For several decades now, historians of medicine have gradually shifted their attention away from the biological and epidemiological imperatives that long characterized the field. New histories of medicine not only underscore how social, cultural, political, and economic factors have shaped medical logics and practices, but also stretch who has qualified to produce and exercise medical knowledge and power. An emphasis on variable health and medical actors is a defining feature of Anne-Emanuelle Birn and Raúl Necochea López’s *Peripheral Nerve*, an ambitious volume that traces the footsteps of Latin American medical professionals, scientists, and political intermediaries during the Cold War. Geographically expansive and compelling, the text challenges binaries in, and the traditional periodization associated with, the history of Cold War Latin America—namely that the region was inextricably caught between the rigid prerogatives of the United States and the Soviet Union (pp. 4, 18).

*Peripheral Nerve* adds to the burgeoning scholarship on the Cold War in Latin America.[1] What distinguishes it from recent predecessors, however, is its focus on health and medicine as fields of multifaceted, multidirectional encounter and action that defied being ensnared by unidimensional influence (p. 22). Birn, Necochea López, et al. instead spotlight the many applications, interpretations, and meanings of health and medicine emanating from Cold War Latin America and their imbrication with politics. Contributing authors lay bare that health, medicine, and science were fused to “high” and subjective politics—ideological, national, international, and so on—as well as the convoluted search for solidarities within and beyond the region.

Part 1 features essays on a transnational nurse with humanist-idealist sensibilities surveilled by intelligence agencies across the United States-Mexico border (Katherine Bliss), a forthright Bolivian university rector perceived as out of step with a brand of Rockefeller philanthropy sensitive to United States anticommunism (Nicole Pacino), and US policymakers and Mexican embassy staff on the front lines of major shifts in what was once Mexico’s steroid production monopoly (Gabriela Soto Laveaga). Part 2 dives into health experts, the knowledge they produced, and the ideologies they contested. In this section, Necochea López examines Puerto Rico’s Center for Social Research fertility surveys, which were en-
gineered by US scholars eager to produce a showcase of democracy at the crossroads of the Americas, critiqued by Puerto Rican nationalists, and compiled by local research assistants. Gilberto Hochman and Carlos Henrique Assunção Paiva then delve into the junction of scientific, medical, and communist ideas in the career of a Brazilian parasitologist who started out as a golden child of Rockefeller philanthropy but whose political trajectory diminished his clout. Finally, Jennifer Lambe probes Cuban psychiatric debates anchored in the functional-organic (Freud-Pavlov) dyad that provided mental health professionals the tools with which to wage revolutionary politics. Part 3 considers health politics and publics first in Chile, where Jadwiga Pieper Mooney looks at how health policymakers negotiated social and socialized medicine to circumvent certain global political paradigms while borrowing from others to enact public health initiatives. Marco Ramos then turns to Argentina, where militant psychiatrists and their European interlocutors espoused conflicting global visions of anti-imperialism and the Third World, resulting in a nationalist model for engagement with oppressed peoples. Lastly, Cheasty Anderson takes us to Nicaragua, where Cuban medical brigades cooperated with Sandinistas to introduce a socialist health care system but had limited ability to promote communism and become part of the host society. In each of these chapters, authors go to great lengths to account for the political factors, forces, and contingencies informing health and medical enterprise, which in many cases also included the human or social sciences.

After reading Peripheral Nerve, however, one is left wondering how health and medicine circulated on the ground among nonprofessionals and ordinary people. Like many histories of science and medicine, Peripheral Nerve, too, leans toward underscoring credentialed health and medical actors on their own terms. The volume does not orbit the United States, but medical professionals, scientists, and politicians are certainly at its core. This restrains our understanding of what can be taken as scientifically legitimate and medically knowable. The approach results in fascinating local and transnational snapshots of primarily privileged actors and the overlapping contexts they navigated. A consequence of such framing is that we miss out, for the most part, on the vernacular experiences and narratives of everyday Latin Americans—patients and otherwise. Several essays in Peripheral Nerve achieve some of this, but in fleeting fashion (pp. 42, 67, 98-99, 195, 232-33, 254). Overall, the volume by and large concerns a class of aspiring, resourced health and medical globalists either able to travel or somehow plugged into advantaged networks on multiple scales. Despite gesturing toward marginalized views, the "subaltern" are, generally speaking, discussed, acted upon, and helped further but did not dominate knowledge production processes in Peripheral Nerve.

More broadly, in the text's forward, Gilbert Joseph signals the double meaning of "peripheral nerve" (pp. ix-x). The book's title identifies Latin America as a periphery of the broader Western world, and more specifically, the United States. This world-systems perspective is shackling, though, for it turns out the periphery itself was multipolar and showed a great deal of audacity in the face of ironclad US and Soviet Cold War command. Birn appends a third meaning, a physiological metaphor indicating that "peripheral nerves often cause the most insistent shock (pain) that makes the body take note, evoking the ways in which health and medicine actors and activities in Cold War Latin America, though often overlooked, created enormous shockwaves that affected both peripheral and core places and players" (p. 19). I believe Peripheral Nerve pushes us to go even further in the sense that Birn and Necochea López invite us to assume the equality of Latin America and Latin Americans during the Cold War. [2] Rather than rehash a superpower binary that requires troubling, we are now faced with the empirical reality that Latin America could set the
terms and dictate the pace of health and medical interactions with the global North, as well as pursue South-South exchanges. Nuanced competing supremacies, then—instead of reductive center-periphery or (neo)colonial-imperial relations—afford a more fruitful framework with which to understand this history.

The range of these competing supremacies is not restricted to the mainly professional actors documented in *Peripheral Nerve*. As Birn and Ne-cochea López acknowledge in their conclusion, more can be done to unpack how blackness, indigeneity, gender, and the internal diversity of these and other categories of analysis shaped the histories contained in their volume. Several essays in *Peripheral Nerve* start to go down this road, but not as comprehensively as they could have. This reflects a broader pattern in modern histories of health and medicine, which still tend to revolve around scientists’ and medical professionals’ adherence to specialized training, protocols, institutional circumstances, vested interests, and their own idiosyncratic takes on what ought to be said and remembered. Leaving the task of more thoroughly exploring race, ethnicity, and gender beyond how they are usually cast in existing scholarship to a future generation of scholars is one of the most glaring missed opportunities of *Peripheral Nerve*, particularly in light of the concurrent circulation of assumptions about these very demographics and dimensions in many of the locations represented in the volume (pp. 75, 122, 139, 169, 176, 199, 227, 259).

*Peripheral Nerve*’s brilliance, on the other hand, is on full display when it creatively reimagines the role of the United States in Cold War Latin American historiography. The point here is not that the United States was passive or irrelevant—clearly, that was not the case—but rather that (in)formal US hegemony, policies, and interests can be presented in a way that checks and balances the extent to which it is used as an analytical straw man. Webs of interaction that find resonance with those illuminated by Cold War scholars like Heidi Tinsman in her *Buying into the Regime*[3] are evident throughout much of *Peripheral Nerve*, for instance in how the volume sheds light on Latin American synergies with the Soviet Union and Eastern bloc (pp. 1-3, 7, 10, 12-16), on Latin American universities and how they served as a collective nexus of Cold War conflicts (most chapters), and on the roles of US companies and foundations that have escaped deep historical scrutiny to date (pp. 93, 95, 219, 224-25). In other words, regionalizing US power, or tracing how developments in the periphery influenced organization and policies on the mainland, allows us to rediscover the utility of researching Cold War Latin America from the vantage point of the United States.[4]

In the end, *Peripheral Nerve* proposes several pathways forward. Whether recognizing that hemispheric and international organizations merit study, advocating for deeper graduate training in Asian languages so that future historians can access Russian and Chinese sources, planting the seed that oral histories can unsettle what we think we know about health and medicine in Cold War Latin America, pointing toward revisiting the health-conflict nexus across the region, or reflecting on the post-Cold War period, Birn and Ne-cochea López know that *Peripheral Nerve* only begins to scratch the surface of histories of the Cold War that zoom in and out of individual nation-states and world regions. Realizing a project of this magnitude is no easy feat for a single tome. *Peripheral Nerve* is a welcome addition to the scholarly literature precisely because it articulates the urgency of doing so and demonstrates how we might go about it. The volume encourages readers to humanize health and medical practitioners on biographical and collective levels, and to see Latin America not just as audacious but as self-assured and an activist on the world stage.

Still, this reviewer would add, more needs to be done to temper romanticizing Latin America in
this regard. Interrogating the biomedical, sociocultural, and political harm unleashed not only by authoritarian regimes but by self-styled social justice-oriented Latin Americans and their partners is one way to curb such idealization. Since science and medicine always exist in context, another area ripe for examination is not just the politicization of knowledge production but its culturally motivated manipulation, an insight gifted by Stephen Jay Gould many moons ago.[5] Though perhaps harder to accomplish, scholars also still need to transcend the cast of characters that often stand in for the periphery or Third World (i.e., Frantz Fanon, Che Guevara, etc.). While *Peripheral Nerve* admirably does so from the middle up, few of the volume’s numerous protagonists were themselves “wretched of the earth.” This creates an opportunity to explicitly reconsider how class dynamics and identities function as levees that delimit and guide the substance and flow of radical political desires like those chronicled in *Peripheral Nerve*.

Finally, there are many poignant lessons to be drawn from *Peripheral Nerve* in our current COV-19 moment as governments, industries, mass and social media companies, and populations, particularly in the global North, blur the boundaries between humanitarianism and biosecurity while at the same time inching toward contemporary manifestations of health-based exclusion and medical coercion and tyranny. As *Peripheral Nerve* makes clear, there is great value in historically corroborating the heterogeneity of medicine and the medical class. It is a stark reminder that health issues and medical knowledge, treatments, and technologies can and should be debated in the public square. Meaningful, effective solutions to health and medical problems must take seriously varied perspectives and fuse the positions of incompatible stakeholders. Academics, students, scientists, policymakers, and many others who should and will pick up *Peripheral Nerve* would be wise to “sit with” these insights, as well as the fact that health and medical activism still cuts in multiple ideological directions, as we endeavor to problem-solve in a polemical present.

Notes


