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Jessica Lynne Pearson, *The Colonial Politics of Global Health: France and the United Nations in Postwar Africa*. Cambridge and London: Harvard University Press, 2018. X + 260 pp. Figures, notes, bibliography, and index. \$49.95 U.S. (hb). ISBN 9780674980488.

Review by Perrin Selcer, University of Michigan.

The Colonial Politics of Global Health opens with a call from Liberian President William V. S. Tubman in 1952 to “radically eliminate” the remaining vestiges of isolationism that still threatened the “well-being... of our family of nations” (p. 1). In the current moment of resurgent nationalism, it is tempting to roll one’s eyes, even if sympathetically, at this naïve idealism. In fact, when Tubman delivered this address to the second annual meeting of the World Health Organization’s Regional Committee for Africa, such rhetoric already sounded a touch hackneyed. The immediate postwar enthusiasm for the United Nations (UN) had faded. Tubman’s brand of radicalism seems a little out of place, too. Was the problem Africans faced a lack of other countries’ engagement in their affairs? Wasn’t the achievement of national independence the great geopolitical event in postwar Africa? And yet Jessica Lynn Pearson leaves no doubt that French politicians, civil servants, and patriotic doctors took internationalism seriously. They saw even UN technical assistance on public health as an existential threat to imperialism. In the wake of the humiliations of the Second World War, these elites sought to reclaim France’s great power status by rehabilitating the empire. The new French Union promised full citizenship to “all people in the overseas territories.” Bureaucrats’ fear of UN interference in the African colonies, however, reveals just how empty this ideological makeover was in practice (p. 6). The clash between internationalism and imperialism, Jessica Lynn Pearson argues, was consequential. The United Nations provided an anticolonial forum that undermined the legitimacy of empire and French intransigence obstructed international health programs in Africa.

Pearson’s careful archival research in France, Geneva, and Dakar focuses on public health programs in French West and Equatorial Africa during the first postwar decade. These were years when the institutional and ideological foundations of the new world order were still under construction. Colonial futures remained possible. As Fredrick Cooper has shown, the potential of citizenship and social justice within the framework of the French Union appealed to prominent Africans.^[1] The only support Pearson provides for the popular effect of the Union is ironic. Many Africans in the colonies embraced the move from subjects to citizens by exercising their liberty from public health campaigns, particularly those focused on the critical problems of infant and maternal health. In this respect, the colonial *mission civilisatrice* succeeded; Africans acted like notoriously noncompliant French citizens back in the metropole

(p. 41). Except through such shadowy traces, African voices are absent in the archival records of colonial health projects. This absence is the monograph's most troubling evidence of the emptiness of the Union's promise.

For their part, colonial officials were obsessed with restoring French scientific prestige and political authority. The United Nations (UN) provided an important arena for pursuing this mission. Susan Pederson has shown how the League of Nations' Permanent Mandates Commission established the role of international organizations in legitimating colonial rule.^[2] The United Nations extended these oversight functions from the mandates to all non-self-governing territories and included more virulently anticolonial member states such as India and the Soviet Union. Rather than making the world safe for empire, then, the UN became a public forum for contesting colonialism. Since postwar states were assessed according to their capacity to accelerate "development," and health statistics provided key indicators of development, health programs became important evidence for or against the legitimacy of colonialism. Unfortunately, instead of leading to more robust medical infrastructures, the high political stakes of public health hampered progress. Whereas French colonial officials' internal reports on African health services warned of unclear objectives, chronic shortages, organizational fragmentation, and conflict with Africans, their reports to the UN Special Committee on Information from Non-self-governing Territories bragged of "a coherent and conscientious system" devoted to the well-being of Africans (p. 63). It is hardly a surprise that a bureaucratic report to an international oversight committee would paint an overly rosy picture, of course. But because social programs became a battleground between the UN's anticolonial and colonial member states, political concerns came to dominate debates, "with little or no reference to questions of health" (p. 103).

In fact, there was little to debate in terms of the substance of health programs. For colonial officers who invoked the particular universality of France as a justification for empire, the nation's medical tradition was a source of pride. The pediatrician and former head of the *Comité médical de la Résistance* Robert Derbé even founded the *Centre international de l'enfance* (to which a chapter is devoted) in order to reclaim the nation's rich scientific and medical heritage on the world stage. Yet international and colonial health programs looked much the same in practice. In the postwar years they both embraced a capacious definition of health, emphasized social factors and preventative measures, privileged maternal and child care, shared a common set of techniques for combatting endemic diseases like tuberculosis and malaria—in short, there was nothing unique about French medicine. This finding is to be expected; after all, historians have definitely established the colonial origins of global health.^[3] Yet despite this convergence, the political implications of international institutions intervening in the colonies made cooperation even on supposedly nonpolitical issues dangerous in the eyes of colonial powers.

The internationalist threat was particularly acute in the health sector. The epidemiology of disease meant control programs justified inter-territorial intervention. Worse, the nature of the work brought experts into intimate contact with Africans, which opened the door to disturbingly well-informed critiques of colonial conditions and the spreading of internationalist propaganda. Colonial powers went to extraordinary lengths to block international interference. One of *The Colonial Politics of Global Health's* many valuable contributions is to illuminate the origins and workings of the Commission de coopération technique en Afrique au sud du Sahara (CCTA). This organization functioned as a sort of inter-imperial specialized agency for Africa during the heydays of the UN's Expanded Program for Technical Assistance in the 1950s; that

is, it provided expert advice and coordinated inter-colonial studies of problems affecting social and economic development. When UN specialized agencies needed information on issues ranging from soils to nutrition to infectious disease in colonial Africa, they looked to the CCTA. And that, it turns out, was its point. As the minister of overseas France wrote of the scheme, “Through their technical collaboration, the coordination of their research, and through the mutual enrichment of their methods, the governing powers” could prove they already had adopted the enlightened values and techniques of the international community (p. 76). Belgium, Britain, and France created the CCTA to preempt UN technical assistance. It was a defense against international intrusion.

The CCTA proved incapable of holding the line, however. In practice, UN agencies only sent technical assistance missions to countries to which they were invited by the member state, so colonial territories largely remained outside their purview. But the World Health Organization (WHO, a UN specialized agency) adopted a regional structure that grouped all of sub-Saharan Africa into a single administrative unit. Member states had to approve an international office in their region, but, in a bemusing quirk of world history, this meant only Liberia and South Africa had a vote. Once the region was established, however, colonial governments became equal voting members of the WHO’s African Region. Although French officials had viewed the creation of the regional office as a threat to colonial sovereignty, once it was established they were forced to focus on means to “avoid too accentuated an intrusion on the part of the WHO in our administration in order to conserve for the latter absolute control over any and all operations the WHO may be called to undertake in our territories” (p. 88). Following the logic of keeping one’s enemies close, and hoping for some positive international press, they succeeded in making Brazzaville, the capital of *Afrique Equatoriale Française*, the site of the African Regional Office. The French were, at best, ambivalent hosts and the press was decidedly mixed. The reality of Brazzaville, UN civil servants complained, did not match the colonial propaganda of a lively, convenient, and integrated modern city. Nevertheless, the WHO had accomplished the remarkable feat of establishing an international headquarters behind imperial lines.

Unfortunately, another quality colonial and international health programs turned out to share was a lack of resources. The WHO’s most ambitious intervention in French Africa was its Malaria Eradication Program (MEP). Colonial officers’ hostility to internationalism, Pearson argues, can be added to the host of administrative, cultural, and biological reasons the WHO program failed to eradicate malaria. The French and WHO advocated the same strategies for combatting malaria, which emphasized spraying insecticides. The problem came with implementation: colonial administrators wanted stocks of expensive DDT but the WHO offered technical advice. While the WHO would pay the salaries of international experts (who the French didn’t want snooping around) the colonial government was responsible for many of the necessary materials and hosting costs, which amounted to about half of well over a billion francs in the mid-1950s (p. 150). Instead of alleviating budgetary shortfalls, then, participation in an international program committed the government to costs it could not afford. Receiving international aid turned out to be prohibitively expensive. There was little particularly French or imperial about this problem, though; these were the same constraints and complaints that surfaced in UN development projects everywhere.

And that is the point: “The ‘Frenchness’ of this story existed only in the imaginations of the politicians, doctors, and social reformers” (p. 173). To protect this empty idea, they “mobilized

France's entire imperial apparatus against the universalizing impulse of postwar internationalism" (p. 175). For historians of twentieth-century France, the story thus adds internationalization to Americanization as a perceived threat to French uniqueness.

For international historians, Pearson shows that French officials recognized the United Nations as an existential threat to the empire from the very beginning. This is an especially interesting finding in our present historiographical moment because many historians recently have emphasized the complex and frequently complementary relationship between international and imperial ideologies, institutions, techniques, and experts. Colonial experts were able to leverage their experience to win contracts and permanent employment with international agencies; colonial officers sat on UN scientific advisory committees and drafted founding documents; even critiques of imperial knowledge and administration have been traced to colonial experts in the field.^[4] Pearson, however, presents compelling evidence: strategically placed diplomats, civil servants, and experts repeatedly warning each other in internal correspondence about the threat of internationalism and designing agencies and projects with the explicit goal of keeping the UN out.

A critical question that emerges from this conclusion is just how far this almost reflexive French hostility to internationalism extended. Did it extend to the UN Educational, Scientific, and Cultural Organization, which France aggressively negotiated to have located in Paris and to which it often provided administrative and diplomatic support? Did it extend to French experts and civil servants who joined international secretariats? What about physicians who worked in colonial hospitals and travelled with mobile vaccination projects or CCTA scientists who collaborated on UN-sponsored international projects? Were prominent intellectuals and public opinion in the metropole as suspicious of internationalism as career colonial administrators? These are important questions because UN agencies were not just intergovernmental organizations; they also provided forums for building transnational communities that represented alternative values.

Were the French fears justified? Did the bad press French colonialism absorbed when the WHO African Regional Office (with a staff of just 15) found Brazzaville unsatisfactory hasten Congolese independence? Assessing the relative significance of the UN on the overdetermined process of decolonization is a daunting if not impossible task. In a monograph grounded in careful archival research, Pearson wisely does not attempt such a general accounting. Instead, she shows that in their efforts to counter creeping internationalism, French authorities made promises they could not keep. The UN represented an alternative system for legitimating state power—and interstate intervention—that helped make colonial regimes accountable.

Not only does *The Colonial Politics of Global Health* advance a provocative, deeply researched argument. It is also highly readable and well-paced. It is an important contribution to the history of late French colonialism, African decolonization, international organizations, and global health.

NOTES

[1] Frederick Cooper, *Citizenship between Empire and Nation: Remaking France and French Africa, 1945-1960* (Princeton: Princeton University Press, 2014).

[2] Susan Pederson, *The Guardians: The League of Nations and the Crisis of Empire* (New York: Oxford University Press, 2015).

[3] Randall Packard, *A History of Global Health: Interventions into the Lives of other Peoples* (Baltimore: Johns Hopkins University Press, 2016); Paul Wenzel Geissler, Guillaume Lachenal, Jorn Manton and Noémi Tougnant, *Traces of the Future: An Archaeology of Medical Science in Africa* (Chicago: University of Chicago Press, 2016).

[4] Joseph Morgan Hodge, "British Colonial Expertise, Post-Colonial Careerism and the Early History of International Development," *Journal of Modern European History* 8:1 (2010), 24-46; Glenna Sluga and Julia Horne, eds., "Cosmopolitanism in World History," Special issue of *Journal of World History* 21 (2010); Perrin Selcer, *The Postwar Origins of the Global Environment: How the United Nations Built Spaceship Earth* (New York: Columbia University Press, 2018); Helen Tilley, *Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870-1950* ((Chicago: University of Chicago Press, 2011).

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