
Johanna Crane’s new book goes well beyond a provocative title, and is quickly gaining traction. Consider that at a recent conference in Cambridge on scientific capacity in Africa, the book was mentioned on nearly every panel, without the author being present. So, if you work in the field of global health, or are medical anthropologists or medical historians of Africa, you should be reading this book. That is not to claim you won’t have bones to pick with Crane once you have finished reading, but it is the rare reader who would feel their time had been wasted.

The book focuses on the entanglements of Western science and African bodies, the metissage of money, medicine, poverty, and disease that currently characterize American global health efforts in Uganda. Crane describes it as an ‘ethnographic examination of the ways in which global health science both generates and relies upon inequalities, even as it strives to end them’ (p. 7). She examines the production of knowledge by studying the linked sites of Uganda and the United States. The book ‘rests on the premise that AIDS in Africa has been not only a source of tragic misfortune and death, but also fodder for profound institutional and intellectual opportunities’ (p. 7).

The first chapter, ‘Resistant to Treatment’, puts two very different populations in dialogue with each other: HIV-positive East Africans and African-American minorities in the US. Chapter 2, ‘The Molecular Politics of HIV’, delves into the inequalities of the epidemic that are ‘manifest at the most minute scale’ (p. 57). The chapter explains how subtype B was established as the reference strain despite the fact that it represents only 12 per cent of worldwide infections. In Chapter 3, ‘The Turn Toward Africa’, Crane presents poignant and insightful interview data from Ugandan researchers, doctors, and collaborators. We hear from a handful of Ugandans savvy to the movement of money, the inequalities that are being exploited, and their own necessary yet often marginalized roles. In Chapter 4, Crane recounts the story of the donation of a clinical medical records database, originally created by a medical researcher from the US, then donated to a Ugandan clinic under unclear conditions, which ultimately became a matter of dispute and discontent.

Chapter 5 chronicles the debates of the Consortium of Universities for Global Health about what global health is and who ‘does’ it. During one uncomfortable exchange, partners from the global South pointed out that what they called ‘practising medicine’ had been re-labeled ‘global health’. And when a member of Mexico’s National Institute of Public Health was told by the Vice President for Global Health at Emory University, ‘What you are doing in Mesoamerica is global health!’ he mordantly responded, ‘Ah yes, I only just realized it!’ (p. 155). In another exchange, a Latin American member asked whether those who were already living and working in poor countries ought to ‘look for an even poorer country to work in?’ (p. 156) These vignettes drive home some of the most important points of Crane’s book: the benefit gained by working among people in poorer parts of the world, and that among those driving global health initiatives in the US there is a cultivated naivety about how their work is dependent on global inequalities. Crane describes the emerging field of global health as ‘an arena shaped by power and inequality, in which the needs and voices of “partner”'
institutions in the global South are often marginalized and opportunities remain stratified, despite the best intentions of all involved’ (p. 149). All true, but the last phrase is disconcerting. Why do we believe these programmes are begun with the ‘best intentions’?

Crane’s willingness to assume the best leads me to my criticisms. First, I wanted Crane’s work of ‘critical science studies’ to be more critical (p.12). Throughout the book, she seems unwilling to fully articulate how fetid the business of global health can be. She explains her reluctance by noting ‘it can feel petty to criticize the approaches of scientists and others striving to improve health in impoverished parts of the world’ (p. 8). But this is anything but petty. Such commentaries are vitally important and Crane is perfectly positioned to be our informed – yet critical – ethnographic guide. Second, a criticism anthropologists will dismiss out of hand: why are pseudonyms being granted to successful professional researchers? Crane’s primary informant (‘Jason Beale’) is a highly successful AIDS researcher based at the University of California San Francisco who has published widely using his own name. Crane states on page 1 that she gives pseudonyms to ‘all individuals’ to ‘protect privacy’, which is clearly important; but in this context I find it particularly dissatisfying.

Overall, Johanna Crane has written an excellent book, primed for use in the classroom, which is exactly where I intend to use it. I appreciate Cornell UP issuing it as an inexpensive paperback, and that informational footnotes are used in lieu of endnotes. This book is an important piece of scholarship about HIV/AIDS in Eastern Africa, about the nature of American global health initiatives, and about the ongoing inequalities that are engendered by these international collaborations.

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