



Jessica Lynne Pearson. *The Colonial Politics of Global Health: France and the United Nations in Postwar Africa.* Cambridge: Harvard University Press, 2018. Illustrations, tables. 272 pp. \$49.95, cloth, ISBN 978-0-674-98048-8.

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Medicine has long been an integral feature of French imperialism in Africa. Beginning in the nineteenth century, colonial governments took rudimentary steps to reduce mortality rates and encourage demographic growth. Not only did colonial governments see French medicine as part of their nation's civilizing mission, but they also hoped to ensure a steady supply of labor for years to come. In this timely new book, Jessica Lynne Pearson details how French efforts to create more effective colonial public health systems in Africa following the Second World War unfolded in a changed environment. For one thing, France's empire had become the French Union and its African subjects were now citizens. Pearson notes that the acquisition of citizenship compelled many Africans to choose traditional health practices over the French clinics they associated with the coercive nature of imperialism. As France struggled to mobilize the resources necessary to create a solid public health system in Africa and convince Africans of its benefits, the French Union faced an unprecedented level of outside scrutiny that called into question France's continued role in the region. Much of this outside intervention and monitoring came from the World Health Organization (WHO). Founded by the United Nations in 1946, this organization promoted a new vision

of global health and asserted the responsibility of governments to ensure the well-being of their populations.

Pearson explores why colonial administrators and doctors feared the expansion of the WHO and how this resistance to global cooperation in matters of public health affected African populations. Through a careful examination of colonial health reports, proceedings of medical conferences, and minutes from UN and WHO meetings, Pearson argues that French resistance to the WHO was rooted in the recognition that both the UN and the WHO were hostile to imperialism. The UN charter of 1945, for example, had indicated that African colonies should work toward eventual self-governance. In this political climate, France saw a need to counter this sentiment by proving to the world that the French Union, and the type of partnership it ostensibly represented, was a legitimate alternative to decolonization. Providing African citizens with a solid public health system, and doing so independently of outside assistance from such groups as the WHO, therefore formed an important part of France's postwar strategy. This desire to minimize WHO's role in the African colonies and advance the French Union as a viable, and indeed relevant, political model had a direct impact on the type of public health services that devel-

oped on the continent. Pearson concludes that on the surface colonial and international health programs appeared similar in objectives, as each promoted nutrition and vaccinations, aimed to control epidemic diseases, and sought to expand family health programs. Yet the political objectives behind colonial and international health programs were intrinsically different and this directly shaped the public health infrastructure that developed.

The Colonial Politics of Global Health charts these developing tensions, beginning with the UN's creation of a special committee charged with gathering data about the health and well-being of African populations. Although this committee could not punish colonial governments for falling short of expectations, they could do considerable damage to colonial regimes by publicizing the data in international forums. As Pearson notes, the UN's *droit de regard* proved to be a powerful tool and French officials quickly found themselves in a difficult position. They understood the anti-colonial challenge that this form of intervention represented but recognized that appearing uncooperative would turn international opinion against them.

One of the novel findings of this study is Pearson's description of the intercolonial cooperation that developed as a strategy for keeping UN influence in the colonies to a minimum. Understanding that they could not block WHO access to French colonies, France sought to work with fellow colonial powers to create their own international organization. The new Commission for Technical Cooperation in Africa South of the Sahara (CCTA), which was the culmination of these efforts in 1947, was an organization formed with the goal of "keeping Africa safe for empire while also keeping African families safe from epidemic diseases, malnutrition, and the social disruption that resulted from urbanization and industrialization" (p. 69). Despite the ambitious goals of the organization, the CCTA ultimately proved lacking in

both political willpower and funding. Though the CCTA set out to improve social welfare provisions in Africa, this intercolonial organization proved unable to match the better funded and more extensive work of the WHO.

When intercolonial cooperation failed to forestall the WHO's expansion into Africa, France pushed for the WHO to establish headquarters in the city of Brazzaville, the capital of France's French Equatorial Africa colony. This second strategy was a calculated risk, one that France hoped would showcase on an international stage their achievements in developing a modern infrastructure and improving public health. However, this gamble did not pay off. The establishment of the Brazzaville headquarters in the 1950s ran into numerous obstacles, generating considerable criticism about the low quality of housing and other amenities in the colony. To critics of French imperialism, Brazzaville only served to highlight France's shortcomings as a colonial power.

Despite the public relations crisis that the Brazzaville office represented, France continued to shape health services in Africa. Pearson shows that as the WHO undertook to address a number of major public health problems in Africa, such as malaria and malnutrition, they clashed with French colonial governments who sought to do this without relinquishing authority. This tension was further seen with French doctors' contributions to the International Children's Center (CIE), a postwar organization that promoted medical research and training in Africa. France's objective of asserting medical expertise through the CIE came from a place of insecurity as the nation's achievements in medical research had in recent decades been seemingly overshadowed by that of Germany and the United States. The identity crisis and desire to assert France's continued relevance therefore shaped many of the CIE's programs. When it came to training African medical personnel, for instance, French colonial health programs aimed to demonstrate the continued need for

French oversight and expertise, unlike the WHO that saw such training as part of preparing African colonies for eventual independence. The end result was that African doctors were eclipsed by French doctors and French-style social services were positioned as a model for African colonies. In her epilogue, Pearson asks whether there ever was something specifically *French* about the expertise that French researchers, physicians, and leaders had to offer Africa. She argues that this was partially the case when one considers, for example, the network of colonial Pasteur Institutes and the role they played in promoting medical research and developing vaccines. However, she also indicates that the unique contributions that France could bring to global health causes existed in some sense only in the minds of the individuals that feature in this book. One of the interesting implications of Pearson's study is that it shows how in a period when French identity appeared under threat, both by the looming influence of the United States and the interventionism of the UN, "medical expertise, social policy, and scientific theories of disease became political tools to re-craft" and promote specifically French contributions (p. 174).

While this study is primarily top-down in its approach and contains few African voices, this is not an oversight on the author's part so much as a reflection of how discussions about African health care took shape. The creation of the WHO and its expansion into Africa was largely a discussion that took place without African input. Pearson notes the exceptional position of the Liberian director of National Health Services, Dr. Joseph Togba, who served as his country's delegate to the WHO. He opposed the decision to establish WHO headquarters in a colonized city, arguing that Monrovia would make a more logical choice. However, his position was overruled by colonial powers, such as France and Britain, who had far more influence in deciding the fate of international health services in Africa.

Although this work makes a clear and convincing case for France's reticence about UN intervention into its colonies, one theme that does not come through clearly in the text is the fact that France played, and continues to play, an important role in the UN. In a nod to France's continuing diplomatic influence in the postwar period, France was one of only five countries to receive a permanent seat on the UN Security Council. French delegates to the UN played important roles in some of the UN's most important accomplishments of the postwar period, including the UN Declaration of Human Rights, signed in Paris in 1948. A major contributor to this work was Frenchman René Cassin who, twenty years later, won the Nobel Peace Prize for his role in drafting the declaration. Acknowledging France's position within the UN does not detract from the author's compelling arguments about how imperialism pitted France against the humanitarian impulses of the UN. However, it would have been useful in this study to see a little more discussion of how France's influential role in the UN should be understood in relation to its position as an imperial power on the defensive against the anti-colonialist interventionism of the UN.

Altogether this book successfully offers a new understanding of French efforts to adapt the empire to the new international norms of the postwar period. To date, considerable work has been done on UN scrutiny of France's handling of colonial political crises, especially the case of Algeria. However, as Pearson argues, political battles over African health services represents an important lens through which to better understand decolonization. As this study has shown, it was through public health, and in negotiation with the WHO, that France sought to rebrand imperialism and reinvent the French Union as a viable political model. When such efforts failed, France then sought, through such organizations as the CIE on the continent, to assert the dominance of French medical expertise and the need for continued

French influence in the region even after decolonization.

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