

## BOOK REVIEW/COMPTE RENDU

**S. Harris Ali and Roger Keil**, eds. *Networked Disease: Emerging Infections in the Global City*. Malden, MA: Blackwell Publishers, 2008, 384 pp. \$43.95 paper (978-1-4051-7134-3), \$98.95 hardcover (978-1-4051-6133-6)

This reader deals with how the myriad of networks linking global cities affect the spread and reaction to infectious diseases. As a result of recent processes of globalization, dating from about 1990, global cities are porous and linked together through the flows of people, information, capital, resources, technologies, and so on. These multiple pathways, unique to the current era, facilitate the spread of infectious diseases in what has been termed a “global biological cauldron.” The main focus of the reader is on the nonmedical aftermath of the 2003 SARS outbreak, with additional attention to avian influenza, AIDS, and TB. At the simplest level, much of the analysis converges on the question of “what SARS taught us.”

The book is divided into five sections. Part I examines the relationship between global cities and infectious diseases in terms of the varying vulnerability of cities with different public health infrastructures, as well as the vulnerability of different populations within these cities. Part II focuses on how health governance was conducted in three global cities affected by SARS: Toronto, Hong Kong, and Singapore. Much of the discussion is evaluative, pointing out limitations in resource mobilization and communication, as well as problems raised by the surveillance of populations. Part III analyzes the cultural construction of SARS, with chapters on media coverage, health scares, “authoritarian toleration” in Hong Kong, and the racialization of the outbreak in Toronto. Part IV investigates public health governance more generally, taking up AIDS, TB, and avian influenza in terms of health inequalities, biosecurity, surveillance, and various forms of containment. Finally, Part V examines broader theoretical issues, including a detailed analysis of networks and efforts to show that cities have not brought nature to an end but encompass biological processes as well as “fleshy traffic.”

There seems to be a strong editorial hand in the making of this reader as the key concepts — globalization, global cities, nodes, networks, emergent flows, permeability, the Westphalian state system — are threaded through most of the chapters. This conceptual core inevitably

creates a degree of repetition, though the chapters do branch off into various and sometimes unique directions. Most of them also take a rather critical stance, claiming that health governance is too often inadequate as a result of neoliberal reforms stressing efficiency. In the same vein, medical inequalities within global cities and across regions of the world are highlighted. There is also an underlying sense that medical surveillance techniques and technology are often too invasive. The experience of Singapore, as compared to Toronto and Hong Kong is particularly informative at a number of levels. The former was far more successful in containing the epidemic, but it did so by imposing draconian measures such as a "No Visitor" rule in hospitals, tightly controlled quarantines, the wide-spread use of thermal scanners, and travel restrictions. An extensive mobilization of resources and people was largely accepted by a frightened population that took their social responsibilities seriously.

Despite much that is interesting, this reader has a striking weakness. Specifically, it attributes far too much significance to SARS and treats the outbreak as more unique and world-shattering than it was. Much the same can be said for the all but revolutionary significance ascribed to globalization. Consider the following. "After SARS, it becomes impossible to think about infectious disease as a local or contained problem ..." (p. 19). SARS is further described as "the first post-Westphalian pathogen" (p. 109), which contributed to rendering "infection as the metaphorical core of globalization" (p. 164). SARS simply cannot bear the burden of these claims. Nor, for that matter, can globalization. A pertinent comparison, which is briefly touched on in the text, is the Spanish flu epidemic of 1918–1919. Long before the current absorption with globalization and the stepping-off-a-plane viral pathway, that flu managed to find its way around the world, reaching even isolated Inuit communities in northern Canada. I would think that it was impossible "to think about infectious disease as a local or contained problem" at that time. Viral traffic may have moved more slowly, but it did not respect borders then either. Perhaps there was a brief interlude in the mid-1960s when it seemed like we had beaten down infectious diseases. But from the Hong Kong flu on, such hubris was no longer viable. The threat of emerging diseases was with us long before SARS.

For all the attention bestowed upon it, there is no clear account of what rendered SARS so exceptional. Beyond its novelty, and the attendant uncertainties, SARS only jumped to one global city outside South Asia, was short-lived and engendered relatively few deaths. Braun's assertion that the most significant fact about SARS was not its rapid spread but that "its spread was halted at record speed" (p. 261) makes one wonder what all the fuss is about and just how SARS reinvented the

biological city. The one other disease that gets considerable attention in this reader is the avian flu. While its threatened emergence overlapped somewhat with SARS, the two diseases are otherwise poles apart when it comes to emergent flows in urban networks. Avian flu is apparently an old and very conventional threat, carried by migrating wild fowl and not airplanes, and prevalent in rural areas where people live in close contact with birds and other animals. The fight against it must be waged on the back of the world's poor — a challenge interestingly described in Cairo by Hinchliffe and Binham in Chapter 13. Significantly, the chances of controlling such outbreaks are greater with industrial farming, suggesting that the claim that “capitalism and disease spread are intimately connected ...” (p. 232) is not always tenable. The link to global cities is even less compelling.

Much interesting material and probing analysis can be found in this text, which is suitable for graduate students and academics concerned with the intersection between cities and health. But its main thesis is overstated, and overstatement is a problem in other contexts. Weigh up this example. “The main consequence of a disease like SARS might ultimately not be its impact as a killer of infected individuals, but its impact as a destroyer of the tenuous multicultural fabric of Toronto” (p. 154). Qualifications aside, the slim gruel of evidence presented for this argument suggests that it might be deemed racialization by fiat.

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