Project MUSE®
http://muse.jhu.edu

state. For historians, these informative essays offer a vivid insight into the Latin American process of medical institutionalization. Cristina Rivera-Garza's study of the dynamics between patients in a mental health facility skillfully probes conflicts within the official medical system. Zandra Pedraza's analysis of media representations of healthy behavior, fitness, and aesthetics among the Colombian bourgeoisie from 1940 to 1980 demonstrates the significant role played by social and cultural private institutions in fixing the boundaries of healthy and civilized behavioral patterns.

In conclusion, the relationship between urbanization and disease and health is discussed in great depth, revealing to both the historian and the nonhistorian reader the intertwined roles of race, gender, and class in the history of modern Latin America. Moreover, the variety of issues, locations, and time periods covered in this book offers historians a rich and broad picture of public health history, and a solid basis for understanding the complex development of medical institutionalization in Latin America.

Ruth Iguiniz
New School University
New York

Charles L. Briggs, with Clara Mantini-Briggs. *Stories in the Time of Cholera: Racial Profiling during a Medical Nightmare.* Berkeley and Los Angeles: University of California Press, 2003. xxvi + 430 pp. Ill. $34.95, £24.95 (0-520-23031-0).

This book is an important contribution to medical anthropology, and provides tools that are sorely needed in the recuperation of public health—for on a global scale, we are all in a state of emergency not so dissimilar to the cholera epidemic that overwhelmed residents of Venezuela's Orinoco delta in 1992. The accounts of the epidemic by anthropologist Charles Briggs and his physician coauthor Clara Mantini-Briggs are strengthened by their personal experience in the country's poor delta provinces during the outbreak. The authors provide a comprehensive account of the intersection between indigenous and clinical narratives about disease, race, and power, and conclude with an astute analysis of reemerging infectious disease and poverty in the context of transnational neoliberal economics and the politics of globalization.

Briggs, the principal author, centers the book around what he calls "medical profiling": racialized public and professional narratives about the mostly indigenous "victims" of the Venezuelan epidemic. Ironically, cholera need not be fatal if patients are orally rehydrated, yet in Delta Amacuro, a state long neglected in public health outreach and national budgets, hundreds of Warao villagers died in a matter of months. The book documents the role of official public health authorities and of the media in dividing the public into "sanitary citizens," with

complex identities and nationality intact, and "unsanitary subjects," whose identity became reduced to stereotypes of race or class and associated with a predictable package of cultural beliefs and behaviors (p. 33).

Venezuelans initially encountered cholera in the form of nationalist claims and rumors from remote borderlands—cholera literally threatened the body politic, violating borders and puncturing the image of modernity and scientific notions of progress so carefully cultivated by the government. In the delta region, where the outbreak was most deadly, the indigenous population became cast in public statements and media accounts as an orientalist "other" set in contrast to, and outside of, the national project. Official narratives privileged cultural and behavioral explanations of the deadly epidemic (e.g., inadequate cooking, poor hygiene) that individualized its impact and laid the blame on its victims. Such accounts, the authors note, decentered other interpretations, such as those based on underfunded sanitary and health infrastructure or the land and labor exploitation that have made poverty and malnutrition endemic to the delta.

The text is replete with examples showing how the gaze of the media and health authorities tended to fixate on exotic features such as *indigena* spiritual and magical beliefs about the origins and treatment of disease—but in fact, as Briggs and Mantini-Briggs show, there were counternarratives for those who sought them out. For example, the failure of male indigenous healers to cure the deadly diarrhea actually enhanced the power of women in the villages. As a result, women became the primary repositories of cultural memory about the epidemic.

In a cautionary note to anthropologists, Briggs lays out the pitfalls of what he calls "cultural reasoning," in which the notion of *culture* becomes decontextualized and invoked in explaining complex issues. Such explanations risk becoming objectified as common knowledge and appropriated in institutional ideologies. Used in this way, he warns, cultural reasoning acquires a "liberal patina [which] helps disguise timeworn stereotypes and institutional agendas," and provides a framework for racial profiling (p. 318).

The authors illustrate how the epidemic became appropriated by dissident political parties (including supporters of Hugo Chavez), who denounced the rising poverty that belied elite promises of the development that would arise from the country's petroleum reserves. The unheard narratives of indigenous people themselves tended to focus on the lack of resources and power, and often betrayed a distrust of governmental authority.

Ironically, Venezuelan health administrators found themselves in a defensive posture—initially minimizing the impact of the disease as affecting remote and isolated pockets of indigenous victims, for fear of being blamed for the outbreak and losing their meager funding. Initial propaganda on how to prevent the disease was focused on middle-class voters, rather than on the poor population considered most at risk. Once the emergency was upon them, however, health authorities rapidly asserted their hegemony over information and populations, even resorting to a military-enforced cordon sanitaire that confined indigenous sick to an isolated, mosquito-ridden island, a strategy that had no public health

rationale—the World Health Organization (WHO) explicitly advises against this type of measure—and that angered and politicized indigenous community leaders who resorted to public protests.

Briggs found that transnational forces both mitigated and reinforced racialized and nationalist representations. He observed that while the gaze of WHO authorities provides an essential scientific check on the politicization of health in nation-states, international organizations create their own irrationalities. In a chapter on the "magic" of national health statistics, Briggs describes a regional health office in the Orinoco delta that kept two sets of mortality records for cholera. The physician explained that when he began to report a high number of deaths from cholera, based on his clinical diagnosis of the disease (which produces a distinctive "rice water" diarrhea), his supervisor at the health ministry (where high mortality rates spelled political disaster) said all future reports of mortality would require laboratory confirmation, a practical impossibility under the circumstances—thus greatly diminishing the "official" mortality reported to WHO. To this day international statistics fail to register the cholera emergency witnessed by the authors and regional health workers in Venezuela's delta.

The other transnational narrative that Briggs explores links reemerging diseases of the premodern era, like cholera, with neoliberal globalization and rising social inequality. He asks, "If cholera supposedly comes about from having too little modernity, how can we explain the resurgence of the disease after modernity, including the establishment of public health institutions, had been firmly entrenched for more than a century?" (p. 309). Briggs joins Fernando Coronil and other observers of Venezuela who have drawn links between the oil boom, elite corruption, and the International Monetary Fund's policy of structural adjustment.[1] While the oil bonanza and neoliberal policies helped some elites prosper, the country's wealth tended to end up in Miami bank accounts rather than in development projects. For the country's poor majority, this type of modernization led only to poverty, environmental degradation, and vulnerability to disease. The work of Briggs and Mantini-Briggs compellingly makes the case that cholera, like tuberculosis and AIDS, is a reemergent disease that is best understood as a "socio-medical" phenomenon.[2]

Stories in the Time of Cholera is an essential text for medical anthropologists concerned about international public health and the role of race and class in disease. The case studies it reports are ethnographically rich, without being tedious. And although the analysis is sometimes redundant, Briggs's theoretical competence and articulate prose make for a stimulating combination.

Sandy Smith-Nonini
Elon University

1. Fernando Coronil, *The Magical State: Nature, Money, and Modernity in Venezuela* (Chicago: University of Chicago Press, 1997).

2. See Paul Farmer, "Social Scientists and the New Tuberculosis," *Soc. Sci. & Med.,* 1997, *44* (3): 347–58.