

Laura H. Kahn. *Who's In Charge: Leadership during Epidemics, Bioterror Attacks, and Other Public Health Crises*. Santa Barbara, CA: Praeger Security International, 2009. 236 pp. Hardcover: \$49.95, ISBN: 978-0-275-99485-3

The degree to which the decisions of individuals matter in both the domestic and international policy domains is by no means a new debate within the field of International Relations, especially concerning matters of national security. In response to the perceived limitations of the then-dominant rational actor model of decision-making, the theoretical and empirical work of Robert Jervis and Irving Janis on personality and cognitive approaches to leadership and decision-making, suggested that individual biases and perceptions of reality do indeed play a significant role in the formation of state preferences.<sup>1</sup> The more recent 'policy entrepreneur' literature, rooted in social constructivism, has also sought to illuminate the significance of individual political actors, specifically in relation to the advancement of norms informing global governance.<sup>2</sup>

What impact then, do individuals have over population health outcomes? Over the last two decades an increasing amount of attention has been paid by those interested in the distribution of power in the world order to a body of literature illuminating the emergence and re-emergence of communicable diseases with demonstrated potential to undermine state capacity.<sup>3</sup> Such concern has proven warranted given the ease by which the unchecked spread of pathogens such as HIV and SARS have crippled economies, hobbled militaries, terrified societies, and ultimately undermined the legitimacy of governments in the eyes of citizens, and as such there remains considerable interest on the part of IR scholars in the socio-political determinants of communicable disease emergence and spread, although little attention has thus far been paid to how individual leadership shapes the outcomes of associated public health crises.<sup>4</sup> Through *Who's in Charge?* Laura Kahn addresses this gap, linking the importance of individual decision-makers to effective communicable disease control through a retrospective analysis of four communicable disease epidemics and a single set of bio-terror attacks. In each case, Kahn attempts to distill what happened and how the relationships of elected and appointed officials factored into why things turned the way they did. The goal of the book is thus to identify the logistical prerequisites that elected and bureaucratic leaders must satisfy to ensure safe passage for their governments and populations through the often treacherous waters of public health crises.

Kahn begins with a brief overview of the history of public health, highlighting individuals notable for their innovation, cooperation, and a willingness to take risks in pursuit of improving the health of populations. Given the larger goal of the book, this chapter is quite effective, for it demonstrates that the science and social machinery informing the practice of modern public health is based largely on the ideas of individuals who successfully challenged established medical practice and political orthodoxy. The leaders of the social hygiene movement who emphasized disease prevention through sanitation and social policy informed by statistical research are well represented in this chapter, and rightly so given the movement's role in ensuring that states became the de

facto protectors of population health. While early variants of international health architecture receive some attention, the nation-state and its role in improving the health of its citizens is clearly the focus, both of the chapter and the book as a whole. Kahn effectively demonstrates that the ideas and beliefs of individual leaders have been both a boon and a detriment to public health. At the same time however, scant attention is paid to how decisions made in domains other than health (e.g. industrial development, trade, or defense) have affected public health efforts in both the domestic and international spheres, which is somewhat surprising given the many public health crises created inadvertently through interstate conflict, as well as states' prioritization of economic growth. Kahn's cases consist of the 1993 Cryptosporidium outbreak in Milwaukee, Wisconsin - the largest documented water-borne epidemic in US history; Toronto's 2003 experience with the then novel SARS virus; the 2001 anthrax attacks in New Jersey; and the BSE and Foot-and-Mouth Disease (FMD) epidemics originating in the United Kingdom in the early 1980's and 2001 respectively. Based on extensive interviews with elected leaders, public health bureaucrats, clinicians, scientists, and journalists, *Who's in Charge* offers unique glimpses into why leaders - both elected and bureaucratic - either performed admirably or failed miserably, in crisis situations that demanded strong public health leadership. Kahn's key messages are that the successful handling of such crises favors those elected individuals who develop good working relationships with public health experts before crises emerge, who offer the public facts in a timely manner to reduce likelihood of disinformation, who step up where there is a void in leadership, and who facilitate cross-agency/jurisdiction collaboration. At the same time, public health bureaucrats are most likely to perform admirably in the face of uncertainty when roles and responsibilities are clearly defined, when they communicate frequently with clinicians who are tuned in to events occurring in communities, and when they ensure that protocols are in place and adhered to before crises emerge. Whether it is political leaders who make decisions informed by expert advice, or public health leaders who make decisions with elected leaders' explicit support, the case studies effectively demonstrate that cooperation between these two types of leaders clearly matters for the successful resolution of public health crises, and that such cooperation needs to be visible to the public. Kahn is explicitly supportive of dismantling the institutionalized division between human and animal health, the existence of which clearly factored into missteps in how BSE and FMD in the United Kingdom was approached. In this vein, *Who's in Charge?* builds on previous work calling for a more integrated approach to understanding and addressing public health threats posed by zoonoses.<sup>5</sup> The book also makes a strong case for public health (at least communicable disease control) to become a federal responsibility across states, governed by institutions similar to that of the Environmental Protection Agency in the United States, which possess structural power through their ability to establish the rules and operational frameworks of the governing system.<sup>6</sup> Despite the book's title, the empirical focus of *Who's In Charge* is limited in scope to the realm of communicable disease control, which clearly does not exhaust the range of public health issues. Moreover, the apparent separation between naturally-occurring epidemics and those resulting from bio-terrorism seems odd given that

public health systems are designed to detect and address all pathogens regardless of their source, and in light of Kahn's obvious desire for dismantling artificial organizational barriers separating animal and human health. Furthermore, in her bid to bridge national security and public health, Kahn avoids addressing whether increasing the role of law enforcement and the military within the public health machinery risks 'securitizing public health,' thus undermining the mandate of public health agencies. *Who's in Charge* provides considerable insight into how individual leadership or lack thereof can dramatically shape the trajectory of public health crises. This book will thus appeal to a wide audience, particularly those interested in risk management, public policy, and health governance broadly defined.

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<sup>1</sup> Irving L. Janis, *Victims of Groupthink: A Psychological Study of Foreign-Policy Decisions and Fiascoes* (Boston: Houghton, Mifflin, 1972); Robert Jervis, *Perception and Misperception in International Politics* (Princeton, NJ: Princeton University Press, 1976).

<sup>2</sup> Martha Finnemore and Kathryn Sikkink, "International Norm Dynamics and Political Change," *International Organization* 52, no. 4 (Autumn 1998): 887-917.

<sup>3</sup> Stephen Morse, ed. *Emerging Viruses* (New York: Oxford University Press, 1993); Laurie Garrett, *The Coming Plague: Newly Emerging Diseases In A World Out Of Balance* (New York: Farrar, Straus, Giroux, 1994); Mary E. Wilson, Richard Levins, and Andrew Spielman, eds. *Disease In Evolution: Global Changes And Emergence Infectious Diseases* (New York: The New York Academy Of Sciences, 1994).

<sup>4</sup> Andrew Price-Smith, *The Health of Nations: Infectious Disease, Environmental Change, and Their Effects on National Security and Development* (Cambridge, MA: MIT Press, 2001); Stefan Elbe, "HIV/AIDS and the Changing Landscape of War in Africa," *International Security* 27, no. 2 (Fall 2002): 159-177; Huang Yanzhong, "In-Flew-Enza: Pandemic Flu and Its Security Implications" in Andrew Cooper and John Kirton, eds., *Innovation in Global Health Governance: Critical Cases* (London: Ashgate, 2009), 127-150.

<sup>5</sup> Joshua Lederberg, Robert E. Shope, and Stanley C. Oaks, Jr., eds. *Emerging Infections: Microbial Threats To Health In The United States* (Washington, DC: National Academy Press, 1992); Tom Borroughs, Stacey Knobler, and Joshua Lederberg, eds. *The Emergence of Zoonotic Disease: Understanding the Impact on Animal and Human Health: Workshop Summary* (Washington DC: National Academy Press, 2002).

<sup>6</sup> Susan Strange, *States and Markets* (London: Pinter Publishers, 1988).