

Katherine A. Mason. *Infectious Change: Reinventing Chinese Public Health After an Epidemic*. Stanford, Calif.: Stanford University Press, 2016. xiii + 252 pp. Ill. \$27.95 (9780804798921).

Fourteen years after the outbreak of Severe Acute Respiratory Syndrome, the memory of SARS has begun to fade. In Hong Kong, students born in the late 1990s have little recollection of the disruption it caused. All that they know about the highly pathogenic coronavirus, which reached the city from neighboring Guangdong province in February 2003, comes secondhand: it has been gleaned from family stories, media reports, and movies, and from the institutionalization of SARS as a textbook event in the city's post-colonial history. In the tai chi garden of the Hong Kong Park, a "Fighting SARS" memorial incorporates bronze busts of healthcare workers who died in the outbreak.

SARS lives on in other ways, however. In the face of new emerging viral threats, such as Middle East Respiratory Syndrome (MERS) that triggered panic in South Korea in 2015, SARS is evoked by way of analogy. It continues to function as an exemplary twenty-first-century disease and a yardstick for gauging the success and failure of post-2003 epidemic responses.

The impact of SARS has undoubtedly been most profound in the changes it has induced in attitudes, behaviors, and institutional organizations. Katherine A. Mason's new book, *Infectious Change*, shows how the experience of SARS in the People's Republic of China facilitated the "reinvention" of the country's public health system. The disease struck at a moment when the state had begun to overhaul its cranky disease control and prevention apparatus in a process undermined by inadequate funding, a dearth of personnel, and insufficient political will. "SARS provided all of these things," Mason writes, "remaking an administrative experiment into a sophisticated new system of disease control and transforming what had been a technical trade into a prestigious biomedical profession" (p. 3).

Infectious Change investigates how competing interests have molded public health institutions in China since 2003. A particular strength of the book is the way it focuses on a specific site in the Pearl River Delta—albeit contextualized with material from other locales—to broach larger issues of professionalization, trust, and ethics in public health, weaving personal stories into a larger, compelling narrative of change. An assiduous ethnographic approach registers the voices of those struggling to operate within a rapidly changing environment. In so doing, Mason reminds us that a health "system" is an interactive space of overlapping, colliding, and ever-shifting interests.

A central argument in *Infectious Change* is that the global reorientation and biomedicalization of China's public health since SARS has produced a growing disjunction between an imported model of professional service and the demands of the populations that this "system" claims to manage. Assumptions about the collective needs of the Chinese "people"—an agglomeration with common interests—no longer hold in a country that has become far more diverse since Deng Xiaoping's liberalization from the late 1970s and 1980s. The mushrooming immigrant city of Tianmai (a pseudonym), where Mason conducted most of her field-

work, exemplifies this new socially divided world. At the same time, cosmopolitan public health professionals in China increasingly subscribe to membership of an “imagined community” of transnational science and global health. Mason’s interest is in examining how “real-life” situations, notably the 2009 H1N1 pandemic dealt with in a chapter evocatively titled “Pandemic Betrayals,” put pressure on these constructions, exposing their fictive fabric.

This is an excellent, thought-provoking book, which will appeal to those with interests in contemporary China, medical anthropology, and histories of health and disease. It yields insights that will illuminate broader debates, such as those that pivot on the challenges inherent in promoting the “global” as a category in health. In the 1978 Declaration of Alma-Ata, primary health was identified as a key element in grappling with health inequalities. Mao’s promotion of community-based paramedics, or “barefoot doctors” (*chijiao yisheng*), as part of his mass health campaigns seemed to provide a model grassroots approach, which was endorsed by the World Health Organization. Yet as China struggles to reinvent its health system in the twenty-first century against the backdrop of momentous social and economic transformations, it is precisely this local focus that has been eclipsed. As Mason reminds us, today global health, while ostensibly championing “Health For All,” often undercuts local concerns, creating new vulnerabilities for the communities most at risk.

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Sarah Ferber. *Bioethics in Historical Perspective*. Basingstoke, UK: Palgrave Macmillan, 2013. xiv + 233 pp. \$32.95 (978-1-4039-8724-2).

During the 1960s and 1970s ethical issues raised by the development of the ventilator, in vitro fertilization, and other morally disruptive medical innovations, and media revelations about researchers’ exploitation of minorities and women as unwitting “human guinea pigs,” prompted American foundations, professional societies, and governmental bodies to convene investigative committees. Some philosophers and theologians were sprinkled into these committees to augment their gravitas. Many of these philosophers and theologians later assumed roles as advisers at the bedside and watchdogs of the benchside, creating the field that came to be known as “bioethics.” Several historians have explored this phenomenon,¹ and one might expect that Australian historian Sarah Farber’s *Bioethics in*

1. Among the histories that Farber cites are: John H. Evans, *The History and Future of Bioethics: A Sociological View* (New York: Oxford University Press, 2012); Renée C. Fox and Judith Swazey, *Observing Bioethics*. (New York: Oxford University Press, 2008); Albert R. Jonsen, *The Birth of Bioethics* (New York: Oxford University Press, 1998); and M. L. Tina Stevens, *Bioethics in America: Origins and Cultural Politics* (Baltimore: The Johns Hopkins University Press, 2000).