
Vincanne Adams
University of California, San Francisco

A title this temporally and topically broad promises far-reaching goals, and the volume that follows does not disappoint. It offers important details on the meaning, experience, and nature of scientific research in Africa as gleaned from anthropologists, historians, law professors, and ethicists as well as medical practitioners. It emerged from a 2005 conference on “Studying Trial Communities” held at the Kenyan Medical Research Institute, but this collection goes far beyond the subject of trial communities. It manages to make one feel as if one were, in fact, attending the conference, with an impossibly cumbersome number of essays (18), but in their breadth and sometimes contradictory depth, it captures the reality of both the history and contemporary ethical concerns emergent in biomedical sciences across multiple African countries. Like a well-designed research project, the reward is well worth the effort of wading through the essays, both for their relational minutiae and the mapping of some grand ethical problems.

The central conversational arc of the volume, and the issue to which nearly all the contributors circle back, is that of ethics. The first chapters focus on problems of epistemology, including how scientific knowledge making—including the nitty-gritty of writing data reports—gets parsed by subject populations in relation to such things as bureaucratic failures of government, the ethical conundrums of stigma, the ontologies of knowledge, the status of the researcher, and even the nature of the health issue being researched. Questions of disciplinarity matter here, as Dilger notes, although ethnography might shift epistemological frames enough to trouble ethical assumptions about how we do research and for whom we produce knowledge, other contributors (Strathern) demonstrate that relationships are produced in and through the methods of science and often change the ontological engagement of those who are researched and those who do research.

Research is not simply about knowledge systems in an epistemic sense but also about how people exist in and through exchange practices of science. This insight comes in handy later in the book as
we encounter the often quite moving histories of science in colonial Africa. Articles on the abysmal ethical record of encounters between experimentalist biomedical science and local communities are disrupted by other accounts of the historical embrace of scientific medicine by an educated, upwardly mobile local community of, for example, Kenyan scientists whose hopes for civil society and health in “the noble profession” and at places like the Pasteur Institute of Cameroon were dashed by the failures of modernization theory and the broad sword of neoliberalism in a postcolonial era.

Science was and is not only a way of knowing but also a way of being, in the sense of its cosmopolitan, modern, and esoteric claims to knowledge and specific kinds of practices in public health. Science, in this volume, becomes what Nandy called a form of hegemonic violence, but in the practical relationships that mediate the worlds of science in Africa, there are local clinicians and scientists, indigenous healers, and patients who make it clear that experiments are not brought to Africa, but created and carried out by Africans in ways that reflect sometimes ambivalence and suspicion and other times deep commitments and promises of much more than medical cures.

The ebb and flow of science presented here is much more than the laboratory and much more than a problem of data production. Nevertheless, these concerns also take up a lot of space. How scientific studies are negotiated by social relationships and what really works to get conclusive evidence that, for instance, a medical treatment works, or works better than another, are often matters of not just ethical concern but of practical strategy. These social negotiations do not stop at the site of the laboratory, the clinic, or the village. They travel all the way up the chain of evidence production, from the recruitment of subjects who have to be sometimes coaxed into participating, into the rubrics used by the CDC that, in a rural African context, doing a well-designed observational study is as good as, if not more productive, than a randomized controlled trial. As Kachur recalls in his chapter, we don’t need a randomized clinical trial to tell us that parachutes work, but even observational studies in this context are chock full of ethical and logistical mountains.

The essays in this book move us far beyond assumptions about ethical variability, or how Africa has served as a resource for pharmaceutical drug testing or evidence-based public health. They show that the insidious problem of experimentalizing health care must also be tied to the questions over when scientific medicine become a conduit for ethical action and not just when is it an obstacle. It matters how technologies like ultrasound machines get used on the ground, just as it matters how persistent stigma render not only the truth content but also the ethical firmness of some research invalid. The ethics of scientific methods are nearly always double edged. Indigenous healers hoping to market and legitimize their traditional knowledge are as aware of this as are local vaccinators who take up variolation as a practical response to epidemics, even when they know, borrowing from Langwick’s informant, “it can’t be proven, yet it happens” (263).
In the last section of the book, biomedical science is a mediator for transitions to and under postcoloniality and a means by which new forms of governance are implemented in and through therapeutic regimes. Sometimes the practices of scientific evidence making and biotherapeutic treatments challenge; at other times, they bring about opportunities for the management of “Africa” under new kinds of sovereignty. Here, the volume offers an important corrective to nascent global science studies research that often tacitly assumes that the laboratory contours of science and the problems it raises in relation to both effective therapies and indigenous knowledge are somehow new, while also filling in the gaps around the growth of new writing on global health sciences from a science studies perspective that is sensitive to how the lab has become globalized in and through public health. The visible evidence of both continuity and ruptures with past encounters of science in the African context is plentiful here.

Each of the chapters is noteworthy. Together, they offer a promising opportunity to broaden the field of postcolonial science studies in ways that remind us how ethicality is at the heart of these encounters of science. In doing so, these essays illustrate how such encounters are always not just about how we behave with one another in and through scientific activities but also about what evidence we use to do so. Because of this, the volume will be useful to medical anthropologists, science studies scholars, and generalist scholars of Africa and global health. Individual chapters, as well as whole sections of the book, will be particularly useful for teaching at the upper-division undergraduate or graduate levels.