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Preface

Akinori Hamada
Kansai University

In this book, we explore the various impacts of biomedicines on Sub-Saharan Africa. Two features of biomedicines in contemporary Africa are taken for the premise. First, as many medical anthropologists have described, biomedicines are no longer rare in contemporary Africa. People can obtain pharmaceuticals from hospitals and health centers staffed by doctors, nurses, and other health workers, or through many informal vendors. There are radio advertisements for over-the-counter drugs. Various types of health-related development projects have also been run. Some countries have launched national health insurance programs, which has led to increases in patient numbers. The existence of biomedicines is thereby now taken for granted in the life and care of people in Africa. Biomedicines are already interwoven into people's lives, experiences, and landscapes in various ways.

Second, and linked with the first feature, in this book the emphasis is on the agency of biomedicines and diseases. This means we explore not only people's interpretations or experiences but also people's practices, which are premised on the existence of diseases, disabilities, and various types of biomedical practices. Although we should not deny the importance of the interpretation of pharmaceuticals, biomedical facilities, and biomedical interventions, we should also accept that biomedicines are not static objects. The assumption of the existence of biomedicines itself implies that they have some effect and impact on people's lives. In addition to this, biomedicines intervene. Their use clearly shows the intention to change reality at the chemical, personal, interpersonal, and population levels. Biomedicines, which constitute one of the most powerful interventions available, modify and reconstruct not only human bodies but also people's experiences, socialities, and landscapes. Therefore, biomedicines in contemporary Africa have intertwined with and become folded into people's attitudes and practices, and they have created phenomena, events, and things in the same manner as they have outside Africa. The articles in this book are focused to varying degrees on these aspects of biomedicines as a fundamental element of people's lives.

Until recently, such an understanding of biomedicines in Africa might not have been common among laypersons. Many people imagine Africa as a continent that has few modern things, especially medicines. This image has been reinforced by not only journalists and TV shows but also anthropologists. For example, Victor Turner made an interesting statement about biomedicine in his classic study, *The Ritual Process*:

I then began to seek out Ndembu ritual specialists to record interpretative texts from them about rites I had observed. Our entrée to performances, and access to exegesis, was no doubt helped by the fact that, like most anthropological field workers, we distributed medicine, bandaged wounds, and, in the case of my wife (who is a doctor's daughter and bolder in these matters than I), injected with serum persons bitten by snakes. Since many of the Ndembu cult rituals are performed for the sick, and since European medicines are regarded as having mystical efficacy of the same kind as their own though greater in potency, the curative specialists came to regard us as colleagues and to welcome our attendance at their performances. (Turner 1966: 9)

This shows how Turner considered the relationship between anthropology and biomedicine. For him, biomedicine was not an object of study. It was a tool for research. Biomedicine allowed him to not only stay in Africa but also communicate with local healers.

This type of relationship between anthropology and biomedicine is not uncommon. Even in the present day, we anthropologists sometimes have to administer pharmaceuticals such as anti-malarials and vaccines, but some of us still tend to focus our research on only the practices of 'local', 'traditional' or 'folk' medicines. However, since the late 1970s, biomedicines have gradually become objects of anthropological research. Along with the emergence of medical anthropology as a major sub-discipline, biomedicines have come to be regarded as a significant part of medical pluralism. Even in this research frame, however, biomedicines were often taken as a system with a realm of knowledge and practices completely separate from 'traditional', 'local', or 'folk' medicines (Kleinman 1980; Baer 2004). Biomedicines were imagined as something outside of local culture, something just waiting to be interpreted and be used by the local people.

From the 1980s, anthropologists and medical doctors began to recognize that there were many pharmaceuticals in local markets in Africa. Anthropologists with an ethnographic sensibility, such as Susan Reynolds Whyte (1988; 1992) and Sjaak van der Geest (1982; 1987; 1988), focused on these pharmaceuticals. They researched how pharmaceuticals were distributed along formal and informal routes and how people interpreted these pharmaceuticals. However, pharmaceuticals were still imagined as something waiting to be used and interpreted (Bledsoe and Goubaud 1988; Etkin 1994). Biomedicines were thought to be objects that people could use or interpret as though they had no agency, despite the fact that by definition pharmaceuticals are chemical agents.

This assumed passiveness of biomedicines in Africa appears even more curious if we look at the development of medical anthropology outside Africa. From the beginning, many medical anthropologists have studied biomedicines in developed countries. In these studies, biomedicines were imagined as a significant factor affecting people's lives, experiences, and thinking (e.g. Illich 1976; Martin 1994;

Strathern 1999; Mol 2002; Greene 2006; Conrad 2007). What is health? What is normal? What is the body? What is life and death? What is family? Biomedicines have clearly had significant effects on how we answer these definitional questions in the contemporary world.

Recently, aligned with STS and the so-called “ontological turn” in anthropology, anthropologists emphasize more and more the reality-making aspect of technologies, things and non-humans (e.g. Gell 1998; Latour 1999; Mol 2002; Kirksey and Helmreich 2010; Tsing 2014). Further to this trend, there are growing interests about global health (Biehl and Petryna 2013; Farmer et al. 2013; Adams 2016) and biomedicines in Africa (e.g. Geissler and Molyneux 2011; Dilger, Kane and Langwick 2012; Geissler, Rottenburg and Zenker 2012; Prince and Marsland 2014; Geissler 2015). These studies began to emphasize the creative aspects of biomedicines there.

For example, Ruth Prince and Wenzel Geissler have shown us new directions in this field. Using the image of an archipelago, Prince describes the contemporary Kenyan situation. According to her, biomedicines in Africa are not overarching and do not cover all territories. Instead, they are composed of many international projects that do not necessarily coordinate with each other but nonetheless connect to global, rather than local, networks. These “projects” not only provide medical services but also have many other effects. For example, they can fuel people’s expectations of development by providing employment opportunities and remaking the landscape. They can thereby lay waste to national health services by draining away their human resources, but they can also provide an entry point to global networks (Prince 2014).

In a similar fashion, by focusing on international medical research, Geissler has found the same effects in research institutes, not just hospitals. Focusing on medical research leads our attention to history and memory. As Geissler repeatedly points out, medical research is never purely research. Because every medical research project needs human subjects who are usually patients, it necessarily involves a cure too. Therefore, it not only produces new knowledge or products, but also changes people’s lives and experiences (Geissler 2012). Exploring how buildings of research institutions are created or not created, Geissler shows that biomedicines are in all cases already intertwined with people’s lives, their experiences, and the local landscape in various ways (Geissler 2015).

Related to these trends, in each chapter of this book, attempts are made to portray and understand the situation on the ground, mainly through an ethnographic description of the wider situation, rather than in an applied anthropological manner. Furthermore, theoretical contributions are offered regarding the temporality, spatiality, subjectivity, and sociality around diseases, disabilities and biomedicines.

Part 1 (Experiences of HIV/AIDS Projects) consists of two papers that explore

different aspects of HIV/AIDS projects in two East African countries: Ethiopia and Kenya.

Nishi explores the course of the HIV movement in Ethiopia through the life story of an HIV-positive woman who became the leader of an association of HIV-positives. This leader went through many common stages of an HIV-positive's experience in Ethiopia, such as the bereavement of one's spouse, silence about the sickness and revealing oneself as HIV-positive, and activity with the patient association. He thus illuminates how this history is deeply intertwined with the HIV-related international policy and what contemporary universal treatment policy misses about the reality of HIV-positives in Ethiopia.

Prince emphasizes the importance of recognition of being HIV positive in Kisumu, Kenya. She describes how being recognized as such gives people access to resources where HIV/AIDS projects and NGOs have flourished but remain ephemeral. In this setting, various NGOs try to make themselves visible through proposals and bureaucratization. Conversely, community health workers visit informal settlements and try to connect people otherwise excluded from the humanitarian economies and care. She thus makes it clear how HIV/AIDS projects and biomedicine modify the landscape, people's life experience, and subjectivity.

Part 2 (Reactions to Biomedicines) consists of four papers from three countries, namely, Nigeria, Kenya, and Cameroon, which explore how people who experience and accept biomedical knowledge modify their attitudes and practices.

Kondo describes pluralistic reproductive medicine, which consists of biomedicine, traditional birth attendants, and faith birth attendants in Lagos, Nigeria. He describes how this pluralistic medicine — developed under the influence of the administration as well as biomedicine — produces a continuous dialogue among biomedicine, local cosmology, and a market-oriented practice, which leads to uncertainties for everyone. On this basis, he suggests that midwives in Lagos have a unique tendency to percept their realities as chances of success or failure. According to him, this tendency is not only enhanced by the current situation but also deeply rooted in their culture.

Toda examines the historical trajectory of the discourse of “people with disability” among the Baka hunter-gatherers and Bantu farmers in Southeast Cameroon. After identifying the relationship between disability and sickness in the local context, she tracks the history of colonialism, charity, and the market economy with respect to the issue. She thus attempts to reveal how the disabled have become the exception in the local setting.

Hayashi explores the contemporary state of female genital mutilation (FGM) among the Maasai in Kenya. She provides basic information through ethnographic descriptions around the practice as well as the activity of a community-based organization aiming to abolish FGM. Based on a feminist perspective and insight

from empathetic ethnographic practice, she also proposes a modified version of alternative rite of passage (ARP), which the community-based organization could perform.

Tamai explores how ethnicity influences people's social networks of therapy among the Egun people in Lagos, Nigeria. He relates that Egun people frequently visit their hometowns in Benin to seek medical treatment. He explains this by locating their attitude within the difficult situation of the immigrant. By examining the relationship between the Egun and the Yoruba, along with the history of the Egun who migrated from Benin to Nigeria, he illuminates the importance of ethnicity for understanding people's actions.

Part 3 (Temporality and Spatiality) consists of three papers that explore the temporal and spatial dimensions of the effects of biomedicines in Ghana, Sierra Leone, Liberia, and Tanzania.

Hamada explores the dynamic nature of context by describing the situation of tuberculosis (TB) in Southern Ghana. Using Foucault's analytical concepts of the milieu, the dispositive, and self-government, he discusses how the components that anthropologists call 'context' is constructed through and restyled by the effects of the milieu-making practices of multiple actors such as the TB project, TB bacteria, patients, and their families.

Okano describes how people in Sierra Leone and Liberia have responded to the Ebola Virus Disease (EVD), using both phone interviews and secondary resources. Although his materials are limited and his paper is a preliminary research note rather than a full paper, he provides not only the basic information about people's lifestyles in both countries relevant to understanding the EVD epidemic of 2014, but also a unique perspective on the epidemic by analyzing how people changed their attitudes through their direct experience of it.

Geissler provides an experimental ethnography of the Amani Hill research station in Northeastern Tanzania. He describes how that in this research station, a great deal of scientific research into botany, forestry, and tropical medicine had been conducted for over a hundred years but that almost all activities have now ceased. By exploring its architecture and narratives of its activities, and by clearly engaging with theoretical discussion about temporality, he unravels the sedimented history of biomedicines in Africa and opens up new styles of ethnographic description.

Together, these papers thus shed light on the discussion of how biomedicines produce new phenomena by becoming foundational in people's lives and experiences. It is hoped that some of the various effects of biomedicines in Africa will be revealed in this book and that this will contribute to the development of further discussion.

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Researchers who have done substantial research on biomedicines in Sub-Saharan Africa, based both in Japan and abroad, were invited. This symposium was intended to provide young researchers with the opportunity to share their research outcomes and discuss them with senior scholars. During the symposium, we discussed the ways we conceptualize the various effects of global health practices and biomedicines.

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