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Citation for final published version:

Harrington, John 2022. 'Bio-Imperialism. Disease, Terror and the Construction of National Fragility' by Gwen Shuni D'Arcangelis [Book Review]. *New Genetics and Society* 41 (2) , pp. 176-178. 10.1080/14636778.2021.1997579

Publishers page: <https://doi.org/10.1080/14636778.2021.1997579>

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Book Review: (2022) 41 *New Genetics and Society* [forthcoming]

Gwen Shuni D’Arcangelis, *Bio-Imperialism. Disease, Terror and the Construction of National Fragility*

Rutgers University Press

New Brunswick, Camden and Newark, New Jersey and London

2021

Pp 228+ix

Gwen Shuni D’Arcangelis has written a concise and powerful book on the injustices and asymmetries of global health security. Completed before the onset of COVID-19, it serves nonetheless as a pertinent history of the pandemic present, furnishing orientation points against which to understand and judge global and national health politics over the last two years. The author develops an acute critique of US biodefence strategies, both domestic and international, through four finely worked case studies from the twenty years following the terrorist atrocities of 11th September 2001. Those events and the anthrax attacks which followed them soon after, formed the linchpin for a new iteration of American empire, with massive budget allocations to the newly formed homeland security apparatus, military interventions abroad, and domestic targeting of suspect minorities.

Health and security concerns were integral to each of these moments. The author traces their growing symbiosis over the period, fostered by state-led science policy, legislative reforms, and the acquiescence of many professionals in both fields. A massive increase in financial resources and policy attention was justified through a set of binaries, between, North American vulnerability and a disease-ridden global south, disciplined US scientists and their irresponsible peers in the Middle East, vaccine compliant white citizens and vaccine resistant ethnic minorities, and so on.

The book makes two important contributions to the critique of global health. As regards method, it concerns itself with the strategic use of language, through a close reading of policy, legislative, medical and scientific sources. This analytical work is given an ethical edge through the technique of ‘rhetorical re-description’ or ‘paradiastole’.¹ For classical writers, this was a counter-move in debate, revealing how an opponent had relabelled their own vices as virtues (eg. ‘recklessness’ as ‘courage’). Thus, in her second case study D’Arcangelis notes how the US under Richard Nixon sponsored the UN Biological Weapons Convention of 1972. Though cast in the universal terms of peace and disarmament, the Convention in reality concerned weapons which Washington thought it no longer needed, but which it sought to put out of reach of rival powers. Subsequently the Clinton and Bush administrations grew sceptical of its effectiveness and funded research on bioweapons which included the development of pathogens, like small pox, claiming this was merely ‘defensive’ research need to protect a vulnerable America. However, this programme could just as easily be considered ‘offensive’ in that it enabled future weapons development by the US itself, breaching the Convention.

Similarly, ‘biosafety’ which addresses the risks created by legitimate research (eg. leaks and spillages), was replaced as a main concern of policymakers in the 1990s by ‘biosecurity’ which foregrounds instead the threat from Islamist terrorist groups allegedly seeking to weaponize stolen samples. Still more fundamental was the framing of security strategy in terms of health protection, which at its most extreme provided a justification for the invasion of Iraq in 2003 at massive cost to life and health.

¹ See Q Skinner, *From Humanism to Hobbes. Studies in Rhetoric and Politics* (Cambridge, Cambridge University Press 2018) 89ff.

D’Arcangelis shows that critical work on disrupting this re-description was done by American nurses’ organizations in their campaign against compulsory small pox vaccination.

As regards substance, this work brings squarely into view the imperial nature of global health, so often obscured in other accounts by well-meaning humanitarianism and the language of universal human rights. It picks out the enduring influence of racially differentiated twentieth-century public health strategies on contemporary US foreign policy, where what matters is not the inherent riskiness of the material concerned, but only who has access to it. It reveals the partisan interests of western states in the development of the global disease surveillance and response network. Anchored in multilateral organizations and instruments, most notably the WHO’s International Health Regulations, in practice the network functions to observe and discipline states in the global south, building on the inter-imperial International Sanitary Conventions of the nineteenth century. Justificatory evocations of common health challenges (‘viruses have no passports’) and shared global responsibilities, belie an enduring anxiety about European and North American vulnerability in the face of threats from the ‘tropics’. The material consequences of this regime were evident during the H5N1 outbreak in 2005, when global south states, obliged to share virus samples with the WHO, were denied access to the vaccines developed thereby due to the operation of patent monopolies held by western pharmaceutical companies. Indonesia’s refusal to participate in this system of ‘extractive biocolonialism’ without a quid pro quo functioned as a further moment of resistance through re-description, ie. from ‘virus sharing’ to ‘benefit sharing’.

The nation state comes to the fore in this discussion of pandemic preparedness. By contrast with dominant opinion in global health, D’Arcangelis argues that national sovereignty offers an important legal and political mechanism for reclaiming power over health outcomes and resources. Like previous empires, global health includes Africans, Asians and Latin Americans, but on unequal terms, and often only as a means to externally determined ends. In previous pandemics this has obliged public health campaigners to accentuate the threat to the global north (‘it only takes a four-hours for Ebola to reach Texas from Liberia’) at the cost of reproducing debilitating falsehoods about the true source of most disease threats.

The material and rhetorical risks in this strategy became evident as COVID-19 spread across from a prosperous China into Europe and North America. PPE was stockpiled and vaccines pre-emptively bought up for their own populations by the wealthy states. The iron lock of global patent law remained in place. Moreover, since the threat was internal to the northern hemisphere, the south was initially ignored, then favoured with sporadic charitable donations all made with an eye to geopolitical advantage. In the face of the indifference of the global north and the failure of global health, attention has been directed to south-south solutions, including negotiating coalitions in international organizations, the creation of local vaccine manufacturing capacity, and the development of continental multilateralism in health, for example through the African Union. Of course, it is important not to romanticize the nation state or to overlook its historical failings, and indeed D’Arcangelis is careful not to do so. Nonetheless, as she suggests, within the current situation it offers a space of ‘ethical exception’ from which to resist the injustices of health imperialism.

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