

A complex minuet: behaviour change at the large scale

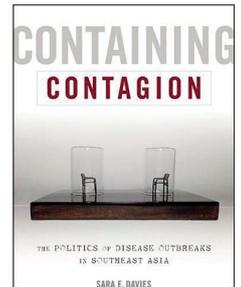
Hysteresis, Epistemic Diplomacy, and Colonialism's Last Gasp: Controlling Disease in southeast Asia might be a better title for Sarah Davies' book *Containing Contagion: The Politics of Disease Outbreaks in southeast Asia*. Its prosaic title does not do justice to a revealing and subtle account of negotiations between governments and international agencies, while carefully protecting the identity of the author's informants. In diplomatic and largely neutral language, it describes the tense stand-offs, compromises, constructive ambiguities, personal bargains, and UN confusions within which technical experts of different levels of competence and resource contrived to prevent infectious disease outbreaks. It does this while exploring the realities of states' duties and undertakings within a framework of international law and regulation. In a Trumpian-Putinesque world, where the rules-based order and understandings of the post-World War II system are decaying and contested, there is much to learn from this book. This fine study of southeast Asian experience shows, in miniature, how issues of mutual and conflicting interests between independent (and not so independent) nations can (and probably must) be approached in a decentred, shifting, fragmented, and increasingly unpredictable world system.

Today, the ideas and aspirations for international order construed with the foundation of the League of Nations in 1920, and of the UN in 1945, appear to be a long-lost pragmatic liberal dream. The truth is, of course, that each of these aspirational foundations was, at its root, colonial in intent and institution. The former was a vision of peace between world empires subsequent to World War 1; the latter, after World War 2, was the Cold War compromise reached between world empires framed as the victorious united nations. In the past several decades, southeast Asian diplomatic endeavours toward regulation and reporting of infectious disease outbreaks have enabled technical experts working within the complex international, national and regional environment of post-World War 2 southeast Asia to achieve some kind of consensus of action in relation to public health emergencies of international concern. The global and regional history that preceded what is reported here is important: hence hysteresis and epistemic diplomacy.

History is important. By 1895, five European powers had shared out this diverse and fluid region. Only Siam (in that form existing only since the 1780s) retaining its integrity as a balancing point between the British in the Federated Malay States and the French in French Indochina. Even so, the Cold War and various levels of competing ethnic nationalism within these post-colonial states and across their borders meant independent governments faced serious problems in maintaining

national cohesion. Non-interference in each other's internal affairs was a paramount principle if regional conflict was to be avoided. These former colonies now form the patchwork of countries, ethnicities, diverse forms of government, points of potential conflict, abutment of different religions, political ideologies, and language and tradition described as southeast Asia. This is an obfuscating geographic label for an area of extreme complexity. It ranges from Burma/Myanmar in the west, with its militant Buddhism and Rohingya Muslim population; Muslim Indonesia (with strictly interpreted shari'a law in Aceh); Singapore—a rich Chinese-led city state, in the south; the Philippines in the east, with a history of Spanish and US colonialism; and Vietnam to the north—with recent history in relation to the USA and China and a pre-French patchwork of kingdoms: Tonkin, Annam, and Cochinchina. The area has to manage complex relations with China to the north—significant today as this giant neighbour asserts suzerain influence across the region.

These diverse governments, nations, and institutions have conducted a complex minuet of policy and compromise to maintain the key policy of non-interference in each other's internal affairs, while also keeping to the rule that states must report certain disease outbreaks. Description and analysis of this dance, the international health system and regional and international relations, requires the reader to engage with many acronyms: 49 in all. Over several decades, data circulation, sharing, and expertise have increased across the region. National sovereignty has been compromised in relation to these developments, but



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face has been maintained and the role of civil society organisations in reporting outbreaks has sometimes been a significant spur to reluctant governments. The 2005 Revised International Health Regulations and the narrative framing of cross-national risk have been crucial in eliciting a concerted response to severe acute respiratory syndrome, Nipah virus, and highly pathogenic avian influenza. But for some of the poorer countries in the area, the quest for effective action and cooperation in pursuit of regional and national risk has compromised capacity for dealing with locally significant outbreaks: dengue or dengue haemorrhagic fever, chikungunya, and diarrheal diseases. And among countries, there is differential capacity to identify diseases (by laboratory examination rather than symptomatology) as part of the diagnostic and notification process. Such differentials might undermine faith in the reporting systems between countries and within the region.

Davies' narrative applies a generalised theory of behaviour change (at last count this had 83 variants) to describe changes in states' reporting behaviour. In the health setting, such theory is usually

applied to individual humans. Here it is applied to countries' technical personnel, their politicians, regional institutions, and WHO—the latter torn between centralised and decentralised organisation by its own political exigencies. She shows that, here as is true at other scales, the theory of individual behaviour change is inadequate. At the scale of countries, the regional milieu was and remains important. We see, once again, that where behaviour change is advocated or achieved, individuals (whether countries or single humans) act only in relation to structures: this must inform health interventions.

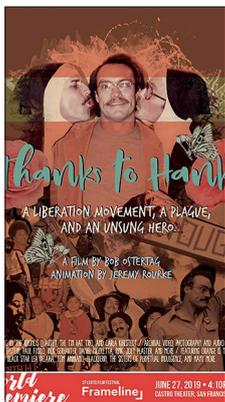
This excellent book recounts how, in southeast Asia, framing of the problem of disease emergence and spread as regional risk elicited diplomatic engagements between diverse epistemic communities and polities. In a fragmented world, history and milieu are everything. We must use this approach to behaviour change in the health field and beyond in relation to other areas of common risk.

Tony Barnett



Documentary

Do the right thing



The value of inspirational figures is often underestimated in a society that promotes mostly personal achievement and competition. Yet, inspirational figures can be instrumental in transforming the way we perceive our own capabilities and make a mark in the world around us. Bob Ostertag's documentary *Thanks to Hank* is a tribute to one of those figures, HIV/AIDS and LGBT+ rights activist Henry "Hank" Wilson, whose example inspired many people active in the care of people with AIDS.

Born in Sacramento in 1947, Wilson was already at the forefront of the fight against discrimination of LGBT+ people, in particular teachers in high school, when HIV emerged in the 1980s in the USA. Witnessing the hostility faced by people with AIDS in those years, Wilson concentrated his endless energy on finding and running a place where homeless people with AIDS could find shelter, company, and dignity. He leased the Ambassador Hotel in the Tenderloin district in San Francisco to host people with AIDS, a model of care for people with AIDS that led to the creation of the Tenderloin AIDS Network, later the Tenderloin AIDS Resource Center. An AIDS survivor himself, Wilson dedicated most of his life in the following years to improving life conditions for people with AIDS and was also behind the creation of the AIDS Candlelight Vigil, which became the International AIDS Candlelight Memorial.

Many people who knew Wilson share affectionate and heartfelt memories in *Thanks to Hank*: among them there are Donna Lisa Stewart, who worked at the Ambassador Hotel, and comedian Lea DeLaria, who performed in the Valencia Rose Cafe, a gay cabaret created by Wilson. What emerges from their fond memories of Wilson is the portrait of a selfless and decisive man who did not hesitate to put himself in the service of people with AIDS in the time when society was shunning them, without renouncing his modesty and sense of humour in the most adverse circumstances.

Particularly moving are Ostertag's memories of the Wilson's last days of life in 2008, at the end of the documentary. Neglected by the nurse who had been hired to look after him when he was diagnosed with advanced lung cancer, Wilson spent his last days alone in hospital and his friends never managed to properly thank him for the help and inspiration he had provided over the years.

With *Thanks to Hank*, Ostertag succeeds in showing to those who did not know this activist the huge difference that Wilson, and his broad vision of justice, had on the lives of people with AIDS. And on their behalf, Ostertag manages with his documentary to say a proper thanks to a man who was not afraid to dedicate his life to others.

Marco De Ambrogio

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Thanks to Hank

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