By taking the discourses that govern global responses to epidemic threats as the site of his analysis, sociologist Alexandre I. R. White demonstrates the remarkable durability of several related epistemic values in *Epidemic Orientalism: Race, Capital, and the Governance of Infectious Disease*. White engages with theorists Edward W. Said (*Orientalism* [1979]), Ann Laura Stoler (*Duress: Imperial Durabilities in Our Times* [2016] and edited collection, *Imperial Debris: On Ruins and Ruination* [2013]), and others to group and label these persistent discursive values as “epidemic Orientalism.” Informed by the colonialism, racism, and xenophobia of the nineteenth century, epidemic Orientalism divides the world into either developing sites where diseases emerge or modern sites that require protection—the latter usually comprising countries in Europe and North America. White argues that despite some changes in practices and regulations, epidemic Orientalism has continuously structured the guiding principles of the various bodies that have governed international health since at least 1851, including, for example, coalitions of European and North American nations and empires, the Office International d’Hygiène Publique, and the World Health Organization (WHO). Over the course of his monograph, White successfully illustrates how an epidemic Orientalist worldview ultimately weakens epidemic responses and places the health of people on both sides of an imagined divide at a greater risk.

This work's chronological organization supports White's contention that in order to understand how certain global health priorities have developed, it is not sufficient to begin, as many histories do, with the global health discourses that emerged after World War II. Instead, in his early chapters, White traces a line between the epidemic discourses of the mid-nineteenth century and those still visible today. In chapter 1, readers learn that between 1851 and 1938 the intellectual, political, and, particularly, economic anxieties of several large nations and empires informed the resolutions of International Sanitary Conferences and Conventions. Using political treatises, sanitary reports, and the minutes of these conferences, White
asserts that conference participants focused on the three diseases that most directly threatened European trade and imperial projects: plague, cholera, and yellow fever. At the same time, conference participants largely ignored other prominent diseases, such as smallpox, which were endemic to Europe and, consequently, did not pose the same risks to European political and economic interests. In this way, European and, eventually, North American policymakers cast only those diseases that tended to spread via imperial trade routes into the West as demanding internationally coordinated responses. Using colonial archival records, White demonstrates in chapter 2 how this imperial discourse of infectious disease naturalized certain geopolitical divides and public health responses in the late nineteenth and early twentieth centuries. Yellow fever, cholera, and plague posed such great threats to Western economic interests that quarantines at European and North American ports were seen as insufficient preventative measures. In British India, the Cape Colony, and American-controlled Hawaii, White shows, colonial powers used these diseases—plague in particular—as justification for implementing surveillance and dramatic public health policies like racialized sanitary segregation in colonial spaces. Infectious diseases, and the potential threats they posed, encouraged Western policymakers to envision colonial spaces as diseased and requiring intervention, further reifying preexisting ideas of racial and religious difference.

White argues in chapters 3 and 4 that the WHO, the formation of which is frequently depicted as a turning point in international health discourse, actually reproduced the epidemic Orientalism of the late nineteenth century. In both chapters, White relies mainly on records and publications of international health organizations. In chapter 3, White describes how the post-World War II dissolution of empires allowed the WHO to emerge out of the four most prominent international health organizations of the early twentieth century: the Office International d’Hygiène Publique, the Pan American Health Organization, the Rockefeller Foundation, and the League of Nations Health Organization. The WHO embraced several modern technologies and advanced new and even competing epistemologies, including eradication and social medicine, in its International Sanitary Regulations and International Health Regulations (IHR). Nevertheless, White posits, it continued primarily to police the same diseases that threatened Western, now largely American, interests in what became known as developing countries. Although the WHO amassed “significant normative and discursive power to shape priorities around health and health policy” in the years immediately following World War II, in the last forty years several pandemics and potential pandemics—HIV/AIDS the most prominent among them—have threatened the authority of the WHO (p. 175). In chapter 4, White traces how the WHO significantly revised its practices in response to these threats between 1995 and 2005. The reforms culminated in a new set of regulations released in 2005 (IHR 2005). According to White, the IHR 2005 marked the most dramatic shift in the discourse of infectious disease policy in more than one hundred years. These new regulations expanded the WHO’s mandate, now allowing it to collect infectious disease surveillance data on all potential epidemics. This simultaneously consolidated the professional authority of the WHO while also spreading the organization too thin for its relatively modest resources.

To better understand the consequences of these reforms and demonstrate the ways epidemic Orientalism has evolved in the age of neoliberalism, White introduces new methodologies and sites of analysis in his final two chapters. Through a close reading of the IHR 2005 and interviews with available members of the WHO’s outbreak emergency committees, in chapter 5, White unpacks how and under what circumstances the WHO designates an outbreak as a Public Health Emergency of International Concern (PHEIC). Designating an epidemic a PHEIC, White asserts, is the
WHO’s primary means of calling for extraordinary measures, gathering resources, and eliciting responses from member states that are acting out of step with the goals of the WHO. However, due to its broad mandate yet limited resources, in certain cases the WHO has been reluctant to declare emergencies in countries that are major financial contributors to the organization. Consequently, low-income countries, often former colonies, tend to bear the brunt of intrusive public health measures and trade restrictions. In chapter 6, White examines the Pandemic Emergency Financing Facility (PEF), a program akin to a catastrophe bond, overseen by the World Bank, to explore how the discourse of epidemic Orientalism has recently spread to global finance systems. In the wake of the WHO’s mangled response to the 2014 Ebola epidemic—in part, a consequence of insufficient funding—the World Bank proposed that financial investors could supplement emergency response funding via the PEF. If successful, the PEF would encourage speculating on death in low-income countries that rely on foreign aid. White engages with Achille Mbembe’s idea of “necropolitics” to articulate this logic of speculating on death, calling it “necrofinance.”[1] The shortest chapter in White’s book, chapter 6, also points to several avenues for future research and thinking.

Historians and medical anthropologists and sociologists looking for a thoughtful synthesis of several intellectual frameworks for understanding medicine and empire will find Epidemic Orientalism a useful text. While White’s introduction would make excellent required reading for graduate and advanced undergraduate students, it is chapter 6, in which White presents his vision of necrofinance, that I think will spark the liveliest conversations among both students and academics.

Note
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