

# DREAMING OF HEALTH AND SCIENCE IN AFRICA

AESTHETICS, AFFECTS,  
POETICS AND POLITICS



Wellcome Trust Conference Center, Hinxton Hall, Cambridgeshire, UK  
June 13th to 15th 2015

[africanbiosciences.wordpress.com](http://africanbiosciences.wordpress.com)

# Dreaming of Health and Science in Africa

## Aesthetics, Affects, Poetics and Politics

Hinxton Hall, Wellcome Trust Conference Center, UK

June 13<sup>th</sup> to 15<sup>th</sup> 2015

Abstracts, with contact details, to [dreamingscience@gmail.com](mailto:dreamingscience@gmail.com) by **30th November 2014**

Biomedicine in Africa has been fuelled by transformative and transcendental aspirations. Since the earliest imperial incursions, medical care and research has been shaped by capitalist fantasy, Christian redemption, nationalist and socialist dreams, and the imperatives of saving lives, souls and populations. Images of dystopian horror -- of tropical miasma and preventable deaths, depopulation and Ebola -- have intersected with visions of salvation, progress, mastery and rights in the self-representation of medical care and research in Africa.

Three decades of historical and anthropological scholarship have demystified civilising and humanitarian narratives of biomedicine in and for Africa. Anthropologists have contextualised and relativised biomedicine and traced the often violent boundaries of scientific universalism, objectivity and reductionism. Historians exposed medicine, *inter alia*, as an instrument of colonial power for creating order, value, labour and knowledge while pointing to gaps between rhetoric and investments in healthcare. Others described the vulnerability and loss of control over health resulting from the social and environmental disruptions of colonialism. More recently, a critical anthropology of global health has addressed new types of health intervention, privatisation, humanitarianism and transnational research. These studies describe the fragmenting effects and curtailed temporalities of neoliberal reform and the ethics of emergency, while discerning stubbornly persistent forms of experimental governmentality and subjectivation, exclusion and inequality. As witnessed by the enduring metaphor of Africa as a "living" or "in situ" laboratory, the critical focus on post-colonial epistemic violence displays obdurate continuities.

This conference seeks to open a conversation on other forms of possibility and violence that are enabled and take effect through dreams of health and science in Africa. Dreams are often of transformation, critical of the present and articulating alternative and imaginative futures towards which expertise, knowledge and care might lead. Dreams can also engender violence and turn into nightmares. Aspirations to health and advancement can be stoked as fictions while their

achievement is systematically postponed, or trivialised as pipe-dreams, whittling down science and medicine to fit the present tense of urgent priorities and scarce resources. Dreams can also clash with each other, sparking violent contests over the future. Through dreams good and bad, deferred, broken or attained, reached for and pushed out of reach, tenacious and erased, forgotten and rekindled, we propose to explore emerging and future possibilities for the study of medicine and science in Africa.

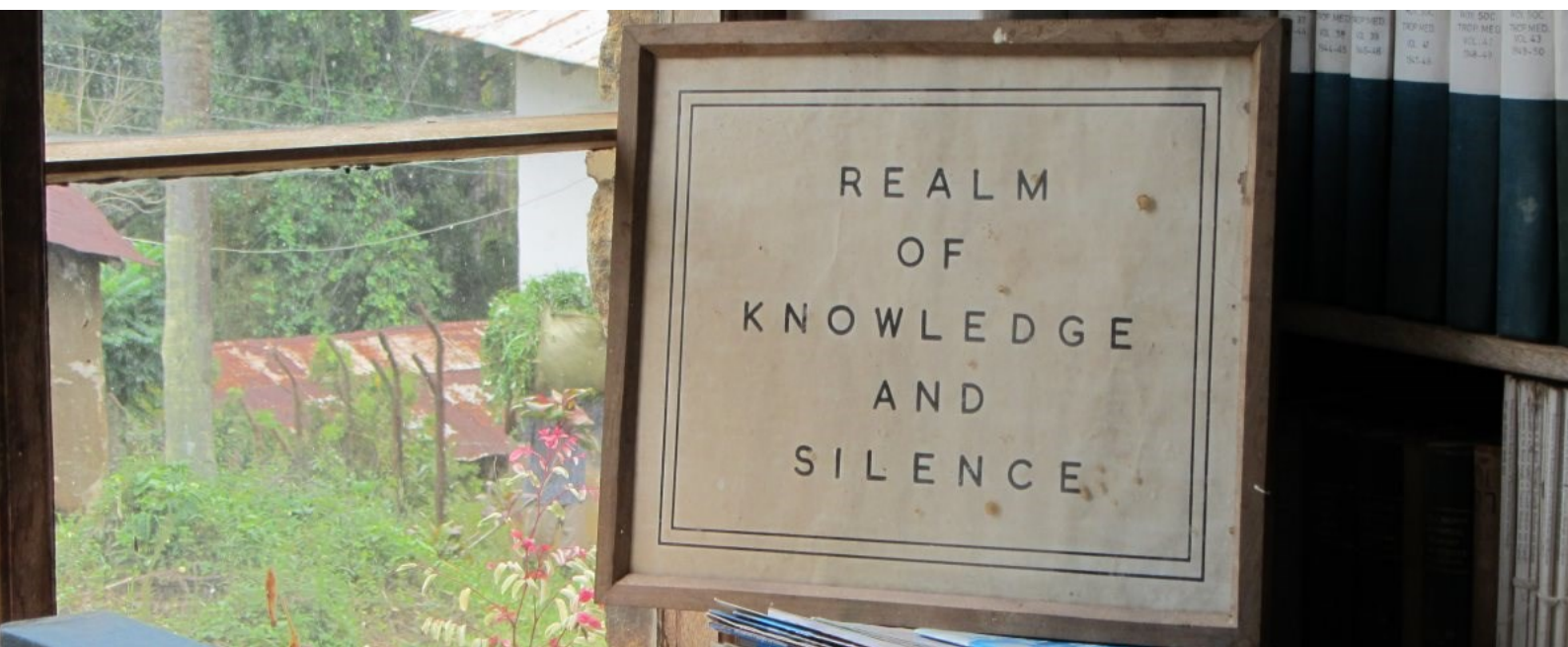
Dreams dramatise a core thread running through existing stories. As a dreamt-of 'living laboratory,' the continent has been long presented an ideal place for public health. Beyond this overarching fantasy and its critique, the history of science and health in Africa is layered (and littered) with hopeful dreams that are not only of mastery, salvation and profit, but also of development, equality, mobility, beauty, wonder, romance, solidarity, discovery and renaissance. Past interventions haunt contemporary global health as a reservoir of cautionary tales of past failures, but also of past futures and alternative propositions, closure and possibility. Their hopes align health and science with political-economic and ethical projects from imperialism to neoliberal globalization, from technical assistance to Pan-Africanism, romantic naturalism and anthropocentric human security, as well as socialist internationalism and global humanitarianism. Yet aspirations of science, care and public health can cut across political positions, and intersect with or obstruct other progressive pathways. Forms of collaboration and exchange, from colonial medical training to technical assistance and transnational partnership, have been sustained by endlessly deferred dreams of equality and advancement. These deposit memories and root commemoration, and serve to valorise and foreground success, explicate failure and exculpate the broader scientific research and developmental enterprises when outcomes are less than or other than desired. And while dystopian visions of death and depopulation have served to mobilise an ethic of emergency and exception, other forms of horror and loss, destruction and decay might be discerned in nightmarish experiences of health and scientific work or of ill health under economic decline and privatisation, or in the deferral and shattering of past hopes, collapsing into privation and emergency, postponement and minimal capacity and survival.

We ask: can dreams help us reopen and critically examine the past and potential horizons of possibility that have animated bio-scientific activity in Africa? Dreaming and recapturing dreams together as historians, anthropologists, geographers, scientists, architects and artists will animate connections between politics and aesthetics, affective relations and materiality, suggesting paths

ahead for interdisciplinary inquiry. How can we understand which, how and why futures for African science and health have been delayed, narrowed and closed off, and to expand the boundaries, of time and possibility, of current imaginations beyond the constraints of “global health”?

We invite participants to engage the dreams and nightmares that fuel(ed) medical science in Africa. Among potential intersecting streams we propose:

**Memories and remains:** through material traces and lived memory, multiple pasts of scientific endeavour in Africa work on the present. Past futures, sedimented from generations of scientific projects, inspire reflections and directions of subsequent science. We invite contributions at the intersection between temporality and materiality: Archaeologies of global health interventions; commemorative practices and organized amnesia in development interventions; the nostalgic present of global health; ruins, booms, bulldozers in African public health history; technological leaps and tempos; waiting; materials and architectures of detemporalisation; dreams, utopia, speculations, science fiction.



**Non-government:** while classic work on medicine and science in Africa explored their role as instruments of power and governmentality, inverted questions of impotence, scientific desperation, nihilism, and futility have attracted less interest. In a present dominated by academic and medical system failure critique of biomedical discipline and (state) health domination reaches its limits. We invite contributions charting the weakness of science, unpreparedness and delusions; its uselessness (for certain places or times) and the productivity of failure; the pointlessness of technological messianism, and the illusions of scientific coolness, even science’s political stupidity.



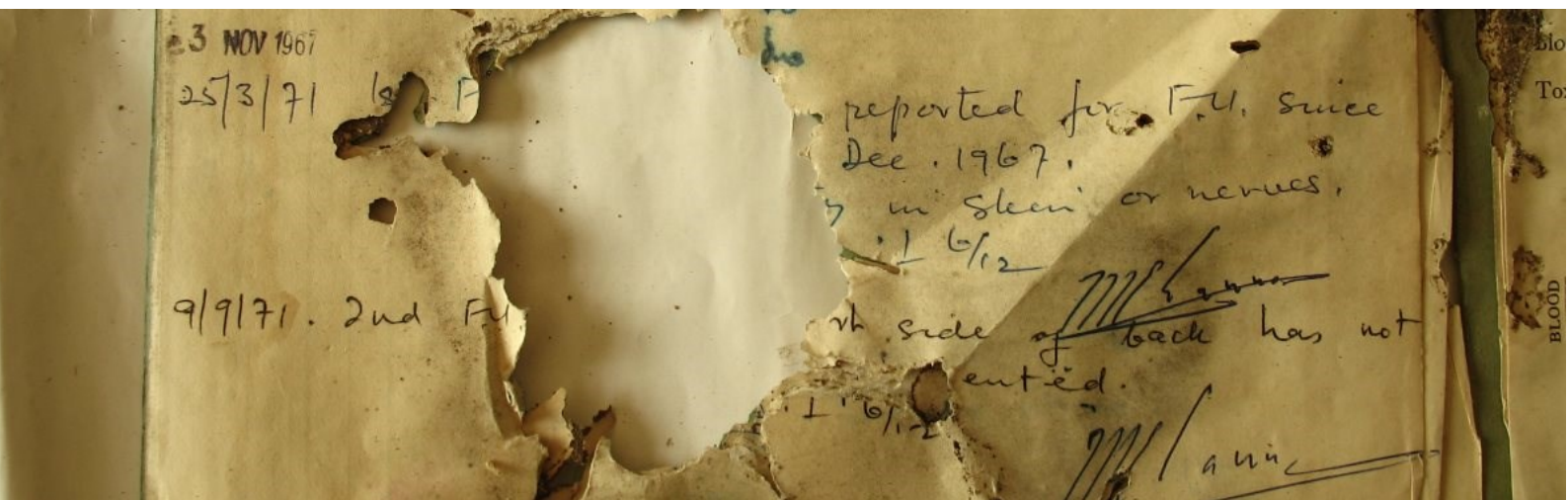
**Place and space:** medical and scientific work takes place and makes space. It triggers, imagines and engages circulations of people, pathogens and data; it demarcates boundaries and transgresses them; it designates disorder and organises space. We invite contributions tracing the shifting spatiality of medical science in Africa, including designations of the field and life within it, research stations and experimental communities, therapeutic enclaves, and the ways in which dreams past and future haunt present edifices and landscapes of public, private and global health.



**Commitments:** medical science and its promise of betterment elicits commitment. Intertwined with civic and transcendental visions, it engenders not only disciplinary effects, but also passions of service, and forces of duty. Individual obsession and collective pledge drive towards radical innovation, seek novel solutions. We invite papers that take seriously individual and collective commitments to scientific and medical work, self-obligation and enforcement of others' duty, the making but also the derision and obstructions of serious work, clinical sacrifice and scientific rigour, and chart their force, effect and repercussions.



**Beauty:** the role of aesthetics - including the promise of scientific beauty and the ugliness of disease; ingenuous medical design and sublime physiological complexity; the scientist's posture and the glory of promise - has only been partly appreciated by social students of medical science in Africa. We invite contributions recognising the critical potential of aesthetic passion and reflection in science: from the marvels of entomology and the wonders of host parasite interactions, to the celebration of beautiful clinics, the order of heroic engineering, the sober performance of policy workshops, and the consumerist aesthetics of contemporary pharmaceutical marketing. This includes asking critical questions about both painful aesthetic experiences of and the scholarly aestheticisation of outdatedness and decay, as well as of styles of fieldwork and representation, including our own.



**Inequality, exclusion, value:** hopeful dreams take root in and are extinguished by suffering and incapacities faced by Africans subjected to injustice, struggle and economic, political and military violence. We invite contributions on how dreams exclude, on domination by dreams, or the deferral, quashing and dismissal of dreams; on the nightmares of erosion, scarcity and incapacity; on the impossibility of dreaming; or the ways in which adherence to unattainable dreams creates consent, exposure and the pain of disillusion.

There is a limited number of places available for this conference. Prospective participants should send a paper proposal with title and 500 word abstract, together with e-mail contact details and affiliation, by 30th of November, to [dreamingscience@gmail.com](mailto:dreamingscience@gmail.com)

Participants confirmed so far include: Johanna Crane (Washington), Filip de Boeck (Leuven), Alice Desclaux (IRD), James Fairhead (Sussex), Steve Feierman (Penn), Wenzel Geissler (Oslo), Rene Gerrets (Amsterdam), Gabrielle Hecht (Michigan, Ann Arbor), Nancy Hunt (Michigan, Ann Arbor), Ann Kelly (Exeter), Guillaume Lachenal (Paris-Diderot), Johan Lagae (Ghent), Stacey Langwick (Cornell), John Manton (Cambridge), Rebecca Marsland (Edinburgh), Aïssatou Mbodj (CNRS), Lotte Meinert (Aarhus), Anne Marie Moulin (CNRS), Ruth Prince (Oslo), Ferdinand Okwaro (Cambridge), Abena Osseo-Asare (Texas, Austin), Iruka Okeke (Ibadan), Ashley Ouvrier (CERMES<sub>3</sub> and EHESS), Peter Redfield (UNC, Chapel Hill), Bob Simpson (Durham), Simon Shaffer (Cambridge), Noémi Tousignant (Cambridge and Montreal), Claire Wendland (Wisconsin-Madison), Susan Reynolds Whyte (Copenhagen).

A very limited budget is available to support selected participants, determined by need.

The conference is part of the research programme '*Trial communities*': *anthropological and historical studies of scientific research in Africa*, and is funded by the Leverhulme Trust, with additional support from ESRC and ANR, through the Open Research Area grant *Memorials and remains of medical research in Africa*.

Organised by the Anthropologies of African Biosciences Group and collaborators: [africanbiosciences.wordpress.com/people/](http://africanbiosciences.wordpress.com/people/)



---

**The Leverhulme Trust**

---

