

retained their own medical views and practices while borrowing countless elements from the imported medical tradition. The chapters do show that parts of biomedicine were used, mixed and diluted by non-biomedical practitioners and 'lay people' (which has already been described by others) but they say nothing about how biomedicine is practised in centres of African biomedicine: hospitals, laboratories and clinics.

Baronov provides four case studies of African 'pluralistic medicine' to give his rather general argument local flesh and blood. Unfortunately, these cases also do not deal with the practices of representatives of biomedicine such as doctors and nurses. They rather show how African 'pluralistic medicine' works; not how biomedicine in Africa becomes 'pluralistic medicine.'

This is not to say that this does not happen. On the contrary, I am convinced that biomedical hospitals and health centres in Africa are not 'identical clones' of hospitals and health centres in other parts of the world; they have a distinct local character. How and to what extent, has hardly been recorded, however. Studies that begin to appear suggest, for example, that the paternalistic style of traditional practitioners is found back in the overbearing attitude of African doctors and nurses. It has also been remarked that the traditional focus on social and religious aetiology and treatment has entered African hospitals and that doctors are as non-communicative about their treatment as traditional healers. Finally, rumours have it that at night, when doctors are absent and nurses asleep, spiritual healers take possession of wards to treat patients for problems that doctors cannot handle. In some cases nurses take part in those spiritual activities.

Baronov's study is extremely interesting in its description of the intertwinement of medicine, mission, politics and trade but he does not keep his promise boldly made in the title and throughout the book.

Sjaak van der Geest, medical anthropologist
University of Amsterdam

João Biehl, *Will to live: AIDS therapies and the politics of survival*. Princeton: Princeton University Press, 2007. 466 pp. (with photographs by Torben Eskerod). Index. \$30.50 (hard cover). ISBN 978-0-691-13008-8.

Will to live discusses Brazilian AIDS policy but more particularly the history of Caasah, a small community of people with HIV/AIDS in the city of Salvador in the poor North-East region of Brazil. João Biehl was accompanied by a Danish photographer who made penetrating portraits of the main characters of the dramatic events described by him.

Brazil was the first 'third-world country' that succeeded in making antiretroviral medicines available to the entire population. That fact gives particular relevance to Biehl's study. He describes not only how the Brazilian government achieved this through negotiations with the pharmaceutical industry but also how it tried to bring the medicines to the poorest and most marginal groups of the society.

When Biehl visited Caasah in the 1990s it was something between a community of squatters and a hospice of homeless AIDS patients, former prostitutes, transvestites, and drug users who had occupied a deserted clinic. Caasah became a showcase for local and national politicians. It managed to give the most marginal inhabitants of the city their dignity back and it helped them take the new medicines that could change their lives entirely if used well. Biehl spoke to the inhabitants and the leaders of Caasah and recorded their stories. By placing their stories – together with their portraits – on the first pages of his book, Biehl takes the reader immediately to the thick of the AIDS drama.

Five years later, when Biehl returns, Caasah has become a well-organised clinic which only treats people who obey the rules and take their medicines exactly as they should. Most of the first inhabitants have died of AIDS or have resumed their previous life. Only one of them has succeeded in turning his disease into an ‘asset’. He visits schools to educate the students on HIV/AIDS and is proud of his new position. But he is an exception. All the others turned out to be ‘hopeless cases’, useless people for whom nothing could be done. The fact that the promising approach of five years ago failed to assist the others in finding a better life characterises the profound tragedy of AIDS according to Biehl.

The ‘pharmaceuticalisation’ of HIV/AIDS, as Biehl calls it – reducing AIDS to taking or not taking medicines – simplifies the problem and has serious consequences for the most vulnerable in the society. AIDS policy, which does not address poverty, stigmatisation and social exclusion leaves people to fend for themselves in conditions that destroy them.

Biehl has written an ethnography that dissects the discouraging complexity of AIDS. He switches from national and international developments to local events and individual lives. That multi-level approach reveals the contradictory effects of policy. One moment government policy has far-reaching consequences for people in their insecure existence; another moment the authorities prove entirely unable to help create conditions that prevent people’s collapse. Biehl’s study raises unsettling questions about the quality and possibility of HIV/AIDS – and any other – policy.

His study also demonstrates that the problem of HIV/AIDS is hard to understand – and therefore hard to fight – unless it is studied from a historical perspective. Explanations of failures or successes of interventions and of unexpected developments can often be found in the past. Solid anthropological research needs more than a thick description of the present.

This review appears in a special issue on the translation of research to practical action. It raises the question whether Biehl’s voluminous study will ever arrive at the addresses of those who have the means to bring about change in policy and practical care. *Will to live* seems first of all a book written for anthropological colleagues. It obliges the author to make a serious attempt to translate the complexity and bulkiness of his findings into concrete and clear suggestions for a better policy and practice to help the most vulnerable realize their will to live.

Sjaak van der Geest, medical anthropologist
University of Amsterdam