

Book Reviews

Anne-Emanuelle Birn, *Marriage of convenience: Rockefeller international health and revolutionary Mexico*, University of Rochester Press, 2006, pp. xi, 434, illus., £55.00, \$95.00 (hardback 1-58046-222-7).

The coming of age of international health history is attested by the increasing number of scholars studying the relationship in various countries between US philanthropies and science and medicine, investigating global organizations, or embarking on such topics as borders and health. Latin America, Russia, Europe and India have recently been the main areas under scrutiny. Anne-Emanuelle Birn's excellent and highly readable *Marriage of convenience* is one more example of the growing success of this research programme, initially developed in 1991 at a conference on 'Science, Philanthropy and Latin America' sponsored by the Rockefeller Foundation and Indiana University Center on Philanthropy (see Marcos Cueto, *Missionaries of science*, 1994).

The book under review pays special attention to the local reception of and response to US philanthropy. It may be read as a history of Mexican public health in the post-revolutionary era as well as an investigation into one of the Rockefeller Foundation's most significant ventures. Neither of these issues, however, is central for Birn. Rather, it is the long-lasting, fruitful and conflictual encounter between Mexico and the Rockefeller Foundation which is crucial. From the 1920s to the 1940s, the Foundation conducted a high-budget yellow fever campaign along the Gulf of Mexico and a far-reaching (though much less expensive) hookworm disease eradication campaign in the centre and in the south of the country. It established local health units in three states, sent sixty-eight public health fellows to North American universities and trained about 600 health workers in two training stations founded in Mexico. The relationship proved to be an

"elastic and mutually beneficial marriage". Imperialism, charity (international assistance), catalysis (foreign intervention to boost development), coincidence (foreign aid as a concomitant factor in the process of endogenous modernization), these are all concepts that explain such a relationship only to a certain extent. Accordingly, the book offers a fresh interpretation, which highlights interaction and competition alike between both partners.

Birn explores the inherently national and nationalistic nature of modernity. Just as the creation of the Rockefeller charities had aimed to placate populist critics of Standard Oil, the intervention in Mexico was motivated by the necessity to ease tensions aroused by US invasions in 1914 and 1916. Birn rightly describes Rockefeller intervention in Mexico as a sort of "ersatz diplomacy" aka "invisible diplomacy" elsewhere (France). Of course, public health campaigns were put on display in order to protect foreign assets. But the Foundation took the nationalization of oil in 1938 as an opportunity visibly to demonstrate that its activities and commitment to Mexico were by no means connected with business interests. In appearance, the "Good Neighbor" policy of the mid-1930s might be regarded as a logical outcome of the Rockefeller Foundation strategy towards Mexico.

Unlike Porfirio Díaz's regime, the post-revolutionary republic blended a pre-existing sense of ethnic heritage with the revolutionary values of political participation and autonomy. A militant intelligentsia keen on social medicine favoured a "vernacular mobilization" of Indian culture, associated with the spread of medical services in agricultural cooperatives (*ejidos*). The Rockefeller Foundation officers never felt at ease with this bottom-up nationalism. Another nationalist vision, the top-down building of a nation-state, united the Mexican medical elite and the Rockefeller officers. Heirs of the Porfiriato *científicos*, although with a

profoundly new face, and forerunners of the *técnicos* of the 1970s, though with a socialist-populist ideology, well-educated doctors (thanks to Rockefeller fellowships) peopled the higher ranks of central public health bureaucracy. This double-barrelled nationalism helped bring about a more moderate sense of national identity among doctors whose traditional anti-Americanism had been aroused by the demanding standards imposed by the Rockefeller officers in their newly established health units (training, full-time commitment). It also helped to defuse the resistance of the rural population. Although by no means hostile towards the health units, villagers sometimes reacted with violence at the implementation of sanitary measures (smallpox vaccination, quarantine, DDT spraying). Certainly, Mexican and American physicians clashed more than once: upon the interpretation of the determinants of hookworm disease, and about the operating principles of the sanitary campaigns and the rural health service. Nevertheless, bureaucratic interest and a thirst for international prestige tied the modern professionalized state to US philanthropy. A proper balance was successfully achieved between Rockefeller aid and the preservation of the country's sovereignty—what Birn aptly calls “Rockefeller with a Mexican face”.

In the end, did “Mexico shape the Rockefeller Foundation”? The Foundation's original style of governance remained untouched in many ways. In its usual manner, it played an “influential role” in Mexico, though “not a dominant one”. New York chose to circumscribe its activities to a limited section of the country and to a limited range of health problems. This does not deviate in the least from the road taken by the Foundation in 1915: “to pick up small things and do small things”.

Birn would have it that “in Mexico, health revolutionaries and the [Rockefeller Foundation] took public health to be a technical force residing at the intersection of state building, economic growth, and material betterment” (p. 237). The question is, how can we reconcile this functionalist description (from politics to expertise) with the elitist nationalism that

transformed technical issues into contentious high politics?

In Mexico by and large, the Rockefeller Foundation's methods were remarkably similar in their patterns to those set in motion in the New South, or even in France for that matter. As the book itself demonstrates, the Foundation would first display ambitious campaigns (yellow fever, hookworm, tuberculosis), only subsequently to establish modern health units with exclusive and full-time personnel. And the whole effort would be embedded in a grand strategy of rural betterment, which the Foundation wished to spread throughout the world.

This book will set the pace on the subject for many years to come. It is arranged with extraordinary care (not a single error could be found in the French references) and written in an inviting style, making it a real pleasure to read. Last, but not least, are the richness and high quality of the illustrations (apart from the map on p. 35, difficult to interpret).

Patrick Zylberman,
CNRS/INSERM Paris, France

Sunil S Amrith, *Decolonizing international health: India and Southeast Asia, 1930–65*, Cambridge Imperial and Post-Colonial Studies, Basingstoke, Palgrave Macmillan, 2006, pp. xiii, 261, £50.00 (hardback 1-4039-8593-6).

The 1950s were the heyday of mass campaigns against specific diseases in the developing world. These campaigns were based on the optimistic assumption that it was possible to control and even eradicate disease through the effective deployment of appropriate technologies. In other words, this was the golden age of the “magic bullet”. Judging from demographic statistics, this approach seemed to work, and countries in Asia and Africa saw a significant decline in mortality during the decade.

In his study of international health in South and Southeast Asia, Sunil Amrith—although recognizing that the public health campaigns