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Having previously published studies on health and healing in the Lower Congo, John Janzen brings his vast knowledge of the region to the topic of the legitimation of power and knowledge in public health and health care. In this detailed and meticulously researched book, Janzen shows that the local population’s experience with well-understood endemic tropical scourges and healing must be understood in a political context characterized by decades of extreme stress caused by the Mobutu’s and Kabila’s dictatorships. The years of dictatorship, combined with the negative effects of the fiscal belt-tightening measures imposed by the World Bank and the International Monetary Fund, resulted in a “fragile state” which could not fulfill its responsibilities. Janzen’s book focuses on the institutions and services that emerged to take the space left vacant by the state, including the churches, universities, and other non-governmental organizations (NGOs).

The book begins with a well-organized introduction in which Janzen engages with studies published by scholars such as Crawford Young and Thomas Turner who have examined the “rise and decline” of the Zairean/Congolese state, Ferguson’s work on the “shadow state”, or Pfeiffer and Chapman’s study on the structural adjustment programs. Janzen also provides the setting for understanding the impact of the collapse of the Zairean state on public health and health care services in the Health Zone of the Territory of Luozi, the Manianga district, in the Lower Congo. The reader will find the insights into Janzen’s lived experience in the field and his encounter with his informants, collaborators, and facilitators while conducting field research particularly interesting. The introduction also introduces the themes that recur throughout the book.

The book is divided into three parts. Part I (pp. 41-89) explores the history of population and contagious diseases in the Lower Congo. Unlike other anthropological works that focus on the ethnographic present, Janzen considers the longue durée and uses travelers’ accounts and other secondary sources to examine the fluctuation of the population numbers between 1700 and 2010 and to understand the historical dimensions of health. Chapter 1 examines the forces and conditions that aggravated these contagious diseases, including the long-distance trade within the Luso-African zone prior to colonial conquest and Belgian colonialism. Chapter 2 explores the postcolonial population and disease trends. The postcolonial period is characterized by a natality decline due to the rising cost of living and the education of children, a decline in mortality caused by better maternal and childcare and by the reduction in the incidence of leprosy, smallpox, polio, and trypanosomiasis. This period is also characterized by the persistence of malaria, diarrheal diseases, tuberculosis, typhoid fever, flu, bilharzia, protein malnutrition, and HIV. Janzen underlines a paradoxical situation where these diseases have persisted in face of growing medical knowledge and better treatments.

Part II of the book (pp. 89-156) focuses on the social reproduction of health. Chapter III uses a case study to illustrate how the subsistence production and the social reproduction of health in the household, family, and clan operate against the background of colonial and global processes and flows of resources and symbols. Janzen shows how the “life cycle of the Kongo household or family involves the active exchange of goods, gifts, symbols, and bodies to constitute the new household (...) (p. 94). Chapter IV analyzes the reconfiguration of the public health and health care institutions, agencies, and networks in Luozi in the second decade of the twenty-first century, following the 1990s collapse of the
Congolese state. It was these institutions “that assumed the vestigial functions of the state” (p. 112). Chapter V investigates the popular meanings of health and the popular concerns with unachieved health, as rooted in Kongo tradition.

The three chapters of Part III of the book analyze the legitimation of power and knowledge in “situations where government fails entirely or substantially” and other agencies emerge to deliver urgent services (p. 161) and, in the process, renew or restore legitimate power. The evidence suggests the integration of science and religion among both the Kongo professional elites and the populace.

This well-researched and well-documented book makes an important contribution to our understanding of the local and global forces and processes that have shaped health and healthcare in the Lower Congo. John Janzen demonstrates that the decline of the Congolese state made it possible for nonstate institutions and organizations to play an important role in public health and gain legitimacy. Janzen has done an excellent job navigating between anthropology, history, political science, and linguistics. The book nicely captures the voices and health concerns of both nonstate players and ordinary people in the Lower Congo.

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