

**S. Tosoni with T. Pinch**

*Entanglements: Conversations on the Human Traces of Science, Technology, and Sound*, Cambridge, MA, MIT Press, 2017, pp. 200  
by Mariacristina Sciannamblo

**T. Zuiderent-Jerak**

*Situated Intervention: Sociological Experiments in Health Care*, Cambridge, MA, MIT Press, 2015, pp. 248  
by Stefano Crabu

\* \* \*

**Neel Ahuja**

*Bioinsecurities: Disease Interventions, Empire, and the Government of Species*, Durham, Duke University Press, 2016, pp. 288

**Lina Beatriz Pinto Garcia** *York University*

The book cover of *Bioinsecurities* arouses the curiosity of the reader with an exceptional black and white picture of a lonely rhesus macaque, in an introspective emotional state, in the midst of an undulating sea. It was one of the 409 monkeys that the US brought from India to Puerto Rico in the 1930s to start the first colony of free-ranging rhesus macaques in US-occupied territories for biomedical research on poliomyelitis. The image is troubling, perplexing and surprising. It condenses the kind of evidence and interspecies relations Neel Ahuja is interested in – visual and literary materials showing the entanglement of human, animal, bacterial and viral bodies in the US project of imperial expansion over the course of the long twentieth century (1870 – present). Ahuja's interdisciplinary work combines methodological approaches that are, for the most part, rooted in historiography and cultural studies, paying as much attention to archival materials as to photographs, films and literary works.

Through historical accounts of state intervention episodes involving interspecies contact, disease, and medical technologies, *Bioinsecurities* provides a genealogical understanding of the ways in which the US, as an

imperialistic machine, has sought to expand its dominance and control not only over territories and economies but also over varied domains of life. Based on this distinctive interspecies – bodily and material – approach to the history of US empire history, Neel Ahuja argues that disease interventions over interspecies relations have been crucial for the imperial project of US economic, territorial and military expansion, and also for the production of inequality in the distribution of life and death across the planet.

Two concepts are transversal to Ahuja's book and his overall argument. The *government of species* is the term he uses to refer to the ways in which "empire takes on life as a field of potential intervention" (p. 11). It is a double-way concept that comprises not only the modernizing – and more conventional – perspective that sees science and medicine as technologies used by states to control and dominate disease and human and non-human lives. This concept also encompasses the multiple ways in which species "govern the normatively anthropomorphized space of politics" (p. 11) and successfully challenge human-made dreams of species extermination and disease eradication. *Dread life* is the second concept Ahuja has crafted in order to capture the racialization of disease and contagion and the fears and anxieties towards foreign black and brown bodies as a means to channel optimism towards life-enabling medical technologies and state interventions.

Each of the five chapters of the book tackles one disease intervention, at a certain moment of US twentieth-century history, dictated by a specific racialization process of contagion, infectious risk and deviant behaviours through their association to foreign – constructed as alien, feared and even monstrous – populations and environments. The first two chapters provide examples of state interventions in US-occupied territories that employed spatial technologies, such as quarantine and incarceration, to disrupt interspecies contacts between settler bodies and viral and bacterial contagions. The first one explores the segregation of Hawaiians affected by Hansen's disease (leprosy) at a time when Hawaii's annexation to the US was at the centre of a polemic debate. The second chapter delves into the high incidence of venereal diseases among US soldiers deployed at the Panamá Canal Zone during the two world wars. It discusses the offensive strategy against Panamanian women who came to embody the threat of gonorrhoea and syphilis to the vulnerable bodies of white servicemen, with innate and uncontrollable sexual desires, making women targets of criminalization, incarceration, forced medicalization and surveillance.

The third chapter moves away from the classic spatial battles of public health to one against infectious diseases by means of pharmaceuticals. Here, what matters is the management of time rather than space through the introduction of technologies used before (vaccines) or during the infection (antibiotics) to tackle the risk of bacterial and viral contact. This

strategy is explored through the importation of rhesus macaques from India to Puerto Rico and the use of these and other primates' bodies as "almost-but-not-quite-human models for testing drug safety and efficacy" (p. 20). This is, in my view, the chapter where the concept of *dread life* is at its most graspable state in Ahuja's work. Thinking along these conceptual lines, the author shows how primate trade and subsequent domestication in US-based institutionalized settings raised fears and concerns about human/animal and first/third-world contacts that were gradually appeased by fashioning primates into national subjects, "almost, but not quite, humans" (p. 117). The extraction of primates from (neo)colonialized regions and their exploitation as strategic resources for biomedical research made primates into *dread life*, provoking – ambiguously and simultaneously – anxiety towards their foreign bodies and optimism about their nationalization process and their use in the development of biomedical technologies. Ahuja argues that this episode in the history of the government of species was key in achieving public embracement and acceptance of biomedical interventions.

The fourth chapter of *Bioinsecurities* draws on the establishment of the international health movement during the Cold War and the efforts of scaling up public health interventions throughout the planet. Smallpox, the first disease to be worldwide eradicated in 1977, is the focus of this chapter. It explores the Smallpox Vaccination Program during the Iraq war and the fictitious idea of smallpox reemergence and weaponisation by Saddam Hussein as a pervasive incitement to war at the end of the twentieth century. In the fifth and last chapter of the book, time, space and scale strategies to manage an infectious threat converge in the case of HIV-positive Haitian refugees who were incarcerated in Guantánamo Bay, Cuba, in early 1991. Ahuja explores how the deployment of sovereign power – the right to kill – over the bodies of Haitian refugees was articulated through imperialist discourses that combine the threat of emerging diseases with biosecurity demands.

Neel Ahuja's work is a great example of the kind of ground-breaking interpretations of the political and historical consequences of imperialism and governance when seen through the prism of interspecies and decolonial epistemologies. They reveal the shortcomings of dominant anthropomorphic, white narratives of imperialism, science, health and diseases. They open up a wide field of inquiry to rewrite and re-account the myths behind these processes, as witnessed by Ahuja's study of episodes that question linear considerations of scientific progress or reductionist economic interpretations of imperialism and capitalism. Sometimes these efforts in departing from already explored angles come at a price: they demand very intricate arguments and interpretations, at times challenging for the reader for the number of aspects and consideration they involve in each case. Yet, the reader will be satisfied with the final outcome after reading *Bioinsecurities*.