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Few will argue against the reality that Africa bears a heavy disease burden, yet little scholarship exists that situates Africa's struggles with disease in a broader global health perspective. Tamara Giles-Vernick and James L.A. Webb Jr. formulated a smart collected volume that takes an interdisciplinary and multi-lateral approach toward understanding how "health initiatives launched within Africa by actors based outside of the continent" have addressed disease, chronic health problems, and complex conditions such as malnutrition and injection drug use (3). At the heart of the text, Giles-Vernick and Webb are concerned with presenting the long history of intervention, from the introduction of biomedicine during the colonial era, through the developmentalist frames of early post-colonies, to the late-twentieth century focus on HIV transmission and drug culture. Weighted toward historical accounts, the book is broken into three parts, with nine chapters plus the introduction.

Part one examines the historical picture of Africa's experience with global health. The first chapter, by William Schneider, examines the history of smallpox eradication, noting that colonial efforts led to some successes and opened the door for later, comprehensive vaccination work under the WHO from the 1960s to the 1970s. Schneider gives the only full-scale success story, in a complicated history of intervention and retrenchment. In the second chapter, Webb analyzes "large-scale use of insecticide" in Liberia to eradicate malaria between 1945 and 1962 by the United States, followed by the WHO and UNICEF (42). Webb's chapter gives a cautionary tale of limited success offset by emergent problems as vector resistance to DDT and Dieldrin (DLD) weakened the institutional commitment to a program with expansive financial and logistical challenges (61).

The dual problems of economies of scale and lack of foresight to manage shifting disease environments as an outside agent, prevents effective change, no matter the scheme. Guillaume Lachenal's chapter "proposes a genealogy of treatment as prevention" in HIV/AIDS interventions by examining colonial efforts to manage African health despite "indecision over what constituted (individual) treatment and (collective) prevention" (72-73). Lachenal situates HIV/AIDS programs at the nexus of smallpox, malaria, and "biomedical messianism" as a warning against premature predictions of success (84). In chapter four, Jennifer Tappan draws together the colonial and post-colonial to "evaluate the scientific and medical rationale underlying the distribution of dried skimmed milk" by medical officials in an effort to curb early childhood malnutrition (93). While officials claimed the supplement was not meant to replace breast milk, Tappan shows that the message received was to "make the powder into milk for their children to drink and not one informant could recall being instructed to add the powdered milk to a

child's food" (102). Biomedical emphasis on technological treatments, foods, and insecticides privileged specialized knowledge and marginalized the beneficiaries.

Part two takes on a more presentist set of health dilemmas through a historical lens, with three chapters that incorporate history, anthropology, and biomedicine. These chapters have the most to say about current health issues that Africans must navigate in their daily lives. Giles- Vernick's contribution, with Stephanie Rupp, explores how "cross-species transmissions" became the most significant factor in recent infectious disease outbreaks (117). Rather than privileging western scientific explanations, the authors analyze African narratives of contestations and interactions with great apes. The significance of socialized distance between humans and apes suggests a complicated set of cultural practices to reduce exposure to a dangerous disease ecology that holds everything from sleeping sickness to Ebola (129). In chapter six, Anne Marie Moulin places Egypt's recent plague of iatrogenic Hepatitis C into a broader framing of Africa's medical history that reveals how treatment for schistosomiasis infected millions of people with the liver disease. The violence of iatrogenesis also contributes to the historical memory of forced vaccinations coupled with an intense mistrust of medical specialists who appear corrupt and ineffective. While some may doubt Moulin's assertion that iatrogenic infection factored into the Arab Spring of 2011, the compounded social malaise of political corruption and failed public health does suggest compelling grounds for social protest (150). From a newly identified plague of Hepatitis C, Myron Echenberg examines how Cholera went from one of the "most feared maladies of the nineteenth century, [to]...a severe diarrheal disease," which since the mid-

1970s threatens Africa on a regular basis (159). Echenberg provides several statistical tables to show locations and rates of incidence, revealing that across the major geographic regions several states exhibit a high frequency of cholera, which suggests important indices for assessing risk. From here, Echenberg examines three key risk factors: landscape or ecological changes; political instability or armed conflict, which precipitate refugees; and water or sanitation as a consequence of public health failures. The failure of appropriate measures to address disease outbreaks, transmission, and sanitation points to further problems for disease prevention as external pressures drive the agenda.

Part three moves into the complexities of where Africa's public health challenges require innovation before intervention. These last two chapters address the dilemmas around HIV/AIDS transmission and control efforts that further alter African bodies and material practices, based upon donor models about appropriate efforts. Michel Garenne, Alain Giami, and Christophe Perrey examine the emergent role of "medical male circumcision" (MMC) as a recommended practice to reduce the spread of HIV since March 2007 (186). The authors examine the

historical practice of male circumcision in a variety of African communities, from the Nuba to Zulu, and its cultural significance for Africa's monotheistic religions. They also point toward the trauma and sanitary challenges of circumcision, showing that despite the appearance of reduced HIV infection the statistics are not significant enough to be clearly indicative. The last chapter, by Sheryl McCurdy and Haruka Maruyama, on heroin use and HIV interventions in Africa shows how global flows carried new practices in its currents: "a foreign-led, top-down drug control approach, and a public health—and human rights-focused harm-reduction approach" (212). Africa became a transit nexus for heroin, connecting production sites in Pakistan and Afghanistan with markets in Europe and the United States. East Africa became an important hub for heroin after 1999, which also transformed heroin use in the region from something smoked or inhaled to an injectable drug. The change to injecting heroin also increases the risk of transmitting various blood-borne diseases, such as HIV and Hepatitis C. As McCurdy and Maruyama note, the top-down approach criminalizes users, while the harm reduction exemplifies treatment and prevention methods that "enable drug users to make better choices that will help them reduce their risk-related practices" to better "manage their drug dependence and comorbidities" (224).

Giles-Vernick and Webb have assembled a valuable collection of perspectives on the global health challenges African countries face today and their historical roots. Each study is localized and rich in details, which will encourage discussions and further analysis of the problems presented. The book has excellent utility for a variety of course applications, from Global Public Health for medical and nursing programs to Medical Anthropology or Histories of Science and Medicine to more specific applications in a number of African Studies fields.

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