

World of IDEAS



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Healing Roots by Julie Laplante, Berghahn Books

Healing Roots – Anthropology in Life and Medicine

Julie Laplante (University of Ottawa)

The drive behind following how an indigenous plant becomes a biopharmaceutical is a political one. My colleague Ari Gandsman, who did a commentary on the book for its launch, found that my enemy was the Randomized Clinical Trial (RCT), hence science's current gold standard to test the efficacy of medicines and also the greater part of our current North American ethical policies. He further found that my critique of the RCT works in three ways; how they imperialistically transform indigenous medicine in such a way to make it unrecognizable; how RCTs themselves don't act the way they say/think they do; and, finally, how RCTs profile a particular kind of knowledge that a phenomenological approach in anthropology takes

issue with, rather proposing another set of research tools to make different truth claims. I would like to tease this out a little bit or explain how following the preclinical of an indigenous plant provided a way to delineate this critique in its corresponding three steps.

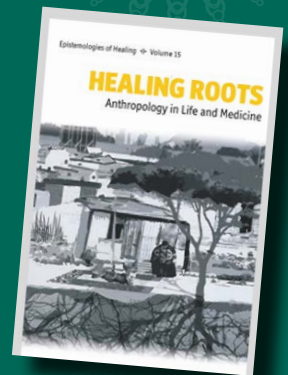
First, the preclinical trial of an indigenous plant already emerges in a colonial dynamic; it is entirely financed by the NCCAM branch of the NIH in Washington DC to be conducted in Cape Town, South Africa. It is announced to both aim find a cure against tuberculosis and to recognize indigenous medicine. Tuberculosis and indigenous



Plant market in Cape Town, South Africa

This book stems from a long journey trying to understand how we come to “know” medicine.

Julie Laplante



medicine are to be found in Cape Town however the decisive high-tech laboratories are in different locations in the US. The tuberculosis samples are obtained in South Africa where the pandemic lies and the “indigenous medicine”, in this case *Artemisia afra*, is a wild bush found in sub-Saharan Africa, as far North as Ethiopia. It is however not solely the materiality of the “indigenous medicine” that is found on the African continent, it is also the indigenous people who have found ways to heal themselves with this particular plant in specific ways. The whole process of the preclinical trial is however to shed these human engagements with the plant away from the plant, even with its announcement of being a process to “recognize indigenous medicine”. In ridding the plant of its engagements with the people who founds its usefulness in healing, particularly taking the plant away from its deepened engagements from healers of all sorts, priority is clearly given to the plant in itself. The plant is also taken out of its medium, even of itself as it is only flavonoids within the plant that become of interest. This process is the one dictated by the pre-designed RCT model, not by the actors themselves. It is a political process that takes a certain kind of knowledge away from the people who have tailored it and brings it into the hands of other people in another kind of knowledge that completely erases all kinds of indigeneity. This is a great political ploy,

if I may borrow from one of Latour’s expressions, one that is particularly deceiving for many indigenous healers who are invited to somewhat take part in such an initiative with hopes to share their knowledge with the rest of the world. It is deceiving since very little of their knowledge is acknowledged, understood, let alone shared since it is left unrecognized.

Second, while the RCT was originally designed to make more medicines available on a world market, they do not seem to accomplish this goal. Rather, they have become too thick with bureaucracies that they simply become cumbersome, often crippling and most of all meaningless and executed poorly for this reason. This may sound harsh however this is what they look like in practice. Spread out over numerous locations, filled with misunderstandings, procedures that break the flow continuously, complicating simple steps such as providing a bus to bring people to the clinical space because it was forgotten in the project protocol, namely accumulating all the problems of a bureaucracy that increases in dysfunctions as it travels to a new location in which it no longer makes much sense. The book shows how this is lived in practice and how preoccupations with narrow kinds of efficacies (cause and effect in a laboratory setting) are slightly superseded by narrow kinds of

safeties (quality control); both highly disregarding how proximities with plants insure recognizing the ones we want to use and enable to find ways to make them useful in everyday healing. The bottlenecks in following the RCT process are not enabling more availability of medicine, rather they limit access to many kinds of remedies that are already known, albeit in a different way (in practice). To resolve part of this problem, the African scientists involved in the trial have proposed a reversed pharmacology model, namely one inspired from Ayurvedic medicine that begins in the clinic to only afterwards move to the laboratory. Our solution suggests we need to take a step further as the clinic and the laboratory are merely two voices among others; the lively efficacies tailored by Xhosa healers and rastafarian bossiedoktors in the Cape, surely within others we did not have a chance to learn from, also needing to be heard for medicines to really be available.

Finally the RCT provides a sort of caricature of the kind of positivist scientific knowledge we have come up with. As such, looking at some of the problems it engenders on the ground help trying to look for a new way forward. Since anthropology is perhaps the scientific discipline the most on the front lines of the ways the everyday is experienced, it might point this way forward. The conclusions of this book try to find a path away from the RCT since it does not seem to be a hopeful route to follow for a good number of people. The RCT makes up objects and relies upon other pre-designed objects to make it's truth

claims. As such, phenomenology takes issue with this research method that begins with objects, distancing the researcher from the things that it manipulates to rather suggest we inhabit the world to know it. The preclinical trial is the first step of the RTC process and it shows resistance at every turn; it resists movements-in-life, breaks up this movement to eventually render it mute and meaningless. It is definitely not a path for anthropologists to follow for their research and the book proposes a phenomenological approach in anthropology that enables to move away from it. It is not to say that the RCT should disappear, it is only to say that it should not pretend to be a simple process of "discovery". It is very much shaping the world with difficulties to let itself be shaped by the world that moves around it, creating some serious dissonance rather than the promised progress.

The book may hence be useful in a variety of ways; to find ways to do medicine that are less imperialistic, to use the RCT for what it is really telling us and not beyond it; and to lighten rather than thicken current ethical procedures and standards that end up making the scientist feel dissociated from his own integrity in composing the world, since in the end this is what is being done in the process of making medicine. I have here given the bone structure of the book, reading the book will give it all of its flesh, sounds, tastes, smells, aesthetics and synaesthesia since a great part of the book invites towards sensorial forms of anthropology.



Root shop in Cape Town, South Africa

The beauty of the preclinical trial for me as an anthropologist is precisely that the object "medicine" is not already done, and, in this case, it wants to be done by delving into indigenous medicine; or does it?

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