

## BOOK REVIEWS

JOÃO BIEHL. *Will to live: AIDS Therapies and the Politics of Survival*. Photographs by Torben Eskerod. Princeton: Princeton University Press, 2007. Pp. 478, 109 halftones, 5 line illustrations, 6 tables. ISBN 978-0-691-13008-8.

AIDS activism in the face of democracy, governance and civil society demonstrates the reproduction of power relations and the ideological and political functions of all partners in the campaign against the disease. Yet, the dominant approaches for examining the impact of HIV/AIDS on public health policy in developing countries have largely been the medical, socio-cultural and economic. Simultaneously the political approach has been less documented despite the fact that AIDS has become an important political issue affecting governance, democracy, civil society organisation, human rights and neoliberal values.

João Biehl's study, *Will to Live: AIDS therapies and the politics of survival* is a welcome account that examines political and economic factors, as well as the value systems underlying the Brazilian AIDS policy and the power arrangements (both national and global) that are crystallized in it. In other words, it shows the impact of HIV/AIDS within governance, activism, and democracy frameworks. In Biehl's own words, his book "moves between a social analysis of the institutional practices shaping the Brazilian response to AIDS and the stories and lives of people affected by it" (p. 3). That is, it demonstrates how activism and people's rights are shaped by AIDS, and how they in turn have shaped the disease. Biehl's study is based on ethnographic research carried out over ten years among people working within the state, corporate, scientific, non-governmental institutions and grassroots care services, as well as among marginalized AIDS patients.

Biehl has focused on the themes relevant to the Brazilian HIV/AIDS situation with regard to scientific and technological developments, medicine, and political economic issues which all converge in the national and international responses to the epidemic. Political manoeuvrings and inequalities pervade the book. Inequalities are grounded in patients' stories as individual lived experiences but are also found in the broader public-private, national-international, global-local and North-South perspectives.

The book consists of six chapters. The first chapter tackles the political economy of pharmaceuticals. In what he terms the "pharmaceuticalization of public health" and governance, the author emphasizes the high stakes pharmaceutical companies have in AIDS treatment industry in Brazil. Chapters two and three are devoted to the levels of care in the formal and informal sectors. The ambiguity of AIDS is clear. It has become an 'industry' with underlying politics; it is an open and contested area and yet a hidden epidemic with devastating consequences. Chapter four to six deal with how AIDS affects subjectivity, people's identity and their ties with others. The hidden nature of HIV, unless a blood test is conducted, creates a dangerous world of intimacy. For the AIDS patient, a totally new life unfolds. Their will to live arguably translates into an almost regimented life in a care home, adhering to its regulations and AIDS therapy under the watchful eyes of supervisors.

The way in which Brazil has responded to AIDS is widely regarded as well-organized and effective for a developing country. In 1999, the United Nations Programme on HIV/AIDS (UNAIDS) named Brazil's program the best of the developing world (p. 8). Brazil has showed the political will to confront the epidemic by designating AIDS as the 'country's

disease' and not merely as something affecting individual patients. As the epicentre of AIDS in South America, accounting for 57 percent of all AIDS cases in Latin America and the Caribbean and with more than 600, 000 people infected out of a population of 170 million, Brazil needed to act more vigorously in order to avoid catastrophe.

Much gloom had surrounded the Brazilian AIDS situation after the disease was first reported in 1980. Readers learn that the Brazilian government initially failed to address the epidemic seriously and allowed it to spread to the most vulnerable populations (p. 61). Other factors obviously contributed to the situation which Biehl captures aptly:

As of 1991, Brazil did not even have an efficient national program for controlling the epidemic. In spite of HIV/AIDS having spread widely in all regions, public health services were mostly aimed at prevention and were operating at the level of the social imaginary (outdoor advertising, TV campaigns, or events), not infrastructure. A poll published by *Folha de São Paulo* (1991) revealed that only half of the respondents remembered anything about most recent campaigns. (Pp. 62–63)

The author continues:

In 1988, medications to treat opportunistic diseases were already available [but] only on a limited basis, in the public health care system. (P. 66)

Since then prevention and clinical care for AIDS patients to offer them access to medicine has seen an incremental change. The Brazilian government had already signed into its law the free distribution of AZT and medication for opportunistic infections in 1991 and later embarked on decentralisation, economic reforms, a friendly drug pricing policy. It has also introduced a more regulated pharmaceutical business environment to the neo-liberalizing state (p. 79). Brazil has achieved these outcomes through intense activism, which has resulted in significant AIDS visibility. AIDS activists have also acquired a strong public voice for access to scarce public medical resources, and successfully lobbied the congress to extend disability and pensions to all people with AIDS. The active participation non-governmental organisations (NGOs), formed throughout Brazil because of HIV/AIDS, with progressive forces has also been important for the much-needed health sector reforms. Such private sector bodies complement state efforts at health delivery, but the underlying politics of these NGOs are always grounded in the notion of the 'virtuous' forces confronting the 'vicious', bureaucratic state forces and their inadequacies in the "precarious public health care infrastructure" (p 283). Further, Brazil's AIDS treatment policy that broke the patent of an AIDS drug, Efavirenz (produced by the international pharmaceutical company, Merck) in May 2007, authorizing the importation of a generic version from India, has also been questioned as being too radical. Yet the program indicates a desperate move to address the country's AIDS situation at the time. By administering antiretroviral drugs (ARVs), Brazil has given hope to AIDS patients. However, despite the high AIDS invisibility, the country still experiences neglect of patients. ARVs have become "the distribution and consumption of pharmaceuticals", a means through which the state, the community, and citizens make their presence felt in the society (p. 326). They equally indicate neoliberal values. But the question is who has power in HIV treatment? Does it rest with the nation-state, big pharmaceuticals and the global markets, or the activists in everyday interactions?

The AIDS situation in Brazil is inherently about suffering, poverty, unemployment, homelessness and hopelessness. Using a longitudinal approach, Biehl examines the problems of everyday individual experiences as well as institutional operations. Several visits to the research site have enabled him to give the life stories of twenty two AIDS patients as they endured and negotiated their situation and changed identities. Biehl discovers the patients experience their selfhood as a part of a continuum, marked, on the one hand, by their former selves and past lives of prostitution, injecting drug use, alcoholism, and sexual lifestyles that led to their infection, and on the other by their situation as the embodiment of an incurable, deadly disease and their lives after adherence to AIDS therapy. Their survival is largely in their own hands, in the will to prolong their lives through an adherence to AIDS treatment.

When a moral distinction exists between the harm as a result of natural causes and the harm caused unto oneself, is there any dignity or moral worth left for AIDS patients, who are seen as having brought their condition on themselves? Biehl's account shows that, although AIDS is associated with shame, stigmatization and secrecy, patients still achieve some recognition by engaging in the politics of citizenship through patienthood. AIDS has become a means of advancing their civil rights causes and turning their medical right into a political and human right.

Brazil's approach has practical implications for policy making in other developing countries. Where AIDS denial occurs even at high governmental levels in some countries, Brazil's political will and 'governmental activism' in the response to AIDS is something that African states and other low-income societies could emulate. Biehl's study is not theoretically oriented but instead shows how descriptive ethnography can offer a vivid account of the plight of AIDS patients and the politics at play in the responses to the disease. *Will to live* is well-written with illustrative pictures. It complements other works that see behaviour in the context of wider structural factors as shaping vulnerability to HIV infections. Such factors are found in the culture and hierarchies of low- and middle-income societies, in political economic issues, poverty, and gender inequalities. In this case, I agree with the author that AIDS patients deserve sympathy and dignity, not condemnation and callous disregard.

The book is a wonderful example of careful and rigorous ethnographic writing that can be recommended for courses in medical anthropology and ethnography. It is useful for those who are interested in public health, social policy, HIV/AIDS as well as responses to it at the individual, community, state and international levels.

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