

Book review

Apuntes 89 (2021). doi: 10.21678/apuntes.89.1552

Cueto, M. (2020). *El Regreso de las Epidemias. Salud y Sociedad en el Perú del Siglo XX*. (2nd. ed.). Lima: Instituto de Estudios Peruanos.

The second edition of *El Regreso de las Epidemias. Salud y Sociedad en el Perú del Siglo XX* arrives during one of the most serious epidemics that Peru, and the world, has faced in recent times. By the end of October 2020, there had been an estimated 900,000 cases of COVID-19 and at least 34,000 fatalities as a result of the disease, in Peru alone. In this tragic context, Cueto reminds us that an interdisciplinary approach is paramount for the design and implementation of health policies. The author notes the following:

Through the lens of the historian, epidemics reveal recurring problems such as inadequate and punitive responses to public health emergencies; linkages between disinformation, disorder, and panic; virtues or shortcomings of political leadership on health; the casting of blame on marginalized groups; as well as a tendency to find scapegoats in crises, and the artificial separation between the tasks of rehabilitation, prevention, and treatment (Cueto, 2020, p.10).¹

Thus, Cueto's book adds to the historical memory of Peruvian public health—a history that contains important lessons about epidemic management. Unfortunately these lessons tend to go ignored, which leads to the repetition of errors such as the exercise of violence against certain sectors of the population.

This publication begins with a prologue (in reality, a chapter in its own right) that discusses the importance of embracing the social determinants of health approach, which means taking into account the political—whether national or geopolitical—dimensions of epidemics, the institutional development of health systems, inequality, and structures of discrimination and marginalization. In the prologue, Cueto shows how the impact of SARS-CoV-2 is intimately related to the neoliberal policies adopted around the

1 Translation from the Spanish by *Apuntes*.

world to reduce public spending, public services and, in the case of health, the role of the state, in exchange for cost-effective packages of services that promote economic growth.

Not only have these policies made living conditions and health systems more precarious, but they have contributed to trivializing diseases by isolating them from the social structures that facilitate their emergence and spread, and reducing them, almost exclusively, to questions of individual responsibility. In addition to casting a critical glance on how epidemics continue to be understood and addressed, in this chapter Cueto proposes new perspectives for the historical analysis of health and considers the need to rethink the social determinants of health, incorporate citizen science (and understand lay citizenship in terms of health decisions), as well as taking into account global health, climate change, and the environment.

Chapters 1 and 2 describe two epidemics that occurred in Peru in the first half of the 20th century: bubonic plague and yellow fever. Both chart the development of sanitary institutions in Peru, as well as the role of foreign actors such as the Rockefeller Foundation. Chapter 4 deals with malaria and narrates the different plans and programs implemented by the Peruvian state throughout the 20th century to combat this disease. As in the other chapters, the descriptions of these projects include information about the institutional expansion of the health sector, the role of international actors, and the political context. This chapter also covers Peru's adoption of global policies, including the eradication of malaria, that were promoted and supported by multilateral agencies such as WHO and UNICEF.

Moreover, chapters 1, 2, and 4 all discuss measures designed by “experts”—that is, scientists—and implemented by state agents, often without taking into account structural issues such as living conditions or public health infrastructure. Responsibility for the failure, or the limited success, of such health interventions was transferred to the population, which compounded and contributed to legitimizing a pejorative view of the rural and indigenous groups.

However, during the 20th century there were also experiences that involved the promotion of work in close proximity to rural communities. The author recalls one such experience in Chapter 3, “Tifus, Viruela e Indigenismo: Manuel Núñez Butrón y la Medicina Rural en Puno,” noting how a series of factors—among them an established social fabric, limited stigmatization of diseases, and the emergence of *indigenismo* as an ideological current—combined with the organization of community health brigades in rural parts of Puno to play a role in health promotion, among other matters.

This chapter also describes how the success of the brigades did not assure their sustainability or their continuity when they were seen as dangerous by sectors of society with economic and political power, which attests to how scientific evidence has never been sufficient in the execution of public health policies. The health brigades were the “medical” expression of the indigenist movement of the time, and contained a measure of racial vindication. However, the brigades were heavily marked by the indigenous population’s acceptance of Western medicine, which health professionals of the day regarded as superior to local knowledge. Considerable efforts were made to translate health information into indigenous languages to make it more accessible and help identify dangerous practices. These brigades also had a political wing that sought to speak out against the poor living conditions of the indigenous populations. But this did not involve a dialogue of knowledge. The approach of the health brigades that Núñez Butrón organized in the 1930s was certainly revolutionary for its time, and it is notable that, despite subsequent advances in the recognition of the rights of indigenous populations and the knowledge of their communities, the “intercultural” health initiatives promoted by the state in the late 20th and the early 21st centuries have been virtually identical to those of the brigades in terms of their health aspects, and the role of translation and the information services offered to the rural population. State initiatives do not usually encompass a dialogue of knowledge, or, unlike the brigades, a political component that calls out structural problems.

Chapter 5, about the cholera epidemic of 1991, retains the focus of the previous chapters on vulnerability and individual responsibility, but adds a new element: the effect of global policies, structural adjustments, and the adoption of neoliberalism in the design of public policies. This is important because, as the author points out, the cholera epidemic marked a new stage in the relationship between the state and public health. If the bubonic plague, yellow fever, and malaria epidemics were milestones in the development of institutionality in the health sector, contributing to the emergence of a degree of state interest in devising epidemic response programs, the cholera epidemic did not have the same effect; it did not prompt measures aimed at improving health services, and the executive branch itself led the criticism of the sector’s officials when it perceived that the measures introduced went against certain economic interests. Although, as the other chapters show, the earlier epidemics were not exempt from actors who opposed measures that affected their economic activities, what made the cholera epidemic different was that the opposition came straight from the high levels of government. In this context, the emphasis on individual responsibility responded not

only to a biomedical conception of disease but to a notion of the state in which investment in public services was not a priority.

I think one of the major strengths of the book, evident in each of its chapters, is the analysis of the social determinants of health. Each chapter highlights issues related to the institutionality of the health system, political factors, the culture of public health prevalent at the time, and inequalities. In addition to narrating how some groups were particularly affected by diseases such as bubonic plague, yellow fever, malaria, or cholera, throughout the book Cueto carefully explains the relationship between these vulnerabilities and structural factors such as housing and labor conditions, but also the racism and discrimination reflected in the interventions prioritized by the authorities. It is striking how many of these determinants endured, almost unchanged, throughout the 20th century and can still be discerned today. This book also features a rich description of the political dimensions of health, such as the struggles between local authorities and the central government, the resistance of economic powers to investing in this sector, and the ideology behind certain health interventions: aspects that are often overlooked by biomedical approaches.

In sum, this work is an important contribution to the history of Peruvian public health, and one that should be consulted by public health professionals and decision-makers.

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