

## Illness, Denial, and the Quest for Health

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**Phil Brown, *Toxic Exposures: Contested Illnesses and the Environmental Health Movement*, Columbia University Press, 2007.**

In his new book *Toxic Exposures: Contested Illnesses and the Environmental Health Movement*, the medical sociologist Phil Brown mentions that our industrial economy introduces two to three thousand new chemicals into the world each year. This tide of novel substances swamps the scientific and policy institutions charged with monitoring their health effects. Researchers and regulators are powerless to gain enough insight into this flood to overcome the presumption of chemical innocence that underlies American environmental law. Many of us go about our lives unaware of our environment's increasingly complex chemistry. Communities suffering with poorly understood illnesses, however, cannot help but wonder whether their bodies have borne the brunt of industry's long, uncontrolled experiment.

Since co-writing the book *No Safe Place* with the psychiatrist Edwin Mikkelsen in 1990, Phil Brown has produced impassioned chronicles of these communities' struggles. *No Safe Place* examined the efforts of residents in Woburn, Massachusetts, along with sympathetic scientists, to document a leukemia cluster. Brown and Mikkelsen coined the term "popular epidemiology" to describe the way activists collected lay knowledge, which in turn informed a landmark suit against corporate polluters. Environmental justice communities across the U.S. have similarly collaborated with medical professionals to secure recognition for unequal health burdens.

*Toxic Exposures* gathers further insight into activists who challenge what Brown calls the dominant epidemiological paradigm (DEP). For illnesses like breast cancer, experts typically embrace "downstream" explanations that focus on genetics or lifestyle choices such as diet rather than ultimate causes. Physicians and public health agencies, Brown says, also tend to focus on treatment rather than prevention. Environmental health movements do not only collect data to support claims about disease clusters; they also seek to move etiologies and treatments upstream, from a single sick body to an entire sick environment. Such moves transform illness from an individual to a collective experience.

Unsurprisingly, the journey upstream is a hard one—against that tide of new and little-studied chemicals, not to mention the current of the DEP and powerful corporate interests. The first two-thirds of *Toxic Exposures* examines environmental health groups addressing three contested illnesses—that is, conditions whose cause or even existence is in dispute among patients and health authorities. Activists focused on each condition face quite different political and scientific challenges. The environmental breast cancer movement diverges from mainstream breast cancer groups, which focus on finding a cure and accept funding from corporate donors that may also contribute to toxic pollution. The movement's primary difficulty comes from the lack of scientific support for claims of environmental causation—which in turn, according to Brown, results from researchers and granting agencies jumping aboard the "scientific bandwagon" of genetic causation. Environmental

justice activists addressing asthma and air pollution have more science and public policy on their side, though they still confront local polluters and a lifestyle-oriented DEP. Veterans' groups that seek recognition and an environmental explanation for Gulf War-related illnesses have clashed with secretive military bureaucracies and the prevailing assumption that their conditions result from mental stress rather than toxic exposure. Brown chose these conditions wisely; among them they illustrate the effect of variables like degree of medical uncertainty on movements' success or failure.

*Toxic Exposures* is not the first publication to address contestation and environmental activism around these and other diseases. Brown has released several co-authored articles about the same movements he discusses here. This book is unique in offering a comparative perspective on movements targeting different illnesses. Furthermore, Brown dedicates the book's final third to linking contested illnesses with the precautionary principle, the idea that new substances should be proven safe before their production is permitted. Adopting the precautionary principle would obviate the need for activists to prove chemicals' danger before the state intervenes. In effect, laws like Massachusetts's Toxics Use Reduction Act, which implements a provisional version of the precautionary principle, move health policy upstream by helping keep toxics out of circulation. Brown's discussion of the precautionary principle in conjunction with contested illnesses is one of the most important contributions that this book offers to the growing body of literature on environmental health movements.

Brown's keen insights came with a few disappointments. Despite his dedication to movements that seek an embodied understanding of environment and disease etiology, Brown's prose often seems oddly disembodied. He clearly developed intimate working relationships with the organizations he examined for the book, but much of the text consists of generalized accounts of how these movements function, rather than first-hand quotations or narratives. Perhaps Brown was concerned about betraying the identity of his informants with more detailed quotes. Also, Brown might have spent less time elaborating his theoretical framework and more clarifying the muddy waters of epidemiological debates. For example, some readers might wonder why he dismisses indoor contaminants as only of interest to the asthma DEP, and on the next page describes environmental justice projects focused on "healthy housing." Brown might also have given readers a more quantitative sense of how dominant the DEP is—just how few doctors actually ask patients about toxic exposures, for instance.

Apart from these small gaps, *Toxic Exposures* offers a thoughtful and valuable addition to the social science literature on health, knowledge, and social movements. Scholars just entering this important field will find it a clear guide to the contested illness framework, and will appreciate Brown's exhaustive examination of institutions that stymie or sustain health activists. Seasoned researchers will find an authoritative rendering of the theory of health social movements backed by persuasive case studies. The book might even inspire the public to challenge the assumption that our bodies are unaffected by the sea of chemicals that comprise our modern environment.