

John M. Janzen. *Health in a Fragile State: Science, Sorcery, and Spirit in the Lower Congo.* Africa and the Diaspora: History, Politics, Culture Series. Madison: University of Wisconsin Press, 2019. 288 pp. \$79.95, cloth, ISBN 978-0-299-32500-8.

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John M. Janzen has spent much of his career as a medical anthropologist reflecting on health in the Democratic Republic of Congo. This book represents a mature work based on familiarity with a country he first visited in the 1950s. Through its pages he conveys his deep knowledge of the region, his appreciation of the Congolese people who inform his research and carry out their own, and a proper engagement with wider scholarly literature. He builds on his early work, most notably *The Quest for Therapy in Lower Zaire* (1978), *Lemba, 1650-1930: A Drum of Affliction in Africa and the New World* (1982), and *Diseases of Healing in Central and Southern Africa* (1992), and his collaborative work with fellow anthropologist of the Kongo, Wyatt MacGaffey. In this volume there is a characteristic placement of current health questions in their historical context. There is also an awareness of the centrality and breadth of health, healing, and well-being at all levels of society in the Manianga region and Luozi health zone that he studies.

The book has three parts to it. Part 1 examines in two chapters the history of population fluctuations and disease trends in the Lower Congo. An epidemiological narrative, it includes colonial stories of displaced villages and forced labor; the provision of health through Christian missions; local resistance to colonialism and mission; the steady

decline in mortality rates in the latter half of the colonial era; and the gradual eradication of leprosy, smallpox, polio, and sleeping sickness. Part 2 analyzes the social reproduction of health at different levels of society, from bodies, to households and families, to clans, towns, institutions, and public health programs. Janzen emphasizes the range of different systems and techniques of health that continue to thrive in Congo. He notes the importance of the shift to health zones as the Zairean state collapsed as a significant strategy to respond to health care. He also shows how global capitalization and commodification influences gift exchanges and healing rituals that have a wider impact on health. Part 3 has three chapters that examine legitimation of health interventions in a state where governance is fragile. Janzen shows the different societal levels and methods at which power and knowledge are legitimated, from the rites of *dumuna*, which self-consciously connect to historical Kongo practices (chapter 6), to the way the scientific and spiritual are combined in approaches to sickle cell anemia, to the role of pharmacies and church hospitals and clinics.

This is a wide-ranging study encompassing "the range of efforts at maintaining life, addressing disease, and producing and reproducing health" (p. 112). Janzen shows how health encompasses

community well-being (chapter 3), water sanitation (chapter 4), and stories of malevolence of the *croco-homme*, as well as direct efforts to reduce the burden of disease. He argues that science and religion both operate within the same conceptual framework in their service of health (chapter 7). To engage all societal forces that shape health provision across the spectrum of health-related concerns it is inevitable that the scope is wide. At times, however, it also appears diffuse, drawing on different literatures without providing an entirely coherent framework for understanding the interconnectedness of elements often studied in isolation. Janzen does, however, show that healing knowledge in Congo is combined in complex, connected, and complementary ways through the scientific and the spiritual, which are "marshalled together to bring about a coherent, collaborative approach to problem solving, to creating a better world" (p. 232). Sorcery is apparent in the anxiety, paranoia, and marginalization of a population vulnerable to disease and unable to rely on a governmental public health system.

Janzen contributes to recent trends in medical anthropology that scrutinize the role of international aid organizations, on national and local health responses (for example, the edited collection of Paul Wenzel Geissler, Richard Rottenburg, and Julia Zenker, *Rethinking Biomedicine and Governance in Africa: Contributions from Anthropology* [2012]), while still being attentive to the cults of affliction that he and others examined in earlier decades. He barely mentions Nancy Rose Hunt's work that is concentrated on the lasting effects of colonial and missionary practice further up the Congo River. His grounded approach in the daily search for well-being by ordinary citizens, chiefs, Congolese healers, and medical researchers resists the playfulness of Hunt and seeks some kind of solution.

At the end of the book, having attempted to explain the complexity of health care in Congo, and the commitment of many Congolese to supporting

the delivery and access of health care, Janzen raises the question of improvement to health care. He is not content simply to describe the inability of the state to be an ultimate power broker while local government provides water and waste management with reasonable efficiency and churches provide rites, clinics, and hospitals. In his view, a functioning state is required for effective, accessible health care for all. Other arrangements, however good, are "improvised," "arbitrary," and "temporary," unable to deal systematically with the wider environmental causes of diseases like malaria, bilharzia, and the flu (p. 229). Health systems analysts of fragile states have long wondered how to increase public health capacity where national governments appear unable or unwilling to engage with the structural transformation required and other parts of civil society step in. Janzen occasionally references his own state, the United States, in this regard.

As I write, the public health systems of many nations are being put to the test with the spread of Covid-19. The question of wherein lies legitimate authority to protect public health and provide healing is becoming urgent in Congo and across the globe. One hopes that the reflection in the aftermath of the pandemic will recognize the important work of Janzen and other medical anthropologists in identifying the social arrangements and institutions through which health exists, the economic mode of resources, the knowledge generated in the socioeconomic environment, and the place of political energy in responding to health challenges that influence all areas of life.

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