

Books & Electronic Media

Continent of mothers. Continent of hope. Understanding and promoting development in Africa today

Author: Torild Skard
Publisher: London and New York: Zed Books; 2003
ISBN: 1 84277 106 X (Hb); price: UK£ 45.00, US\$ 65
ISBN: 1 84277 106 8 (Sb); 256 pages; price: UK£ 14.95, US\$ 22.50

Torild Skard reports on her four-year stint as UNICEF's regional director for West and Central Africa from 1994, during which she had "the intense experience" of getting to know "some two dozen African countries". Her material is gripping, but presented as a somewhat disjointed mixture of first-hand experience and background information on Africa's history, politics, culture, and economics, not necessarily in chronological order. This does not make for easy reading, and the book could have done with a clearer structure, though this might have reduced the sense of involvement.

Skard's work with women and children takes up about half of the text, and is the more interesting half. Every section concludes with an element of hope, or a campaign or programme showing some success, which offers some relief from a situation that comes across as, on the whole, grim.

The author sets the scene with a description of the conflicts in Liberia and Sierra Leone and the gruesome phenomenon of child soldiers, before moving on to the AIDS pandemic that holds the continent in its grip. The impact of this disease is intensified by migration, economic and political crises, increasing poverty and urbanization, weakening family and social structures, women's lack of sexual self-determination, malnutrition, and many other debilitating factors. All converge to increase and multiply the devastation caused by HIV/AIDS.

She does not point the finger at the West for failing to make antiretrovirals affordable, choosing instead to explain poignantly why the epidemic has become so ingrained. There is hope, however. In Senegal, far-sighted planning and participation by government, UNICEF, local administrations, voluntary organizations, and youth and women's groups have led to an effective national campaign against HIV/AIDS. The Ivory Coast started following this example in 1997, but its efforts came to an untimely end after a coup d'état in 1999, which has resulted in prolonged unrest. The Senegal campaign highlights a theme that runs throughout this book: the situation can be improved, but only if local people are involved and local culture respected. Mere financial or managerial help is not effective.

Skard describes her reluctance to make polio eradication a priority, explaining some of the difficulties encountered in politically unstable environments, such as the Democratic Republic of the Congo. However, immunization campaigns have shown that public health goals can be achieved if national leaders and international donors are sufficiently determined and cooperate with the local authorities, she concedes. In the end, the idea of using the campaign to strengthen local health systems prevails. She concludes with two success stories: the eradication of guinea-worm disease and iodization of drinking water, both achieved with simple means and highly effective in their outcome.

During the 1990s, decentralization of health care in West and Central Africa led to the establishment of local primary health care centres, with international donors playing a vital part in financing them and managing their establishment. Donors maintained a steady supply of essential drugs while gradually handing over the control of the centres to local people. Skard stresses that understanding the situation of local women and children is essential for success, as is the involvement of local

people in health activities. She illustrates this vividly in her chapter on female genital mutilation and safe motherhood.

Her analysis of the current situation and its historical and political origins is detailed and sharp, her commitment to her work and love for that part of the world are obvious. The scenes and situations she describes are acutely observed, beautifully detailed and evocative. ■

Birte Twisselmann¹

The anthrax letters: a medical detective story

Author: Leonard A. Cole
Publisher: The Joseph Henry Press, Washington, DC; 2003
ISBN: 0 309 08881 X; 280 pages; price: US\$ 24.95

Leonard Cole's book is one more in an increasingly long line of books which reflect the dramatic focusing of minds among politicians, the media and the public over the last decade on the putative use of biological agents for nasty intent, brought about by (or perhaps even partly engendering?) the plethora of bioterrorist hoaxes, threats and events characterizing that period and leading up to the "anthrax letter" events of September/October 2001 in the USA.

Books of this sort are unlikely ever to be literary classics; they are written in haste with a view to catching the market before that notoriously fickle entity, "public interest", switches to the next subject of fear, concern, or anxiety. Thus, although their research into the subject matter generally cannot be faulted, they do seem to share a similar lack of that literary and editorial input of time and effort which, in a truly well-written book, results in a good story. Three things in particular strike this reviewer about these books. The first is a sameness of style; if you read three or four of them at the same time, or in

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close succession, they simply merge into one in your mind. The second is the invariable failure to sift out what is truly relevant to the central story; the authors appear to feel that every fact recorded while researching for the book and the name and description of every person interviewed or referred to must be included. The third is the struggle by the authors to explain the background science; often it seems they are really trying to explain it to themselves. The result is that the detail is redundant, inadequate or erroneous for readers with relevant scientific knowledge but too complex for the lay person.

Leonard Cole's book is no exception in these respects. The storyline is interrupted throughout with countless biographical, historical or scientific deviations and explanations making it often hard work to read. Vast numbers of characters come and go throughout the book. As most of them make their brief appearance on the stage, one is treated to such information as the colour of their hair, what they were wearing at the time of interview, little actions they performed such as buying a bottle of water, or where they were educated, mostly contributing nothing to the real matter in hand. Conversely, one or two individuals get entire chapters devoted to them. Chapter 6, for example, is devoted to Dr D.A. Henderson, of smallpox eradication fame, and at least half the chapter, albeit a very interesting half, is about his exploits in this respect. The overall result is that the book is too long and meandering and the central theme loses impact. A chronological summary of the events central to the book would have been such a boon; it was almost impossible to keep track of the order of events and distracting trying to do so.

For those seriously interested in the "anthrax letter" events, there is interesting and genuinely informative reading, but it has to be ferreted out. The humanity of the individuals who contracted anthrax is effectively brought home and what they felt and how they and those around them reacted are enlighteningly described, mostly between pages 46 and 105. Pages 157 to 168 describe the dreadful

and almost unbelievable experiences of the victims of earlier anthrax hoaxes at the hands of inadequately informed and improperly trained HAZMAT responders in essentially uncoordinated response scenarios. The "whodunnit" chapter covers the range of viewpoints on this subject effectively. ■

Peter Turnbull¹

Terrorism and public health: a balanced approach to strengthening systems and protecting people

Editors: Barry S Levy & Victor W Sidel
Publisher: New York: Oxford University Press; 2002
ISBN: 0-19515-834-2; hardback; 408 pages; price US\$ 49.95

The photograph on the front cover of this book — a crowd gazing in awe at the collapse of the South Tower of the World Trade Center on September 11, 2001 — says it all. Thus, the book has as its main focus the events surrounding the attacks on the World Trade Center in New York — and elsewhere in the USA — and the response to these attacks. The editors and chapter authors are to be congratulated on producing the first extended monograph on terrorism and its implications for public health, so soon after the September 11. The book consists of 19 chapters contributed by 36 experts, all but two from the USA and Canada; it was published in cooperation with the American Public Health Association.

The material in the book is organized into three parts. Part 1 (eight chapters) is devoted to September 11 and its aftermath, although it includes — rather incongruously — an excellent chapter on the response to the public health crisis in Afghanistan. Part 2 (four chapters) describes the vast array of weapons in the arsenals of today's terrorists, from small arms, to chemical and biological weapons, to nuclear weapons. Part 3 (seven chapters) addresses the critical need to strengthen the public health system in the USA. Included is a stirring chapter on protecting civil liberties — within the

USA — and a brief chapter that explores the roots of international terrorism.

This book accomplishes its primary task: to provide a comprehensive review of lessons learned from September 11 and the dissemination of anthrax and their aftermath. However, from a global public health perspective, it misses a major opportunity. It says surprisingly little about the origins of terrorism and its roots in poverty, alienation, and cultural and religious differences. This omission will unfortunately reduce the appeal of the book for general public health audiences outside the USA. In contrast, the specialist audience concerned with responses to terrorist attacks will find the book invaluable, in so far as lessons from the USA have a more general applicability — and many of them do.

Two other major omissions might be rectified in a second edition. First, there could be a more in-depth exploration of the reasons for the weak state of public health practice in the USA (and many other relatively wealthy countries), how it can be strengthened to respond to the full range of public health challenges, and how this weakness affected the responses to September 11. Second, there could be a discussion of what are the prospects that the new resources to fight terrorism will contribute to a strengthening of public health practice in the USA and elsewhere. ■

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