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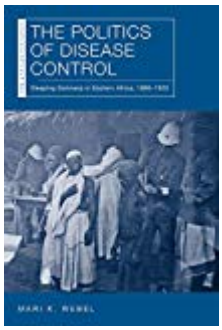

Mari K. Webel. *The Politics of Disease Control: Sleeping Sickness in Eastern Africa, 1890-1920.* Athens: Ohio University Press, 2019. 272 pp. $80.00, cloth, ISBN 978-0-8214-2399-8.

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Published on H-Africa (June, 2020)

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Reading Mari Webel's history of sleeping sickness control in German colonial East Africa in a time of global pandemic feels disturbingly relevant. *The Politics of Disease Control* is part of a larger body of work that has emerged over the last two decades seeking to center local people in our analysis of the impact and meanings of disease and disease control. This author's objective is to locate African responses to the East African epidemic in the context of local peoples' histories with previous sicknesses, their broader and ongoing biomedical experiences, and local and regional African economic, political and environmental contexts of disease and disease control. In the early twentieth century, this came to include limited German colonial biomedical interventions. The meanings, shapes, and impacts of German sleeping sickness research, treatment, and control in particular African Great Lakes sites, beginning in 1906, were delimited by these African historical contexts.

The monograph is divided into three case studies, each of an interesting, relatively remote, location in East Africa. The first primary case study is the Ssese Island group in northwestern Lake Victoria in the political orbit of the Buganda empire. These islands became part of British Uganda in 1900, but the renowned German epidemiologist Robert Koch worked there from 1906 to 1907. The second case study focuses on the Kiziba coast of western Lake Victoria, in what became German East Africa just south of its border with Uganda. The third and shorter case study is of what the author calls the Southern Imbo—the northeastern coast of Lake Tanganyika in what is now Burundi. This is not a comparative study. Webel uses each location to explore different historical articulations of her central theoretical argument.

Robert Koch's Bugalla camp in the Ssese Islands initially witnessed a rush of (hundreds of) African people from the northern lake region voluntarily seeking treatment. Webel argues that the short-lived success of the camp was a result of German medical practices as they dovetailed with extant local understandings of disease and treatment in this particular site. The Ssese Islands were

a precolonial spiritual and religious center for healing. People already went to these precolonial islands for therapeutic reasons. Furthermore, local people's experiences with and understandings of disease treatments, most recently probably for nineteenth-century combinations of plague, cholera, and smallpox, meant they recognized German puncture practices, oral medicines, and regular temperature taking as legitimate treatment types. These actions fit within local therapeutic experiential worldviews. Patients tolerated Koch's more experimental, and toxic, regimes of atoxyl injections, but not without reservations. At Bugalla camp, Koch and German medical staff unknowingly happened upon overlapping fortuitous circumstances. And as a last added advantage, the medical hospital was located near a White Father's mission that had been offering sick people food and shelter for years before Koch's arrival.

Likewise, local people willingly sought treatment at the medical camp at Kigarama in the Kiziba Kingdom based on a combination of political, economic, and spiritual opportunities that the location presented to sick people and their families. Royal authority supplied the Germans with clearing and building labor, with medical auxiliaries, and with patients. But Mukama (a term somewhat similar to "king") Mutahangarwa supported the camp, "on terms he could claim to set and on grounds he defined" (p. 145). Again, local people accepted German examinations, treatments, and labor demands within their own biomedical, political, and cultural parameters. They rejected German requests for bodies to autopsy during a plague outbreak in 1897, for example, as this was outside the bounds of local practices and understandings of death and burial. Once again, Webel makes the point here that German staff did not understand issues of political power, land, resource use, and labor swirling around them that shaped the medical camp's successes and failures.

Webel's local contextual approach offers an important contribution to the literature on colonial sleeping sickness interventions in Africa, and on colonial (and international) disease control in general. The bulk of histories of colonial sleeping sickness control have focused on coercion, colonial ideology, and social and environmental engineering. This literature portrays Africans as resisting and avoiding colonial biomedical coercion. Sleeping sickness epidemics in East, West, and Central Africa served as moments for the institutions and ideas of colonial science and biomedicine to articulate themselves as ideological lynchpins in legitimizing technologies and policies of surveillance and control. Colonial disease control interventions were based on the solipsistic ideologies of modern science as the apolitical "anti-conquest" driving the "white man's burden." [1]

By contrast, colonial and African state violence and coercion are not central to Webel's histories of German medical camps. She tells us that Africans initially chose to travel to and from these colonial medical sites primarily voluntarily and sought treatment for a combination of their own reasons: the camps paid them, they received land and food, the sick thought treatment might heal them. As African patients and their families in these camps noticed that treatment was not working, or possibly that atoxyl injections were increasing their suffering, people left the camps and over time new patients ceased to arrive. Operations at Bugalla camp lasted through early 1908, and Kagarama camp until late 1910. East Africans, both elites and non-elites, participated in, allowed, and curtailed German disease control treatment and research in a fluid balance with their own political, economic, and health interests, and within the contexts of their own biomedical world views.

Webel's work is based on a careful exploration of a rich trove of German colonial sources. There are, understandably, few African voices in this work. A reliance on early ethnohistories to set the stage of precolonial Sesse, Zimba, and Imbo histories of disease and biomedicine paints these precolonial settings with a rather broad brush. The au-

thor emphasizes exceptional littoral mobility, economies, and interactions for the two Lake Victoria settings, but other than the added option and ease of water travel, it is unclear how these exceptions mattered.

Lake mobility is central to the third case study, of the tsetse habitat-clearing labor in the Imbo area of northeastern Lake Tanganyika. Here Bwari migrants from the Belgian Congo to the west of the lake often traveled and settled on the east coast. German officials struggled to control and limit movements and activities on the lake and lakeshore, and to clear and empty certain shoreline ecosystems. The important work done in this final case study is to trace contours of local resistance, avoidance, and negotiations over forced labor. Bwari individuals and groups, for example, argued that paying German taxes freed them from labor requirements, and that if forced to do manual clearing labor (which was indeed brutal), they would chose outmigration, depriving the Germans of Bwari economic activity and future taxes.

The author effectively centers local people's experiences and processes throughout the text. One powerful and lasting impression from Webel's work is that East Africans had nuanced and thoughtful biomedical responses to disease that were not necessarily any less effective or "scientific" than German colonial programs—local treatments were certainly less toxic. Issues of gender and generation deserve more attention. They do emerge briefly in the wonderful history of young male Ziba "gland-feelers" working for the Germans at Kigarama camp. Webel is at her best when telling the nuanced social histories of the Bugalla and Kigarama camps. The power relations, negotiations, resistance, and decision-making between local African elites and non-elites, and between Africans and Germans, are most powerfully and clearly revealed in these sections of her book.

In the face of current—and undoubtedly future—epidemic threats, and of resistance to modern disease control protocols displayed by some of the world's poorest and richest, many of the arguments in this history of early twentieth-century East African sleeping sickness control have a familiar ring to them. People locate disease and treatment in contexts of past disease and biomedical experiences; they balance economic, social, and political considerations along with health in their responses. Political, economic, and environmental contexts inform who suffers, who receives treatment, and when and where treatment and disease control occur. However obvious such truisms on the surface may now appear, Mari Webel's documentation of the granular mechanics of such biomedical cultural negotiations provides a welcome and insightful historical perspective on our own current predicaments.

Note

[1]. The term "anti-conquest" belongs to Mary Louise Pratt in *Imperial Eyes: Studies in Travel Writing and Transculturation* (New York: Routledge, 1992).

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Citation: Kirk A. Hoppe. Review of Webel, Mari K. *The Politics of Disease Control: Sleeping Sickness in Eastern Africa, 1890-1920.* H-Africa, H-Net Reviews. June, 2020.

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