

model for understanding war. Her analysis is essentially monadic, paying little attention to adversaries' strategic reaction to culpability. If her argument is correct, it raises the question why adversaries (who can observe culpability as well as voters, presumably) do not adjust their bargaining demands downward when facing culpable leaders and upward when facing nonculpable leaders. If they did, one would expect convergence in the rate of "wins" and "draws" among culpable and nonculpable leaders, albeit with different substantive settlements to the war. Yet that is not what Croco finds; instead, her findings suggest little strategic adjustment on the part of opponents. She suggests that culpability might even cut in the other direction: "An adversary may not trust a culpable foe to commit to unfavorable terms because he knows the leader will face repercussions from his citizens if he does not win. Given such a scenario, the adversary may feel he has no choice but to continue the war" (pp. 47–48). That logic suggests exactly the opposite: Adversaries will adjust their bargaining demands upwards when facing culpable leaders. Croco might be right, but her work points to an unfortunate indeterminacy in the underlying theoretical framework. As is so frequently the case with the bargaining model, it is possible to construct a rationalist story that fits any possible empirical pattern.

It is not the job of *Peace at What Price?* to defend the bargaining model, however. If one is looking to criticize the book itself, the absence of any attention to the domestic political effects of war victories is more notable. Croco focuses almost entirely on the consequences of war losses. Yet if every war is a calculated gamble, and voters know that, should they not reward victorious leaders for the same reasons they punish culpable defeated leaders? This would seem to follow from the author's logic, but some obvious counterarguments leap to mind: Winston Churchill's electoral defeat after World War II or George H. W. Bush's loss in the 1992 election after victory in the Persian Gulf War. Perhaps Croco's argument is asymmetric and does not apply to war victories, or perhaps these two examples are outliers and the broader trend does support the idea that voters reward incumbent leaders who are victorious in war. The book, however, stays silent on the topic.

All in all, Croco provides a tight, focused argument supported by a robust empirical analysis. The book is a significant contribution to the work on state leaders, one that many instructors will choose to teach in the years to come.

**Disease Diplomacy: International Norms and Global Health Security.** By Sara E. Davies, Adam Kamradt-Scott, and Simon Rushton. Baltimore: Johns Hopkins University Press, 2015. 192p. \$39.95. doi:10.1017/S1537592716003947

— Christian Enemark, *University of Southampton*

Outbreaks of deadly infectious diseases are a great and growing concern for governments worldwide. Over the

course of the last two decades, this concern has provided the political and diplomatic impetus toward having a better system in place for the international management of outbreak risks. This system, organized according to International Health Regulations (IHR) and coordinated by the World Health Organization (WHO), is challenged by ideational factors as well as material ones. As such, it is a worthy subject of attention by scholars working at the intersection of public health and international relations.

In *Disease Diplomacy*, Sara Davies, Adam Kamradt-Scott, and Simon Rushton make a timely and valuable contribution to the store of knowledge about why and how states work collectively to strengthen disease surveillance systems and outbreak response capacity worldwide. Whereas previous analyses of IHR adherence have tended to be oriented primarily toward issues of international law and public health practice, the fresh perspective offered by this book is one that is informed by social constructivist theory. The authors' focus is on the importance of norms in shaping and driving the political behavior of national governments and international institutions. Specifically, the aim is to show how the process of revising the IHR, and the subsequent effort to encourage state compliance, has effectively codified a new set of expectations about how a "responsible state" should behave in the event of an infectious disease outbreak that could spread across borders (p. 3).

The book is built upon a strong foundation of research, and its findings are sure to be devoured eagerly by anyone who has a long-standing interest in the WHO. Newcomers to the field of global health governance might find the subject matter a little dry, but any apparent dryness is amply tempered by the authors' elegant use of language and their careful explanations of concepts and events. The analysis is helpfully structured throughout by reference to the "norm life cycle" framework devised by Martha Finnemore and Kathryn Sikkink, and there are frequent citations of a 1998 article in *International Organization* (52, 4) by Finnemore and Sikkink entitled "International Norm Dynamics and Political Change." In presenting their arguments in this way, the authors of *Disease Diplomacy* enable the reader to discern and readily comprehend the emergence, socialization, and internalization of norms with particular regard to IHR compliance. The book is thus doubly innovative in the contribution it makes. In shining the light of norm theory upon the politics surrounding the IHR, it refreshes our understanding of global health governance. And the book serves also to demonstrate, in the context of health policy, the value of such theory for the purpose of explaining international political phenomena. Despite the appearance of *Global Health Security* in the subtitle, the book is mainly about international norms. The authors refer to "global health security" as a term of art used in recent global health-governance discourse, and fortunately, the logic of their overall argument does not require a painstaking

unpacking of that term (e.g., whose security, against what, to be pursued at what cost?).

The authors' central concern is the decision taken by WHO member states in 2005 to revise the IHR (which had remained virtually unchanged since 1969) in a way that changed the expectations that states have of one another in the event of an infectious-disease outbreak emergency. Since the new IHR came into force (in 2007), WHO member states have been formally obliged to build and maintain adequate capacity to detect disease outbreaks, engage in timely and transparent reporting of a wide variety of outbreak events, avoid unnecessary interference with international travel and trade, and recognize the right of the WHO to act and issue advice based on information received from sources other than WHO member states. The authors explain well the extent to which adherence to these requirements has been a function of political will on the part of national governments. However, the more intriguing part of the story they tell is that which tracks the role played by WHO bureaucrats (e.g., David Heymann, Gro Harlem Brundtland, Guénaél Rodier, and Margaret Chan) across time as promoters and defenders of IHR norms. The discursive and bureaucratic efforts of such actors are traced back as far as the mid-1990s when, according to the authors, those norms began to take shape and gain strength.

As described in Chapter 1, a revision of the IHR was eventually made politically possible by politicians, scientists, and bureaucrats who constructed an association between (in)security and infectious disease outbreaks. For several years before timely disease reporting and rapid responses to outbreaks became requirements under international law, "security talk" (p. 17) helped sustain the notion that a state's refusal to disclose the occurrence and details of outbreaks within their territory would be reprehensible (albeit not illegal). Evidently, a process of norm building to that effect was under way, and the experience with the viral disease SARS (in 2003) and bird flu (from 2004) showed that the concealment of outbreaks was by then widely regarded as deviant and damaging behavior.

Government responses to these two outbreaks are explored in Chapters 2 and 3, and here the authors argue persuasively that IHR norms were having an effect on political behavior even before they were codified into law in 2005. In Chapter 4 they go on to examine the resilience of those norms after the IHR entered into force, presenting evidence of state actions and declarations during the time of the 2009–10 swine flu pandemic. Finally, Chapter 5 explores the way in which WHO member states and the organization's secretariat sought to draw lessons for global health governance from the swine flu experience. This process, the authors argue, evidenced further international progress toward internalization of IHR norms, but it also served as a reminder that many states remain materially incapable of acting on their

normative commitments (e.g., to detect and report disease outbreaks quickly).

Overall, Davies, Kamradt-Simon, and Rushton do an excellent job of substantiating their claim that "most states want to comply with their [IHR] obligations most of the time but . . . in some cases material and infrastructural shortfalls remain a significant obstacle to their ability to do so" (p. 8). The main message to readers of *Disease Diplomacy* is that a lack of political commitment to IHR norms is less of a problem than a lack of capacity, in many developing countries, to act accordingly. It remains to be seen, however, whether this message is overly optimistic. After this book went to press, the largest-ever outbreak of Ebola occurred in West Africa, and governments in other parts of the world reacted differently. Some rushed to assist, but others responded by banning travel to and from West Africa, despite WHO advice that doing so was unnecessary and counterproductive. This nonadherence to the IHR rule against unnecessary interference with international traffic might since have generated an expectation that reporting disease outbreaks will prompt international abandonment rather than assistance. If so, the future willingness of states to adhere to IHR norms should not be taken for granted.

**Aspiration and Ambivalence. Strategies and Realities of Counterinsurgency and State Building in**

**Afghanistan.** By Vanda Felbab-Brown. Washington, DC: Brookings Institution Press, 2013. 358p. \$32.95.  
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— Astri Suhrke, *Chr. Michelsen Institute*

Two broad strands are apparent in the policy literature on the U.S.-led intervention in Afghanistan. One holds that there was not enough intervention to succeed (see, e.g., Seth G. Jones, *In the Graveyard of Empires*, 2009) and the other that the Western presence itself became part of the problem and not the solution (see, e.g., Anand Gopal, *No Good Men Among the Living*, 2014). Vanda Felbab-Brown's *Aspiration and Ambivalence* belongs to the former; indeed, it recommends a continuous and deep U.S. involvement in Afghanistan.

Written as a contribution to the discussion over the 2012–14 transition—the scheduled transfer of security responsibility from the international forces to the Afghan government, and the closing down of NATO's International Security Assistance Force mission—the book's recommendations invite reflection today as well. After 15 years of intervention at an enormous cost in lives, injuries, and money, what can the United States do at this point to stabilize the situation in Afghanistan? What interests and obligations do the United States and its allies have in this regard? These issues were central in the discussion over the transition, and they remain equally salient today.