

**Lina Pinto-García**, *Maraña: War and Disease in the Jungles of Colombia*, Chicago: University of Chicago Press, 2025. ISBN: 9780226839349 (paper); ISBN: 9780226839325 (cloth); ISBN: 9780226839332 (ebook)

There are moments in our careers when we don't realize we've been waiting for a book until it lands in our laps—one that encompasses so many of our interests, both academic and personal. Lina Pinto-García's book, *Maraña: War and Disease in the Jungles of Colombia*, does just that. It speaks to militarism, political ecologies of the jungle, geopolitics of war and peacemaking, infectious disease management, and biopolitics, all beautifully woven together through a rich ethnography that is at once theoretically dense and eminently readable.

At its heart, this book is about the intimate and entangled relationships of war, *selva*, humans, sandflies and the leishmaniasis they carry, and Glucantime (the medication used in Colombia to treat leishmaniasis)—at moments, decentering the human, even as humans over-determine the movement of people, treatments, and even the sandflies. Here we see leishmaniasis and Glucantime come alive as agential actants in themselves. They appear throughout the book in murky and oftentimes unseen ways (the description of how sandflies look and move is visceral and enchanting). And indeed, Pinto-García notes, “a significant portion of the following pages is devoted to Glucantime and the various ways in which this pharmaceutical object is embroiled in the *maraña* formed by leishmaniasis and conflict through the pharmaceuticalization of war” (p.23). And to do so, Pinto-García conducted more than 70 semi-structured interviews with everyone from soldiers to kidnap survivors, coupled with months of participant observation in the most interesting and, for many people, inaccessible places. You'll have to read the book to get an actual sense of the scale and scope of research—let it be a surprise. But as readers, we roam through the sites with her, from the jungle aid camps to the Leishmaniasis Recovery Center to the Glucantime distribution center and biomedical research institute.

As a geographer, I was enchanted by how very spatial and scalar this book is—where spatial analysis in health geography has tended toward boundedness and containerization (except when we invoke the oft-repeated phrase, “disease knows no boundaries”), in this book there is a fluidity that offers a complexity of entanglements of space and scale with the human. In some

ways, place and scale become yet two more research participants, pushing us to think and move from the microbial and the sandfly to the state and even the international (and here I am thinking about the early 20<sup>th</sup> century positioning of Colombia within medical and scientific global community through posturing over leprosy, but also the current global moment). And as Pinto-García points out, there is “a skin geography mapped and *dermographed* by the armed and social conflicts” (p.63). The marks left by leishmaniasis are, themselves, scars of war, marking guerillas out from state army.

There is within the framing of leishmaniasis as a disease of guerillas a moralizing frame—the epidermal markers of amorality that foreclose conversations with and about the very essence of disease susceptibility. Where critical theorists have mostly been interested in the boundary-making of the skin, and all the ways in which that skin becomes transgressed, here Pinto-García shows us that the skin is itself a central site not just of infection but also of stigmatization. It, too, becomes a map of the social.

People who have been infected are visually marked for the rest of their lives, making them targets of stigmatization, regardless of who they are, and when seeking medical aid this can lead to obstacles, barriers, and even imprisonment. Thus, as Pinto-García shows, health centers are also entangled not only in the war itself but also in the making of citizenship and even carcerality—becoming a kind of nexus of transfer from guerilla or paramilitary soldier to prisoner.

In turn, pharmaceutical management of Glucantime becomes its own war entanglement, as medication management is facilitated in the minutest ways. Pinto-García does not stop at describing the byzantine system of pharmaceutical management as a form of war or as a technology of war itself—rather, she presses forward to show us that there are multiple affective registers at play. Indeed, as she shows, guerilla organizations used Glucantime as a way to build goodwill. She notes, “lines dividing friends from foes are blurry, especially because combatants and civilians have often shared a sense of belonging to a particular territory or a long and intertwined history of friendship, solidarity, or kinship. While hatred, resentment, and fear have also marked such bonds, these are not the only kind of affective links between civilian populations to armed actors” (p.75). And even with this gesture, Pinto-García does not shy away

from making a moral claim and placing blame for the lack of access squarely where it belongs—on the state and bureaucrats of health. There is a strength within this approach—as researchers we are often told to remove ourselves or our feelings about what we are observing, documenting, and reporting, but Pinto-García neither equivocates nor panders.

Importantly, her incorporation of biological citizenship and therapeutic citizenship within the book offers a refreshed reframing as she applies these to the particularities of this context. She notes, “At stake is not the application of a utilitarian principle that sacrifices some lives to save many others, as is the case in [Vinh-Kim] Nguyen’s analysis, but the elimination of a diffuse and elusive enemy, whatever the cost may be” (p.87). There is in this a punctuation of citizenship—those who belong and those who do not, or who have been excluded. And yet, as I kept coming back to throughout, the medications were provided at a discount by the Pan American Health Organization (PAHO) under the auspices of a sort of hemispheric citizenship. It is here in which we see just one instance in which the “pharmaceuticalization of war” stands out (there were so many moments!), helping the reader to make sense of Glucantime and its circulation not simply as a technology or weapon of war, but through its intimate entanglements *with* war as well as with broader social and political relations. Here I am particularly gesturing to the ways in which unassuming bystanders are swept up in this inclusion and exclusion via the state’s refusal to provide treatment to rural populations, to the anthropologist Manuel Arias, and to others. So many are swept into this citizenship schema which, in the case of Manuel Arias, was ameliorated by social (familial) connections to the military which gave him some protection in the longer run (obviously not immediately). There are other ways, too, that inclusion and exclusion to citizenship are articulated through a near reversal of this frame through *who exactly* is actually on the frontlines and therefore susceptible to multiple infections with leishmaniasis. It is not high-ranking officers (or those whose families pay for the *libreta*, called by the military a “compensation quota” [p.101], which buys young men out of compulsory service) who are exposed not only to the sandfly and leishmaniasis but also the stigma. There is a kind of doubling down of this differential citizenship through a circulation of privilege that also has a temporal scope.

Further, Pinto-García raises an important framing for rethinking evidence-based medicine and clinical guidelines, showing, as she does, that within a military setting, these are converted into orders. This matters, because as she shows through a visceral and unsettling narrative, the damage and toxicity of the Glucantime injections—first to the actual muscle fibers in the buttocks, and second in the damage to the organs—can have lifelong impacts up to and including the inability to have children. Following a regimented protocol without degrees of adjustment acts to cause further harm than is strictly necessary. So there is a double move of violence: one in the denial of rural peasants from treatment, and in the other, the *over*-treatment of soldiers, or excess—all in the name of following protocol and/or getting soldiers back into the field as quickly as possible. This is a cautionary tale about pharmaceutical citizenship and the overreliance on a “cure”.

Importantly, the end of the war and the moves toward peace did not lend themselves to the end of the intense bureaucratization of the distribution of Glucantime. And, as Pinto-García points out, it is not enough to simply release the medications, either. And this is where the depths with which she has been thinking through these entanglements shows clearest: the de-bureaucratization of treatment regimens is just one small piece of what requires an immense re-imagining of the response to leishmaniasis and also citizenship. There is first and foremost, Pinto-García points out, the need to work at the social level toward destigmatization of those who suffer with leishmaniasis, and second the need to rethink the use of such a toxic treatment when there are other treatments available such as Miltefosine which can be taken orally for both cutaneous and visceral leishmaniasis as well as topical liposomal Glucantime and Paromomycin.

There is a thoughtfulness that emerges across the book. For instance, visually, the cover image and the inclusion of photographs that illustrate everything from the medical textbook-like images of the lesions caused by cutaneous leishmaniasis to the mundane bureaucratic processes of treatment distribution and administration give a richness to the stakes. Similarly, the placement of a terminology section at the very front of the book (rather than a glossary at the back) helps to set the stage for understanding a theater of conflict topographically, politically, and socially. It works as a mini primer so even someone with little background knowledge about Colombia can enter into the literal and figurative field with some modicum of understanding as

well as a pointed theoretical framing. And finally, and perhaps most importantly, there is a carefulness with how Pinto-García treats her interlocutors. Even when she holds institutions to account for their processes of inclusion and exclusion, she is fair and generous with the people who have taken the time to meet with her.

This is a book that can and should be read not just in the social sciences (and by this, I also mean not just in medical anthropology and health geography, not to mention courses on geopolitics), but also across the professional schools—from global health to law schools. It offers a unique insight that can guide readers in imagining and building new approaches to disease management, not just in times of war, but also in times of strained resources such as we saw during COVID-19's early outbreak period, and in low-resource settings. This book takes a holistic approach, scooping into its narrative everyone from military commanders and their charges to government scientists and bureaucrats. There is a richness here in both its narrative arc and in how it makes even the most mundane of practices (for instance, the byzantine and rigid control mechanisms for Glucantime distribution and administration) engaging. We as readers never question the necessity of these details as they enrich the tapestry of these entanglements. And finally, importantly, it refuses the silences that reverberate through the scientific literature—in particular, the silences about leishmaniasis' relationship to war.

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