Hanrieder, Tine

Article — Manuscript Version (Preprint)

[Book review] Ralph R. Frerichs: Deadly river. Cholera and cover-up in post-earthquake

Cambridge Review of International Affairs

Provided in Cooperation with:
WZB Berlin Social Science Center


This Version is available at:
http://hdl.handle.net/10419/176547

Terms of use:
Documents in EconStor may be saved and copied for your personal and scholarly purposes.

You are not to copy documents for public or commercial purposes, to exhibit the documents publicly, to make them publicly available on the internet, or to distribute or otherwise use the documents in public.

If the documents have been made available under an Open Content Licence (especially Creative Commons Licences), you may exercise further usage rights as specified in the indicated licence.

Frerichs, a retired epidemiologist and professor emeritus of epidemiology at the University of California, Los Angeles, has written a damning account of the political and health professional response to the cholera epidemic that broke out in Haiti in October 2010. Cholera killed almost 10,000 people by early 2016, according to official estimates (Katz 2016). This catastrophe added to the death toll of between 80,000 and 250,000 lives taken by the devastating earthquake in January 2010. Frerichs recounts how fact finding about cholera’s origins had to overcome enormous political obstacles. Preparing for elections in a climate of domestic instability and total dependence on foreign support, Haiti was ill-equipped to demand a thorough investigation of the epidemic’s origins, in spite of mounting evidence that cholera had been imported by Nepalese United Nations (UN) soldiers. Instead, the foreign institutions involved downplayed or ignored this evidence. Furthermore, reputed UN agencies as well as the renowned US-based Centers for Disease Control and Prevention (CDC) discouraged investigation into the cause, and even presented misleading maps and reports that detracted from the onset of the epidemic near a UN camp at the upper Artibonite River. Meanwhile, several legal cases against the UN have been brought before US courts but could not overcome the legalistic insistence on the UN’s immunity (on this legal struggle see Pillinger et al., 2016).

The author’s goal is to demonstrate the many ways in which the origin of cholera in Haiti has been concealed, and to prove that the UN soldiers were the cause. He does so from an epidemiologist’s perspective and with a clear focus on the Haiti case. Yet, his account is written for and accessible to a wider readership and also highly relevant for students of global (health) politics. The book shows what is at stake in seemingly technical epidemiological controversies. It retraces how common knowledge is produced and contested in a place like Haiti, which is basically run by foreign experts, who have powerful means to shape perceptions about the “reality” of Haiti’s health challenges – as well as vested stakes in shaping this reality to their advantage.

For non-epidemiologists, Frerichs’ detailed account of the detective search for the origin and spread of the disease is an excellent introduction into epidemiological methods and ongoing debates. For example, Frerichs explains the controversy between two theories about cholera transmission and their policy implications: An ‘environmental theory’ (2), which holds that cholera is always latently present in affected zones and breaks out due to climatic disturbance, tends to downplay the role of human transmission and emphasizes broader sanitary conditions. By contrast, the ‘human activity theory’ (3), to which Frerichs subscribes, views human contagion as the necessary causative agent, and stresses the importance of interrupting human transmission. From the human activity point of view, thus, the environmental theory is not only scientifically wrong. It is also cynically fatalistic, by suggesting that control and elimination need not even be attempted in certain so-called endemic regions.

To develop his arguments, Frerichs tells his story by following the investigations of Renaud Piarroux, a French physician and epidemiologist who had been dispatched to Haiti by the French government to examine the cholera outbreak. According to the preface, Frerichs and Piarroux closely collaborated in preparing the book and jointly chose the narrative form of Frerichs as the narrator and Piarroux as the hero. Since Frerichs and Piarroux agree on the science and the politics of cholera in Haiti, this narrative form means that from the first page on,
the solution to the epidemiological puzzle is set. Thus this is not a Sherlock Holmes style
detective story where initially, everyone is suspicious and every option must be equally
considered. Instead, the Piarroux of Deadly river is more akin to the TV detective Columbo, who
collects evidence against only one suspect, on the basis of a strong initial suspicion or intuition.
In this quest, the reader follows Piarroux to political and professional meetings, field visits, and
debates in academic journals – in some of which Frerichs also was involved – in a quest to
corroborate the Nepalese human activity hypothesis. Along the way, the components of
Frerichs/Piarroux’ arguments are reiterated over and over again, becoming more specific and
applied to more observations along the way. Relevant observations include Piarroux’ own
investigations, other epidemiological studies conducted in Nepal and Haiti, and reports by
journalists like Jonathan Katz and the Investigative Reporting Program at the University of
California, Berkeley. This meticulous presentation conveys the message that detail matters and
that lazy conclusions, which are drawn on the basis of prejudice or postcolonial, if not racist
arrogance (terms that the author does not use, but that impose themselves to the reader), are to
be resisted. Of course, it also means that there is lots of repetition, albeit not redundancy, since
this argumentative style serves the aim of ensuring utmost clarity about the epidemiological
inference. Thereby, the reader becomes part of the process of gradually winning the controversy
over the origin of the Haitian cholera epidemic.

This detailed chronology, which is interspersed with short chapters providing relevant
background information, does not offer a quick, but a highly rewarding read. It offers important
(and depressing) insights into the moral economy of contemporary humanitarianism. The Haiti
example shows how readily the “international community” is prepared to believe that in
resource-poor and impoverished places like Haiti, plagues like cholera are a fate that cannot be
helped. This belief that Haiti was naturally cholera-prone proved also resistant to the fact that
Haiti had never had cholera before 2010, ‘at least not in recorded history’ (8). Likewise, the oft-
repeated argument that “blaming the UN” would only be divisive, if not dangerous when leading
to anger and riots by the Haitians, all too easily fits with stereotypes about underdeveloped and
dangerous Others. Besides the fact that knowing the source of an epidemic also helps fighting it,
the author makes a compelling case against the double standards implicit in such reasoning.
Furthermore, he shows the powerlessness of Haitian health institutes and the Haitian
government, which early on had evidence of the UN’s role in spreading the disease, but could not
afford to tell so in this utterly asymmetrical situation.

Still, it is precisely this political dimension of the argument that could have been more
fully developed. The author subscribes to the Galileo-style imperative of ‘speak[ing] truth to
power’ (118), an imperative that can only be corrupted by political considerations. Yet even
Frerichs appreciates Piarroux’ decision to stay quiet during the immediate pre-election period.
Against this backdrop, a deeper reflection on how and when political concerns ought to be taken
into consideration would have strengthened the argument. Likewise, Piarroux/Frerichs’ stance
against mass vaccination as being too costly is based on politico-economic presumptions that are
not beyond doubt. Other global health experts like Paul Farmer have argued against ‘minimalist’
positions that do not concede the full menu of available treatment and prevention to the Haitians
(Farmer 2011, 199-200). From this perspective, Piarroux’ advocacy of targeted vaccination
campaigns in the context of elimination attempts at least resembles the fatalism of the
environmental theory criticized by him.

In more general terms, the broader policy implications of Frerichs’ analysis would have
deserved more attention. There are interesting but short discussions of recent changes in the
World Health Organization’s (WHO’s) cholera guidelines in chapters 19 and 22. Frerichs
suggests only in passing that the WHO’s turning away from quarantines and anti-contagion
measures has been unhelpful in the Haitian case. For reasons discussed above, he is also sceptical
of the WHO’s mass vaccination recommendations. A fuller elaboration of these general remarks
would have been of interest to many readers who wonder about the lessons to be learned from
Haiti’s bitter experience.
References


Notes on Contributor

*Tine Hanrieder* (Dr. rer. pol., University of Bremen) is a senior researcher at the WZB Berlin Social Science Center. Her research interests include international theory, global health politics and international organization. She has published articles in journals including *International Theory*, *Security Dialogue* and the *European Journal of International Relations*. Her recent monograph *International organization in time: fragmentation and reform* (Oxford University Press, 2015) explores temporal dynamics in the reform struggles of the World Health Organization and related United Nations agencies.