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The Slow Plague: A Geography of the AIDS Pandemic is one in a series by Blackwell identified as liber geographicus pro bono publico. The author rather freely re-translates "a geographical book for the public good" to "a book for the busy but still curious public." The author begins by placing the AIDS pandemic in the historical context of great plagues and proceeds from there. In two brief opening chapters, the Human Immunodeficiency Virus (HIV), its impact on the human immune system, and its (definite) African origin are described.

Discussion of the complex and interconnected impact of HIV in social and geographical spaces is followed by illustration of hypothetical and documented interactions in these spaces which form the matrix for HIV diffusion. Within this matrix, the teaching of sexual abstinence to young people is characterized as "preaching a prescription for death." Preaching the use of the condom, on the other hand, is favored "as the only practical and responsible strategy." However, the following chapter on the "geography" of the condom laments the cultural, economic, and individual behavioral barriers to acceptance of the condom and the failure of education programs to influence acceptance significantly.

The author next introduces the concepts of hierarchical and contagious spatial diffusion using his, by now, almost trademark example of Ohio. Subsequently, we are taken to Africa and provided highlights from across this "continent of catastrophe." From this region of the world, in which the epidemic is well established, we move to Thailand. Here the epidemic is in a much earlier stage of development and optimal conditions (sex industry and intravenous drug use) exist for Thailand to become a focal point for the spread of HIV and AIDS throughout southeast Asia.

From Thailand, the author proceeds to discuss the United States' experience and provides a case study of the Bronx. In each instance, underlying diffusion concepts are emphasized. To explain the situation in the Bronx, the author subscribes to the theory of a sequence of waves: "burnt-out housing, followed by the wave of crack and heroin ... [and] HIV." Eschewing discussion of personal responsibility for risky behavior, the inevitability of the spread of HIV in the Bronx is laid more or less directly at the feet of politicians/bureaucrats apparently responsible for the reduction of fire services in the area; a prominent medical school/hospital in the area which "receives substantial funds from the New York administration each year"; and, distrust of educational programs from "The Man."

In the following chapter, criticism of the ineptitude of bureaucrats, and the failure of bureaucratic institutions to deal adequately with crisis management and to recognize the importance of geography is intensified. It is quite a disjuncture for the reader in the subsequent chapter to be introduced to the dynamics of epidemic transmission rates. However, the common theme of criticism continues. This time it is directed toward the lack of scientific imagination among those responsible for disbursing public research money and a generation of epidemiology modelers who emphasize time to the exclusion of space.

Next to be taken to task is the locational confidentiality imposed on AIDS data. The author rightly argues that it is impossible in all but the most exceptional circumstances to identify a specific individual from a datum point reported by cartesian coordinates. This discussion is carried forward in the subsequent chapter which focuses again on the importance of geography and the need for mapping to predict the geographic future of the epidemic and to plan for the distribution of appropriate health-care facilities and personnel.

The author is also worried about a decreasing herd immunity of the world's population which exposes them to greater risks of morbidity and mortality from even common infections. In the United States' experience, for example, statistics are cited indicating the poor health experience of people in the inner cities. Here, he joins the chorus blaming the now infamous "12 years" of administrations during which time the social safety net was allegedly "shred." Further, he takes this occasion to question whether the United States could now "claim to be a caring and civilized society."

In the epilogue, a grim picture of the future of the pandemic and our ability to control it is painted. A call is made for redirecting the vast sums of money
now being spent on AIDS/HIV research. Particularly, the author feels that most of the human sciences research is “use-less” and emphasis should be placed upon the role of education as an effective intervention strategy. A call is made for a major redirection of funds “to the compassionate tasks of caring . . .” And, finally, the author again returns to chastising political administrations in the pre-1990 political era. This time, “those days” are apparently responsible for creating a climate in which thinking about health-care planning at the federal level was analogous to “swimming against a riptide.”

The text of The Slow Plague is followed by a bibliographic essay. Apologies are offered to academics for the lack of reference within the body of the book. Defended here is the use of anonymous sources, both verbal and written, based on the author’s trust in their veracity. In turn, we are asked to trust him regarding sources for some of his statements. This may be all well and good for journalism but detracts from the book’s credibility. The book concludes with a list of selected references for those who might be interested.

To be appreciated, I imagine this book must be read in the vein of an “op-ed” journalistic treatise, though it is more than this. Even from this perspective, however, The Slow Plague contains many caustic and bothersome unsubstantiated and uncalled-for statements and stereotypes. For example, though no comparative statistics are presented, the author alludes to differences in HIV infection rates between Norway and Kentucky, apparently selected for comparison based upon a similar number of people. Focusing on differences in sex education among young people, he states that in Kentucky “nasty things such as sex and condoms that might embarrass a Southern Belle” are not permitted in many rural schools. Further, “the Good Old Boys in the state legislature often let the AIDS funding run out for a while just to teach ‘them’ a lesson.” The former statement can be dismissed as an uninformed stereotype. The latter, unless substantiated, borders on irresponsible. How might the author explain, given the lack of education among young people and conspiracy of the “Good Old Boys” to occasionally deny funds, that from October 1992—September 1993, only seven states had lower rates of AIDS cases per 100,000 population than Kentucky? (CDC 1993). The oversimplified explanation does not do justice to a very complex situation.

The underlying tone of the book is one of combined frustration and anger. Obviously, the author is frustrated at the failure of the scientific community to recognize the importance of geography, especially spatial diffusion and mapping, to understand, educate, and plan for the future of the pandemic. He is angry at the politicians and bureaucrats for their alleged slow and inadequate reaction to the pandemic, the failure to provide sufficient data, and even cites them as possible instruments in the spread of HIV.

The strength of The Slow Plague lies in the general information which is presented. In so far as the intent is to provide something for a busy yet still curious public to read, it does provide considerable insight and succeeds in that respect. However, it might be difficult to hold the attention of this audience through a discussion of hierarchical versus contagious diffusion and the failure of a temporal paradigm. At the same time, the stated intent of the book coupled with the tone and lack of textual references makes it a very difficult read for at least this member of the academic community with a serious interest in the AIDS epidemics.

The Slow Plague joins two other books focusing on the geographic aspects of AIDS, including the exceptionally comprehensive study by Smallman-Raynor et al. (1992) and the more general work of Shannon et al. (1991). Despite shortcomings, which I trust were induced at least in part from the intended audience and purpose of the Blackwell Series, The Slow Plague does update our knowledge and provides an additional perspective on the AIDS pandemic. More specifically, it argues strongly and well for the potential role of geography in contributing to understanding and assisting in dealing with the evolving HIV/AIDS situation. In my opinion, it is unfortunate that the author did not use his considerable skills and insights to write a book for the busy but still curious academic community.

Key Words: AIDS/HIV, diffusion, geography, pandemic.

References
