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Alex de Waal. 2021. *New Pandemics. Old Politics- Two Hundred Years of War on Disease and its Alternatives*. Cambridge: Polity Press. Hardback £50.00 (€56.50). Paperback £15.99 (€18.10). Open eBook £11.99 (€14.99).

Written for a general audience, this book explores why in the 21st century responses to infectious disease outbreaks and pandemics continue to be guided by an outdated (martial and biomedical) script which has its roots in the 19th century - and is ultimately unsuccessful in tackling the social and environmental root causes of infectious disease outbreaks. The book's noble argument for a more democratic approach to infectious disease outbreaks, taking more seriously the social and environmental root causes of pandemics, is not really new. But the book does stand out for its careful historical analysis of how this age-old pandemic script emerged – and why it continues to dominate pandemic preparedness strategies today. As such, the book is highly relevant and contributes to global health experts' urgent calls for a rethink of pandemic preparedness strategies in the wake of COVID-19.

This book presents and compares the health responses to some of the defining infectious disease outbreaks and pandemics in the 19th and 20th century (the cholera outbreaks in 19th century Europe, the global influenza pandemic of 1918/19 and the global HIV/AIDS pandemic in the late 20th century) and illustrates how a martial and biomedical script has shaped our thinking of pandemics and pandemic preparedness until today. The author intriguingly shows that more than a mere biomedical phenomenon, diseases are social constructs. Our understanding of diseases is shaped and reshaped by political, socio-economic and technological developments of a given period in time. The development of our scientific understanding of infectious diseases is embedded in a (geo)political context, and scientific discoveries and health responses are interpreted through this political context.

Chapter 2 on the frequent cholera outbreaks in 19th century Europe compellingly illustrates that the emergence of a martial and biomedical response to cholera was facilitated by a deeply militarist and nationalist environment. Medical discoveries were weaponised and became part of national narratives about the superiority of one nation over the other. Germ theory, the biomedical knowledge about the role of pathogens (viruses, bacteria, fungi, etc.) in the spread of infectious diseases, was developed in this toxic environment, wedded to militarisation, national superiority, empire, colonialism and war. This environment considerably favoured the rise of germ theory as the principal explanation of infectious diseases and sidelined other well-established, and more common, understandings of infectious diseases at the time, which emphasise the role of social determinants and environmental factors, such as the role of inequality, poverty, lacking hygiene and sanitation. Germ theory reduced the understanding of infectious diseases to the transmission of the pathogen, which needed to be defeated in a war-like manner. This approach entirely ignores social and environmental factors, thus exacerbating the disease and risking repetitive outbreaks. And ever since, the dominant approaches to infectious disease outbreaks throughout the 20th and early 21st century have been principally shaped by germ theory.

The emergence of the martial and biomedical script was facilitated by the discovery of the cholera bacterium by Robert Koch, one of the advocates of germ theory, establishing that microorganisms like bacteria can cause disease. The global influenza pandemic of 1918/19 spread during the extremely militaristic environment of the First World War (chapter 3). An understanding of this pandemic as a social, rather than biomedical, phenomenon, can explain why the influenza strain responsible for that pandemic was so aggressive. While this time no war was waged against the microorganism, the influenza virus, and particularly its aggressive virus strain, was a product of the First World War, with global troop movements and soldiers crammed into small spaces on ships and trains which transported them across continents and countries, conveniently spreading the virus and providing a favourable environment for the evolution of a highly aggressive virus strain.

The portrayal of the AIDS pandemic (chapter 4) illustrates how the martial and biomedical script could be challenged by the global AIDS movement through social activism, national and global campaigns and rights-based approaches. Given the author's profound knowledge of African politics, the chapter focuses on the role of European colonialism in Africa in the emergence and spread of HIV. While the chapter's African perspective is highly revealing about the role of socio-economic, political and environmental factors in the emergence of HIV/AIDS, it slightly loses out of sight another relevant point which would have perfectly connected to a crucial aspect of the book's overall argument: namely, that responses to health crises are significantly shaped by the prevailing political and socio-economic context. As the responses to Europe's cholera crises in the 19th century were essentially shaped by the prevailing political mood in Europe (as superbly laid out in chapter 2), so was the response to HIV/AIDS. The author rightly attributes credit to the global AIDS movement for avoiding the militarisation of the disease and using AIDS as a vehicle for social reform in many countries. At the same time, the author fails to discuss the larger structural transformations that took place in the global system in the 1990s and made the emergence of the AIDS movement's rights-based approach possible. The 1990s are symbolic of the emergence of strong social movements at the national, regional and global level, embedded in a redemocratisation process of many countries in the global south after the Cold War and facilitated by the emergence of the internet.

Chapter 5 recounts the public narrative (particularly novels and films on infectious disease outbreaks and pandemics) that has formed since the 1990s regarding the preparations for a new major pandemic, also called pandemic X. The author concludes that the martial and biomedical script has dominated the public imagination about the arrival of a new major pandemic. And this includes the real-world health responses to major outbreaks that occurred over the last twenty years, such as SARS (2002/03), the 2009 swine flu pandemic and Ebola (2014-2016). Thus, it is not surprising that the global response to COVID-19 has also once again been dominated by this old script.

In the final chapter, the author raises the question of whether COVID-19 could become an "emancipatory catastrophe", giving rise to a more democratic, social and holistic approach to pandemics as was the case with HIV/AIDS. The jury is still out. But so far, this has not been the case. If not necessarily by a martial script, the pandemic response has been clearly dominated by a biomedical script, almost exclusively focused on vaccines and disease containment. As the biomedical script in the 19th century emerged with the help of major medical discoveries, in 2021 the biomedical response to COVID-19 was strengthened by the unexpected discovery of mRNA vaccines, which medical experts consider as the beginning of a new biomedical revolution. The environmental and social factors, however, that allowed COVID-19 to emerge and spread have been overshadowed by this biomedical discovery and may allow the biomedical script to continue to thrive at the expense of more democratic approaches.

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