

KOCH, ERIN. *Free Market Tuberculosis: Managing Epidemics in Post-Soviet Georgia*. xiv + 231 pp. Nashville: Vanderbilt University Press, 2013.

It is rare to read a monograph in anthropology in which 'culture' refers to a nutrient-rich medium used for the cultivation of bacteria. This is the case in *Free Market Tuberculosis: Managing Epidemics in Post-Soviet Georgia*, which details how expertise, diagnosis and treatment attach in surprising ways to vectors of standardization, globalization and market transformation. Based on ethnographic research conducted in multiple trips between 2001 and 2007, Erin Koch's long-term perspective allows her to comment on protocol, diagnosis and the social construction of tuberculosis in a variety of settings, from laboratory to prison. In the body of the monograph, Koch focuses primarily on the National TB Program (NTP) in Georgia, which is located at the National Centre for Tuberculosis and Lung Disease in Tbilisi (p. 25). In the final chapter ('Free Market Tuberculosis Incarcerated'), Koch turns to the prison context, a site in which the paradoxes of standardization are most dire. Inmates risk infection in order to secure marginally better accommodations afforded to those undergoing tuberculosis treatment by 'cheating', or submitting TB-positive sputum samples.

The central focus of the monograph is an ethnographic study of the implementation of the DOTS protocol. DOTS, an approach established by the World Health Organization in the mid-nineties, is 'directly observed treatment, short course'(6). Koch explains that this protocol, which has taken hold as the dominant approach in Georgia, is 'structured around laboratory diagnosis and fixed treatment regimens of first-line anti-TB drugs'(6). Koch investigates the cultural politics behind this globally standardized approach, including obstacles to care. By certain measures, the DOTS protocol has been successful worldwide, as 'more than 40 million individuals have been successfully treated for TB' (19), which motivates ethnographic attention to the complex issues associated with global standardization and local implementation. The DOTS protocol marked a shift in the way that the market for disease treatment functions, and has reconfigured the doctor-patient relationship as well as cultural understandings of what expertise and disease mean. Further, the DOTS protocol focuses exclusively on active cases of TB, the consequences of which Koch details in contemporary and historical perspective.

Koch reminds readers that 'Georgian medicine should be seen in a larger context than a straightforward transition from "Soviet" to "post-Soviet" or from socialist to market-based medicine' (40). Much of the historically oriented first chapter ('The hand of Medea: Georgian medicine in historical consciousness') deals with this larger context. Many current concerns in the health care system in Georgia involve direct or tacit comparisons to the Soviet model, as DOTS is a stark departure from Soviet and pre-Soviet models of treatment. For example, a TB specialist critiques passive case finding by stating that such an approach does not work in 'our country'(136),

and then invokes a contrast to the Soviet model, in which case finding was active. Contrasts between Soviet and DOTS approaches are frequently mobilized in the accounts that Koch's informants provide for understanding contemporary practice. For example, one informant states that under the Soviet system all elements of treatment 'centered on the doctor's expertise' (81). This included active case finding ('widespread fluorography, prophylactic screening' (82)), whereas under the current WHO standards, the patient must recognize the symptoms of the disease as TB, and then seek care. Such contrastive commentary reveals the conflicted place of Sovietness in the Georgian context. Sovietness emerges as a sign of backwardness and also as a positively valorized system that emphasized doctor's expertise (81) and freedom (85). This dual inheritance speaks to the larger issue of the way Georgia is discursively contrasted with regimes of modernity (Soviet, 'Western' and those represented by global health organizations). Georgia's limitations are plotted against values and procedures viewed as emerging from regimes of varied scope and force.

On the issue of foreign investment, Koch's points about international DOTS implementation resonant with Elizabeth Dunn's recent observations about NGO activity in Georgia (Dunn 2012). Dunn's focus is on the mismatch between local needs (particularly, for Internally Displaced Persons in Georgia) and the deliverables proffered by international NGOs, and Koch's observations pertain to the implementation of the DOTS protocol. In these two accounts there are significant overlaps in the way that transnational trends are categorized as acting at the local level. In both cases, an element of local coordination, management, oversight or feedback is characterized as absent or missing. The emergence of this concern in different venues in Georgia invites us to approach the term 'management' with more theoretical rigour. To name a few instances in which the problematics of management surface in her account, Koch describes how 'forms of management' (115) were introduced with DOTS, points to 'managerial insufficiencies' (185) when discussing unintended side effects of DOTS implementation, highlights a yearning for 'greater rationality' (123) in labour management in the context of the laboratory, and indicates that with the rise of evidence-based global health, 'normative assumptions about management underpin health interventions' (25). The rubric of 'management' includes protocols, standards and rationales, as well as groups and individuals with various allegiances and institutional affiliations. Actors of various kinds appear to invoke 'management' as an explanatory mechanism for insufficiencies, and as a way that responsibility is assigned or mitigated. At times 'management' is subsumed beneath the rubric of 'bureaucracy'. It may be profitable to think of how these concepts diverge in discourse and practice. The theoretical elaboration of 'management' is worth pursuing beyond the Georgian context.

The analytical and ethnographic strengths of this monograph position it to become a standard in the anthropology of global health and infectious disease. Koch effectively presents the obstacles to treating TB by means of a standardized global

strategy. This will be of interest to the many stakeholders in global health discussions, including practitioners and policy makers. From the barter of TB sputum in incarcerated populations to sputum smeared slides beneath ventilated hoods, Koch brings together an on-the-ground account of how doctors, scientists and patients participate in the discontinuities of standardized disease treatment.

## Reference

Dunn, E. 2012. The chaos of humanitarian aid: adhocacy in the Republic of Georgia. *Humanity* 3(1):1–23.

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DABASHI, HAMID. *Being a Muslim in the World*. vii + 188 pp. Basingstoke: Palgrave Macmillan, 2013.

Hamid Dabashi's most recent book, *Being a Muslim in the World* arrives at a deeply transformative juncture when, as Dabashi proposes, the dominating dichotomies of 'the East/Islam vs. the West' or 'The West and the Rest' (as Niall Ferguson, the British historian, has theorized) have distanced and displaced the world populace. They have also created schisms that have at times materialized in the form of horrendous atrocities perpetrated against 'others' of all ilks. Dabashi's particular focus, nevertheless, is predominantly on the Muslim other. He poses the crucial, and controversial, question of what it means to be, and live as, a Muslim in a world where, he postulates, the aforesaid hegemonic binaries are disintegrating. It is of the need for decomposing, dismantling and deconstructing the epistemological regimes that have produced such fallacious binaries that Dabashi writes in his latest book.

One of the principal stipulations in *Being a Muslim in the World* is the indispensability, as well as the inevitability, of crafting a new diction through which Muslims can relate and stay attuned to a post-Western world and come to terms with Islam. Dabashi postulates that the language in which the essentializing binaries are forged has long since been exhausted. Major global sociopolitical transmutations and confrontations of the past few decades, not least since 9/11, if anything, are testaments to the inevitable cul-de-sac that such discourse was doomed to culminate in. Consequently, Dabashi vouches for the necessity of overcoming what the language of 'Islam and the West' stands for, notwithstanding the most formidable obstacle on this path, i.e. 'the rampant Islamophobia that determined the terms of engagement with the world' (p. 5).

In the six chapters of his book, Dabashi persistently 'throws the monkey wrench,' as he likes to say, at the entire misplaced, misnamed and miscomprehended designations and classifications that have affected how both Muslims and non-Muslims have perceived and received each other, particularly for the past two