth and depth of the contributions ensures that the book comes a long way in achieving its objective to contribute to the development of a new field of global health history. However, there are also weaknesses with this approach, and many more research questions to pursue to develop the field further.

The volume opens with an excellent introduction by the editors, which makes a compelling case for the necessity of combining social science and biomedical approaches to inform and challenge contemporary global health efforts. The introduction offers only a very short outline of the colonial antecedents of global health in Africa, which, however, is a feature taken

up in subsequent contributions. It offers a highly accessible overview of the main developments in global health policy since World War II, while at the same time noting the continuity of disease-specific interventions.

I find the contributions by Lachenal, Tappan, Giles-Vernick & Rupp, and Moulin to be the strongest of the book. These contributions offer critical insights from the past that can help us challenge and rethink enduring orthodoxies in global health. They also highlight the persistent ambiguity between protecting the health of the community and the rights of the individual. Lachenal's genealogy of 'Treatment as Prevention' (chapter 3) complicates the current debate on AIDS treatment by showing how the method of using mass-scale treatment as form of 'social prophylaxis' has a long, ambivalent colonial history in Africa. His analysis illustrates the racial underpinnings of these interventions – an observation which can critically inform contemporary discussions of the AIDS industry's rush to find biomedical ways to 'save African lives'. Also Moulin's analysis of the history and politics of Egypt's hepatitis C epidemic (chapter 6) highlights the potential for violence, coercion and in particular the iatrogenic effects of attempts to eradicate a disease through mass-scale treatment.

Tappan's chapter (4) on the treatment and prevention of severe acute malnutrition in children vividly illustrates the unintended consequences of a 'well-meant intention,' highlighting the need to understand the social and medical contexts in which patients may appropriate medical technologies in unforeseen and problematic ways. Her analysis also critically challenges the

continuity in how malnutrition in Africa has been conceptualized as a disease needing medical intervention rather than as a social and political problem of poverty and inequality.

Other contributors offer excellent historical accounts, whose insights, however, could be developed much further in terms of their social science contributions. Schneider's (chapter 1) account of how small pox was only fully eradicated in Africa when WHO ensured international cooperation could indeed prove a valuable lesson for the current Ebola epidemic in West Africa. However, as Webb's case study illustrates many diseases in Africa have been quite persistent to 'eradication' (chapter 2). His account of the failures of malaria eradication hints at core social science concerns that could be made more explicit: The need to understand local disease etiologies and how different approaches to prevention and treatment are incorporated into everyday lives, the governance of public health institutions, why rural health services in Africa remain underresourced, and the politics of why international actors continue to pursue the eradication of particular diseases rather than broader efforts to strengthen health systems in Africa.

Both Echenberg's contribution on cholera (chapter 7) and McCurdy & Maruyama's highly topical discussion of heroin abuse and trafficking (chapter 9) zooms in on lack of political will – to prioritize the otherwise 'simple' treatment of cholera and to prioritize harm reduction approaches rather than waging a 'War on Drugs'. In both cases I believe that if we are to move forward in tackling such health problems, we need more than moral pleas for action, we need to understand the particular

politics underpinning this lack of ‘political will’. For example, in the context of growing economies how can we understand the continued neglect of sanitation in urban slums and the severe resource constraints of rural health services? And why is the support for harm reduction approaches such a sensitive political issue – in the US, internationally, and in most African countries?

In other words, if historical investigations are to be used to formulate new social science insights that can inform the education of a new generation of global health practitioners there is a need to explicate more systematically how we can conceptualize these insights in social science terms. Thinking in terms of for example institutions, power, governance, humanitarian imaginaries, migration, sexuality etc. all hold potential. There is also a need to reflect on whether these insights are meant to merely ‘serve’ global public health or if they might also offer critical, even disruptive accounts that challenge how we think about global health. Indeed the history of global health in Africa offers many ‘uncomfortable’ lessons on historical continuities, in terms of the violence of medical experimentation and its racial underpinnings, the moralization of disease as linked to sexuality and ignorance,³ and how disease control in poor countries is locally and internationally invested with visions of modernity, progress and humanitarian solidarity.

Notes:

1 J. Biehl/A. Petryana (eds.), *When People Come First. Critical Studies in Global Health*, Princeton 2013; H. Dilger/A. Kane/S. A. Langwick (eds.), *Medicine, Mobility, and Power in Global Africa. Transnational Health and Healing*, Indianapolis 2012; P. Farmer/J. Y. Kim/A. Klein-

man/M. Basílico (eds.), *Reimagining Global Health. An Introduction*, Berkeley 2013; M. Lock/V-K. Nguyen, *An Anthropology of Biomedicine*, Chichester 2010.

- 2 Such insights are also prominent in ethnographic accounts such as Biehl/Petryana, *When People Come First*.
- 3 See for example M. Vaughan, *Curing their Ills. Colonial Power and African Illness*, Stanford 1991.

Jens Bartelson: Sovereignty as Symbolic Form (= Critical Issues in Global Politics, vol. 6), London: Routledge Publishing 2014, 134 S.

Reviewed by
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For students in international relations, “sovereignty” has played a constitutive role in the formation and functioning of the “modern” international order. This order has been based on a political geography of a world neatly demarcated into sovereign territorial states, where national borders constitute clear boundaries between “internal” order and “external” anarchy. As a concept, sovereignty has, on the one hand, informed political practice and guided scholarly inquiry. On the other hand, it has simultaneously been constructed and renegotiated over time through the same processes of political practice and scholarly debate. More recently the meaning and function of sovereignty has once more come under critical inquiry. New actors and social spaces emerging around processes of “globalisation” and “transnationalisa-