Histories of Science in Africa Podcast

Season 1 Episode 5: Stacey Langwick Transcript

[00:00:00] **Conor Wilkinson:** You are listening to Histories of Science in Africa, a podcast supported by the Center for Science and Society at Columbia University.

In this episode, we're joined by Stacey Langwick, a cultural and medical anthropologist at Cornell University who focuses on healing and medicine in East Africa. We talk to Stacey about her 2011 book, *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania*, as well as more recent work that takes up issues of toxicity, therapeutics, dispossession, and plants, and healing.

Please visit our website for a transcript of the conversation and links to the works we mention in this episode.

[00:00:56] **Jessie Cohen:** So, to start off, can you just talk to us about your intellectual journey, what drew you to the anthropology of medicine, how this book is situated in the context of your scholarship.

[00:01:06] **Stacey Langwick:** So, my intellectual journey, I'm not sure where that begins, but maybe it begins with a Master's of public health, or before when I worked in development in southern Africa. So, after my bachelor's degree, I actually headed to Washington DC to do some lobbying around issues of public and global health in Africa. And from there, went and worked in Zimbabwe, on a program that was in collaboration with the Ministry of Health in Zimbabwe around maternal and child health, program evaluation. And at that time decided that I should go back and get a Master's of public health. So I went to UNC, which has this really amazing MPH program around community health, and I did that program. What I learned in that program, in addition to some wonderful skills around public health, was that the boundaries of public health for me were a little too tight. And it was at the time that I was doing that program, which was a really different kind of research, I co-wrote a curriculum for dating violence prevention, in the United States among eighth and ninth graders, which is still available today and taught in eighth and ninth grade, but at that time, part of what was interesting to me is. We found out that girls and boys in this sort of statistical operationalization of violence were equally violent. And so, part of what was fascinating to me is what does that mean? What does violence, what does that mean? How do we think about that in terms of sort of feminist theory? And there wasn't a lot of space for that in public health. It wasn't that people weren’t interested; you just couldn't make a career out of it. So that's when I found anthropology and I made my way across the campus for a PhD in anthropology and also that enabled me to take kind of my, the epistemologies and the ontological issues that I was grappling with in public health into anthropology, right. And really begin to kind of take them apart from that space, and the two degrees together have been wonderful in my collaborations in Africa because the public health degree makes a lot more sense in my collaboration sometimes as a kind of practical, immediate engagement even though the anthropology is where I situate my intellectual work now.

[00:03:42] **Jessie Cohen:** Great. Thanks. My next question was going to be how your MPH influences your anthropological work and vice versa because I've thought about it as well. I'm interested in histories of medicine, so I have thought should I get an MPH? How much will it help me navigate my historical questions and vice versa.

[00:03:57] **Stacey Langwick:** For me, I think there's several different ways the MPH is still really active in my life. One is that being involved in program development and having a sense of what are the nitty gritty knowledge making practices that make public health knowledge for me is important in my work because it's following those kinds of practices and objects that are important to me. And they, they come from a lot, they come from a lot of engagement, hard work, grant writing, and to sort of be in the midst of that helps you understand the intensity of that. So, there's, in that sense, there's sort of theoretical questions the public health degree helps me sort of sink my teeth into.

But in that sense, public health is almost an object of my study rather than a degree that I'm using actively. I'd say that I use it more actively in both teaching efforts and also collaborations. So, I am one of the faculty that initiated the global health program here at Cornell, and one of the most dynamic and innovative parts of that program are the exchange program in Tanzania. And so, the public health degree has been really important in that exchange program because the program is with a medical school. So the medical school sort of can engage a public health degree more dynamically, I think, than an anthropology degree. Also, I'm affiliated with that hospital now in Tanzania, I remain affiliated with them. My new project is a project around medicine and climate change, and what are the kinds of pedagogical spaces that we might open up to really rethink what medicine might be in this historic moment, and I think my public health degree helps me be more multiply, accessible collaborator in that project with my Tanzanian colleagues, given the institution. I also, the public health degree helps me advise Weil medical students, for instance, who go to Cornell on their research, advise Tanzanian medical students, lecture in the medical school there, things like that.

[00:06:15] **Jessie Cohen:** Mm-hmm, what school are you affiliated with or hospital in Tanzania?

[00:06:19] **Stacey Langwick:** KCMC in Moshi Tanzania. It's in the foothills of Mount Kilimanjaro.

[00:06:24] **Jessie Cohen:** Okay, because I worked for the Touch Foundation in Mwanza for a year.

[00:06:28] **Stacey Langwick:** Oh.

[00:06:29] **Jessie Cohen:** Yeah, and they're associated with Bugando, which I just remember used to be called we Cornell Bugando, so I was wondering if it would be that.

[00:06:35] **Stacey Langwick:** Yeah. The global health program at Cornell is really interesting since Cornell's medical school is in Manhattan, but the rest of the campus is up here, and our MPH degree is actually out of the veterinary school, which is here in Ithaca. The connections in Tanzania are divided, so the medical school has really invested in Bugando, and actually has its own wing in Bugando, and the Ithaca side of campus has invested a lot in KCMC and occasionally we collaborate.

[00:07:07] **Jessie Cohen:** Wow, that's really interesting. And so why did you pick Southeastern Tanzania for this book?

[00:07:12] **Stacey Langwick:** Oh, that was not originally an intellectual issue, that was originally, I visited Tanzania when I was working in Zimbabwe and I was working in Zimbabwe at a time that was, there was a lot of very intense, it was a very intense political moment. And so the kinds of field work and the kinds of conversations that one could have about sort of everyday life felt different and the places where I could really live long-term felt different. And when I traveled to Tanzania, I became fascinated with the contrast in the spaces between Zimbabwe and Tanzania because of their histories. Tanzania had a relatively peaceful transition to independence, and it was much earlier in 1961. So by the 1990s when I was choosing a field site, the on the ground dynamics in Tanzania and Zimbabwe were radically different.

And so, I traveled through Tanzania and when I traveled through Newala it just was a place I didn't wanna leave, and so that's how I chose my field site. And it was only after that period that I then learned more about the dynamics of Southern Tanzania, what it meant to be on a border with Mozambique, what it meant to be in relation to Zimbabwe. It's a very dynamic space. There's also mining that was beginning there. Now it remains a dynamic space because oil drilling has begun in southern Tanzania. So there became a lot of fascinating intellectual questions, but it was really only after I felt a personal pull to the, to the space, which I think shapes my commitments to the place, which I still have a lot of commitments to the people there, and for me really grounds a lot of my ethnographic work, is that one of the reasons I love anthropology is that it allows for, and maybe even demands in some sense, really intense long-term relationships and that those ground my research.

[00:09:32] **Jessie Cohen:** Great, thanks. So, I have one kind of meatier question specifically about the book. So we're talking about medical pluralism here and I think it's become a more mainstream term in historical and anthropological work, even in the humanitarian health sector. Can you talk a little bit about where the term comes from for our listeners and how you're asking us to rethink it in this book.

[00:09:55] **Stacey Langwick:** Yeah. To me, medical pluralism is a term that really comes out of the colonial encounter, and that's part of what's problematic about the term and the concept and what's very real, very materially real about the, the term and the concept. So, in the book, part of what I do is I try to trace a bit of the arc of what it means for biomedicine to be so entangled with exploration missionization and colonization, and that it's in that encounter that everything else other than what counts as biomedicine, which is itself of course shifting, becomes traditional medicine. And for quite a while, many decades, it was just that. Traditional medicine was in sense, a “not-A”category. It was everything other than biomedicine. It was really in a post-colonial moment where there became much more investment in traditional medicine and an elaboration of traditional medicine, at least in Tanzania.

I think Helen Tilly does a lot of really interesting work on traditional medicine in Africa more broadly.In other parts of the continent, some of those investments began intensively during the colonial period. In Tanzania there was a little bit of that, but really the most intense investment and elaboration of the category as something in and of itself came in a post-colonial scenario. And as I talk about in the book, uniquely in some ways for Tanzania, it came in a very concrete ties with China. So it was that non-aligned socialist moment that also began to fill that "not-A" category with a lot of very specific, practices, objects, medicines, people, kinds of expertise. What's interesting, I think now is that because that has been kind of filled up, right, traditional medicine has taken on much more than just being not biomedicine. There are policies, laws, circuits of economic exchange, training of expertise. It's an object of study in and of itself, and it exists really in relationship with biomedicine, with sort of hospital-based medicine and can't really be understood outside of that relationship. And in many ways, what colloquially people would see as healing or traditional medicine fall outside of that category, right? As it becomes more specific and more bounded, and more sort of legally definable and economically important, the kinds of healing or therapeutic engagements, or economies of therapeutic value that don't fit into that category end up themselves falling outside of it. They are themselves policed and excluded from that category. So that is also part of what the book is about, particularly when we switch from part one, which is grand historical narrative of what is traditional medicine and Tanzania, what do we do with this word, to part two when we talk about who are these experts, and which ones align or don't align, or fit or can make claims on the category and which ones can't?

[00:13:30] **Conor Wilkinson:** So, I printed off your recent article in *Osiris*, which I really liked, obviously new stuff going on here compared to your earlier work, but it's also, I can see, some of the same driving questions and interests are at the heart of, of what you're trying to do. A basic thing is I wanna ask about some classic anthropological, sociological ideas about how structures inform social life and then also how people act within those structures or stretch those structures, reimagine, redeploy, whether we call cultural scripts or whatever that we use in our day-to-day lives. So, one of the things that I really appreciate about both the book from 2011 and also what's evident in the journal articles that I've looked at since is that there's really an intensely localized ethnographic perspective that's at the heart of your scholarship. But then as you say with part one from the book, there's always this globalized historical perspective that's trying to frame what it is that's going on here. And my dissertation is about human uses of plants and insects in the Great Lakes region, and so I appreciate that there's a sense of the temporality stretching from the pre-colonial era through to the present, through the work that you're doing. The question that I wanted to start by asking is the processes of dispossession that you're aligning in your *Osiris* article, you note that you know that there's different kinds of dispossession that have been going on from colonial era through to the present, whether it's in the more, you know, post-independence socialist perspective or in the more recent neoliberal type of regime. This could be land-based dispossession, actual material dispossession. But then there's also an intellectual or a moral dispossession that gets articulated via certain legal and financial scripts that are popular today.

So, I was wondering if you could expand for our listeners on what kinds of ramifications. That these types of dispossessions have had for Tanzanian healers and also for people who have sought out healers and, and sought therapeutics, and how you've seen maybe in the archival record, but then also in your ethnographic work, how you've seen processes of dispossession structure the ways that healers and people who seek out healers interact with one another.

[00:16:18] **Stacey Langwick:** Yeah. Thank you so much for that question. It's always most interesting to me and I think most difficult to figure out how to see the line through, right. What's happening in say as minute an encounter as one person and one healer, and something as large as multiple forms of dispossession over the last 300 years. How do you see that dispossession invested in a particular moment? I think more recently as I kind of left this book or extended myself out of the book that we're talking about today, one of the things that I have become really interested in is the way that Tanzanians, whether or not they're healers, see the practices and acts of healing as really intimately and importantly related to what kinds of sovereignty are possible in Africa today, and specifically Tanzania today. And so those questions have become really important to me. I think they began to bubble up for me in a range of spaces. I think the first place they really started for me was actually at a AAA panel, when I was listening to a really amazing panel of young Native American anthropologists, talk about their work, and give these really brilliant papers. And several of them after these really intense sort of sets of discussions about toxicity and the dispossessions of Native Americans in the United States and intense militarization of their lands, there was a turn at the end to collecting medicines. And I was really interested in that turn and that began making me think about African healing differently actually, and the practices of the healers that I work with in East Africa. Thinking about the ways in which we theorize dispossession across multiple spaces, settler colonies and post colonies for lack of a better set of terms, and the relations between the ways we might theorize plants and sort of bodily and therapeutic sovereignty within those encounters.

And so, I returned to Tanzania and to my work with that in mind, like how might we think about kind of relationships with plants, and particularly the making of their therapeutic value in terms of working against these different forms of dispossession. So, some of my more recent work is in that vein and the *Osiris* article is not exactly a precursor, but it's one set of arguments that are sort of shaping that work. And so, as you notice, part of, as you point out, part of the thinking in that article is that dispossession, of course, comes just from colonization, right? it just comes from taking over land. Dispossession comes from post-colonial development in which there's investments in everything from national parks to dams to tea plantations, to wheat plantations. But that dispossession also in the process comes from the constitution of ways of living and dwelling, sort of necessarily forging how one is able to live in this moment and denies other ways of possibilities of being. And how is it that people explicitly while theorizing it or just in their everyday life, push back against those forms of dispossession? So, one of the kind of theoretical engagements that I've found really helpful is this idea kind of colonial and knowing which again, comes out of a set of conversations in indigenous studies in North America, but is a set of practices that points to the ways we render dispossession invisible over many spaces that I find really provocative. Part of that article that you are referring to in my work now is really to think how are Tanzanians rendering those things visible? Where is the creative and I would say theoretical work that Tanzanians are engaging in, in everyday life as they render these forms of dispossession invisible?

Sometimes I think that happens at the level of healers, how healers are negotiating their space, their legitimacy, their medicines, commodification versus non-commodification of their medicines. Sometimes I think that rendering visible, at least in their own lives the forms of dispossession that have marked them and their families for generations, Tanzanians might do that in the healers that they seek out. I think sometimes that can be seen in narratives of possession, whether that be illness or whether that be healing. In part I think that those become really important narratives to examine because they disrupt the kind of linearity that history demands for us because you have this embodiment of the past, climbing on the body of the present, but in addition, it really undoes so many of the forms of liberal sovereignty that are important to every aspect of our politics now. Which is really that we have a body and our most basic rights are ones of bodily sovereignty. And so, possession is not situated in a historical arc in which that is what grounds our most important rights are navigating the world. It's situated in a, in a different kind of set of political ontologies, we might say. So, I think that we can see some of that there in, when people seek out healers and they seek out other ways of living with history in the present, they seek out other ways of attending to bodies and bodily relations.

Other forms of sovereignty or, or spaces where they can imagine other forms of sovereignty where having a discreet body that needs to be defended always against the past as threat, right, I think that those are places where we might begin to render dispossession visible. Some of my more recent work too is not necessarily working with healers, it's working with people who are creating plant-based medicines, but they may or may not identify themselves as healers, and people may or may not identify them as healers. So that word, just like traditional medicine itself, right, the claims on that word become an ethnographic object, you have to do the empirical research to see how people navigate that space. And I'm really interested in thinking about the ways that Tanzanians are experimenting with plant relations in efforts to disrupt or unsettle the kinds of settlements that do render dispossession invisible. I think plant-based healing and how Tanzanians might orient towards it, how new modalities of healing might come into being, in particular, I'm interested in a whole different set of projects or engagements in which people are thinking about what we might think of as commodified plants in that they're plant-based medicines and that they're in very beautifully labeled canisters, very professionally put together, but the making of these medicines are located in projects that are deeply entangled with what we might also see as agroecological movements or permaculture movements or, commitments to old school, peasant empowerment, like 1970s based NGOs that are invested in farmer's rights. They're located within agricultural cooperatives. They're often working towards food sovereignty more than access to medicine. So, they're relocating their investments away from biomedicine and their collaborations away from hospital-based medicines in the idea that it is in those collaborations, I think that dispossession is rendered invisible. And when they can locate therapeutic value of plant medicines in some of these food sovereignty arguments, there's at least enough friction to begin to render some of the forms of dispossession visible.

[00:25:44] **Conor Wilkinson:** Yeah, I think that I really appreciated a few things in particular. One is explaining what exactly this terminology of unknowing means, and that it's an effect of first and foremost colonial dispossession and different kinds of, of dispossession in the postcolony. And I was also struck by your use of the term "ways of living and dwelling," especially because of the rise in landscape studies of this dwelling perspective. The idea that a way to get at how to describe people's social lives is to use this term dwelling because it emphasizes a particular intentionality to the way people interact with one another. How they see themselves and see themselves in relation to the people that they're living alongside. And not just people, but other aspects of their social lives, be it environmental features, or in this case plants. There's something there in that terminology. The scholarly idea of that being a form of perhaps repossessing or possessing. But there's also, you know, a real-world quality into the kinds of, whether it's the agroecological movements that you're talking about, that that could constitute possession/repossession or the identification of people who create plant medicines, whether or not they self-identify as healers or others identify them as healers. There's a politics of repossessing that's going on there that I find quite fascinating. And I think also, it reminds me of the work that Jane Guyer and Samuel Eno Balinga were doing in the nineties about recognizing individual skill, talent, its recognition by others as a form of dynamic, but also continually reproduced way that people have interacted in equatorial Africa over a very long period of time. And that these are things that we can get at archivally, ethnographically, linguistically, even archaeologically.

[00:28:06] **Stacey Langwick:** It's interesting to think about what I hear in this set of questions is: what would it mean to bring these sorts of deeper studies and studies of embodiment and skill making and expertise together in this moment with attention to landscape studies? And that strikes me as really provocative, a really interesting friction to look at. And I do think the landscape studies, it's interesting to have historical studies of landscape, which of course have a lot of different trajectories in African history and thinking about the ways ecologies and landscape shaped the movement of peoples and where they settled and how they dwelled and how they lived. In Kilimanjaro where my current work is now, there's some fantastic work by James Giblin and a whole set of East African historians in the way that there are very specific ecological zones throughout that part of northern Tanzania, and that long before we see missionization and colonialism and the forms of kind of capitalism and exchange that were brought into the region through those encounters we see vast trade networks, right? And lots of what we might see as really regional forms of trade that deeply shaped the way people engaged in each other, organized themselves, saw themselves as particular groups in a particular place, what they had skills doing, what they develop skills doing, and how those sustained peoples, and that those are really critical to that area. So, there's that really rich, I think archival and historical work. There's also some really interesting work by people like my colleague here in art and architecture, Jeremy Foster, who works mostly in South Africa, but there's a broad application of his work when in his arguments that landscape itself actually is a colonial concept. That landscape like traditional medicine has a history and that we engage landscape as other than humans or as something that impacts humans rather than something that gives rise to say, or “bodies forth,” Ed Cohen's beautiful language, the kinds of peoples that can then dwell, right? Or the people that then dwell. That bodies are themselves sort of bodied forth by that, which constitutes them. So, there's no room for this sort of very removed idea of a landscape. There's also a lot of work in art history around, what is landscape and when did it kind of come into being? So, I think that there's some interesting friction with how we in African studies might now talk about and engage with landscape as a concept, and what it does for us when what we're really interested in is issues of how we're gonna talk about bodies, human and non-human, and ecologies of some sort. Animate and inanimate, how are we gonna engage in that space? How do we see them related to each other? And of course, in this moment, as your first podcast illustrates so beautifully with Julie's new book, *Self-Devouring Growth*, we are in an intellectual and political and just human dwelling space where this feels very urgent right now, that we rethink how we're going to engage in write about, know about, think about bodies and environments. What is their relationship, how do we talk about them? What are the important questions to ask about them? And so, landscape studies is doing some of that same work, it's rethinking itself just as history is rethinking itself and anthropology is rethinking itself in this moment, and there are good interlocutors around this question of dwelling.

I wonder, Conor, with you and your work, one of the things that I'm so interested in, in this moment is what that means for time and temporality. Like what does that mean for the ways we think about the making of times and temporalities? One of the plants that I'm particularly interested in are banana plants, as they have a history within the archeological record as potentially marking in South Asia, even for some kind of deep historians in archeology, the beginning of agriculture, right? They've moved–archeologists don't really know–6,000 or 3000 years ago to Africa, who knows? But there now are“indigenous varieties” of banana, which is sort of interesting in and of itself, the way we think about landscapes. Bananas have remade landscapes in East Africa and the regions you work and the regions I work. They undergird all sorts of food security efforts, which are interesting on a sort of humanitarian or public health level. And they bring up for us really new kinds of temporalities. Like how do we think when we think with bananas rather than when we think with a particular illness, right? Or when we think with traditional medicine, even as a modern object of knowledge and practice. When we think in those temporalities, how does that really change how we might begin to engage with these questions of dwelling? And what it means for a landscape to change radically over time?

[00:33:50] **Conor Wilkinson:** I think that's exactly right. And also, in addition to the temporal aspect of a history that considers bananas or whatever plant material we might pick, it also asks us to rethink our understanding of embodiment. What features about banana- ness have impacted history? Or of any plant material that has been associated with world histories of agriculture. To give a a separate example, this is something that's gonna be found in lots of places in the world, but if you go to the cultural region of Buhaya in Northwestern Tanzania, you are going to have hundreds and hundreds of names for different kinds of plants. And although not all of those names are going to be reconstructible with names in other related languages in the Great Lakes region, even the ones that are more recent or can't be reconstructed past a certain time period, there's something that they tell us about human social life and human history because the names are often about their usefulness or particular properties that are related to how they're collected and then deployed by people. But they also reflect something about the plants themselves, about their, again, planty-ness and about how they are particular bodies in space and time that have an effect, and that collectively can, as we know, radically alter environmental and human history. And perhaps it's not appropriate to silo those things from one another. But yeah, I was just thinking of a particular grass species and its name is "not good for whipping a cow." And so on the surface it's like, yeah, that speaks to something about human history in this part of the world because it's so fragile that it doesn't work for, for whipping a cow, but then if we can try to use some of these concepts that we're talking about, there's something about, even though it's not good for whipping a cow, it's being able to germinate, propagate itself down through eons, and it has its own kind of temporal and embodied historically ecology to it. And I think we could quite literally get lost in the weeds with the sheer number of different things we could look at, but I think there is something to be said about the perspective of trying to bring in some of these non-human histories into, into what we're doing.

[00:36:46] **Stacey Langwick:** One of the things that really interests me at this kind of intersection that Jessie was bringing us to, of public health now, right? Versus these longer histories. And when do those frictions feel really present for us? Because sometimes they just feel like very different disciplines and we just are all on our own path. And sometimes they come and they feel very present. And one, I think, is around thinking these longer histories that you're drawing our attention to. And if it's not good for whipping a cow, maybe it's good for feeding a cow. I don't know, it must have been good for something. But how do we think with plants and about the ways that people and lands were changed, right? Like simultaneously those investments and one of the things that I think a lot of those longer histories begin to tell us are that there were in East Africa many ways in which what we might call now, the garden and the field were, and the forest were configured, right? The ways people dwelled between these things that we might call a forest, a garden and a field and healing and eating are both right at the heart of the ways they configured these different things that are the landscape, right? They also are really central to the way public health is engaging with issues of food security often within these kinds of public health investments the, the landscape is other and it is resource, right? And the configurations between forest, which might be conserved, right? Might have tourism in it, and fields, which have massive sort of agricultural input around seed development, GMOs or no GMOs, mechanization or no mechanization, small scale farms or large-scale farms, like a lot of this kind of debate. And then the garden, which is often the small scale outside in these large public health or agricultural development narratives. And yet those are very specific configurations and that people in East Africa have had many, much more complicated configurations of these kinds of entities, and they tell us about many, many different ways of growing and exchanging. They tell us about many kinds of economies and kinds of ways of being in landscape. And if we were to think with those plants and the kinds of temporalities in which they move, I think it opens up some of these narratives that get closed down through the humanitarian kind of urgency of food security and nutrition. And they get closed down around the forms of urgency that drive capitalist investment in agriculture and medicine. And rather than the ways that people at these intersections now in KAA and elsewhere are living with these multiple histories of producing landscapes, and I think healing does begin to get at that intersection of the ways people are actually creatively experimenting with living with and upsetting the foreclosures around formal agriculture and medicine. They're opening them up through kinds of healing and therapeutic engagements. And so, one thing that I've been really interested in tracking is a very specific banana called Kitarasa, and the people that I know, the Wahaya that I know hate this banana. It's just a terrible banana because it gets mushy when you cook it. So, it's not a desirable banana. In Kilimanjaro, this, however, is a banana that while it has come to not be desirable by taste, also because the ways of cooking bananas have changed in Kilimanjaro in relation to the movement through the Great Lakes region. But it is desirable as a medicine and in part because there's a lot of experimentation with how to interrupt the modern tastes like that, which is a kind of a desire which feels intuitive within individual bodies right now. Right? How do you interrupt that history by providing a moment in a life in which you can experience or learn to taste differently?

So, medicine is one of those ways because medicine isn't supposed to taste good, right? medicine isn't about tasting good medicine has a lot to do with taste, but the very efficacy of medicine in Swahili is often about whether it tastes fierce, if it's *kali* right, or if it tastes cool, *baridi*, and there's many other kinds of sets of terms, but good *tamu* is often not a word that's applied to medicine, it's often applied to food. So, in part because medicine, there's an efficacy of taste in medicine, but it's not the same as the efficacy you expect at mealtime. It provides, I think, this friction or this opening that maybe gets back to your first question, Conor, like how can we see at these small intersections, these much kind of larger transitions? I think taste can sometimes be a space in healing–and how that might be efficacious– and how we might track it and see.It might begin to open some of that up, and particularly then taste around these longer histories of plants. So, for instance, what is the efficacy of this banana that has moved into or developed within and become seen as indigenous to Kilimanjaro? What exists in lots of places? How do we think about the efficacy of that medicine that's now being commercialized? Right? That now there's factories producing, drying, *Kitarasa*, producing it, moving it into little organic smoothie shops as well as onto supermarket shelves. How do we think about what that entity is and do we think about it in terms of kind of commodification of other food products? Or do we think in these longer-term trajectories that you're suggesting of plant lives and what kinds of dwelling is possible? If we think with the Kicharasa plant, not just as another commodity that's being circulated.

[00:43:32] **Jessie Cohen:** I wanted to bring it back to the book for my last question. One of the things that I've realized as we've done these episodes is that I'm really interested in the politics of knowledge production at every level, individual, national, international, and the way that STS, Science and Technology Studies, helps us think about these questions and in this book that's the core of what you're interested in.

You talk about biomedical objects and routines like categorization, standardization. So, can you talk a little bit more about these processes and their role in the politics and knowledge production after independence? How have healers, you have a chapter on TBA's, traditional birth attendants. Colonial, political and economic dynamics, how are they all influencing knowledge production? We talked about non-alignment for a bit earlier, and we just kind of got into a bit of a commodification discussion.

[00:44:16] **Stacey Langwick:** I think the questions that STS has provoked in anthropology and history have been really important, in part because they don't make a division between what in one moment in anthropology at least became a kind of studying up, like how do you study power? But rather they draw attention to these kinds of networks that move across and create an up or not up. They create these kinds of centers of power, and their margins, and there are specific kinds of methods of tracking within science studies that seem like they've been really evocative in our fields.

STS has made a different kind of engagement, I think with philosophy than anthropology had been in the midst of, and so it's provoked a different sort of engagement with those texts in those fields that have been really productive. If I think in this book, what I'm trying to do in a sense is democratize a little bit of that, maybe that's the right word of those provocations. So, I do find that much of STS, not all of it, but much of STS still holds tight to the science–. the "S" (in STS) and understandable as it is, the “S” is what grounds that kind of emerging discipline or that field. But when we're in the realms that I'm interested in in Africa are sort of more broadly around healing and bodies, science is itself quite emergent and it is quite partial. So even a kind of Latourian following of science, which is very sensitive to the fact that science is a product, it's something we achieve at the end, not something we start with at the beginning. Its tracing of those networks still leaves us really with our attention centered around that, which then ends up counting as science or being the product of science. And my interest here as I talk about a little bit, is that I'm as interested or even more interested in de-centering that, in not taking those very networks as center. And there's a beautiful line of Anna Tsing's and I think it was in *Friction*, she compares it to an analogy of what it means to follow the channels. Like if you're following networks, if you're following the channels, you really see the fields from the channel. You see the banks and you see just what's on the other side. But you can't really know what's in the middle of the field because you're in the midst of the networks and those are what you're following. And so, part of what I'm interested in in the book is the ways in which STS offers up a set of theoretical engagements for us that are useful and where their limits are, and how we can write with those limits actually as the center of our book, right? Or as the center of our study.

So, one of the places I do that is in talking about symmetry, and where it is that holding things out as symmetrical can be useful. It's provocative, I mean, it's a technology, right? It's a writerly and analytical technology, and so we can hold things up as symmetrical in STS that meaning, those things that were seen to succeed, and those things that were seen to fail. Those things that were seen to be found true and those things that were seen to be found false or those things that are rational and those things that are irrational and we hold them up next to each other as symmetrical. So, I'm interested in what that shows us, right? That shows us a whole set of processes and practices and sort of historical arcs that lead to how power manifests itself and what counts as central and what counts as marginal, what counts as science and what counts as traditional medicine, that kind of thing. But, there’s also a lot that falls out through that symmetry. There's a lot that can't be captured on either side of that, and I think at the heart of my study, that's what I'm most interested in, and I have become increasingly interested in it through the process of this book and then after this book, is that which falls out. And how is it that Tanzanians in my case, since that's why I do my field work, are constantly living in and disrupting those very processes, that there's a resistance to holding anything as symmetrical. In part because it is that very symmetry that leads to the dispossession that we were talking about earlier, right? It's the making of that symmetry that is the process of rendering some things unknowable or invisible.

In terms of traditional medicine and traditional birth attendants, which was, part of your question, I've begun to wonder if there's that much radical possibility in traditional medicine. Which I was really, I was invested in that possibility, I will confess, when I started this book. And increasingly, I think that traditional medicine has become an object that links up with the ways that we might imagine bodily sovereignty as the body, as itself, the first ground of sovereign relations. It links up with commodities that we can use to navigate that. It links up with the body as separate from the environment itself, and therefore commodification itself makes sense. It has been made to link up traditional medicine as a modern category of knowledge and practice. Not all of healing again, but as something that is distinct. It's also been formulated through extractive logics, including research, right? What it means to work with traditional healers and then learn things about plants and then extract them so that they can be made elsewhere. So, I think that many of my colleagues in Tanzania who work in the Institute of Traditional Medicine, the traditional medicine unit for the National Institutes of Medical Research are doing really interesting work and attempting to find the spaces in which they can disrupt some of these logics, but it's really hard to disrupt them from that space, in part because of the things you were talking about earlier, that traditional medicine was made more elaborate and solid through these very processes. Right?

So I'm beginning to wonder more about objects that come that are being created. Sort of outside and may or may not make claims to traditional medicine itself. I do wonder if traditional birth attendance, for instance, are a subject position, sort of as Povinelli might tell us, right? That are so embedded in being created as a resource for biomedicine. And if traditional healers, particularly through investments in healers in relation to the AIDS epidemic, where there was much more biomedical investment in the training of healers and the linking up with healers, with hospitals and they've been situated as resource and that it's a very narrow space to try to get out of. But that there are other Tanzanians who are choosing to work on the outside of this, sometimes to align with the bureaucratic effort around traditional medicine, and sometimes not. Sometimes they deny being healers, but they produce lots of medicines. And in that there's an attempt to open up the space, to get out of that narrow space of extractive logics, that traditional medicine as a field has been increasingly, ever-intensely put in.

[00:52:32] **Conor Wilkinson:** I feel like we could keep talking about this for a long time. I really enjoyed talking with you.

[00:52:38] **Stacey Langwick:** Well, I really enjoyed talking with both of you. It was really, it was really fun. And I'm really curious about what Jessie, you're also doing and where you're, where you're your especially your last question comes from, like, what are you hoping yourself to open up?

[00:52:52] **Jessie Cohen:** Well, my research is on histories of family planning in Ghana, and so one of the things that I'm thinking about is the ways that ideas of fertility and ideas of contraception and their role in people's lives have changed in the postcolonial period. And so I think, part of my interest in biomedical intervention is just the standardization and routinization of health and healing, and how that contributes to social, political and economic questions.

[00:53:21] **Stacey Langwick:** Yeah. Family planning is such an interesting place to situate that work in part because it's about technology and management of time, right? It's a production of certain kinds of times and temporalities and in relation to our long-term questions, I really would love to see, I'd love to talk with you more at some point, and I'd love to see studies that think about concepts of fertility more broadly, like, what does it mean to take concepts of fertility in African ways of thinking wherever you are before family planning came in that are so intimately tied to the land right? We often think in terms of what are the traditional medicines that people use or what are the traditional practices but already at that point in time, we're centering our attention on the body, right? The human body, the individual human body. And we've immediately rendered invisible all the kinds of relationships with land and fertility that give rise to bodies that have the capacity to be fertile. And it's interesting that even in our historical and anthropological studies, we make these disciplinary divisions. And that might also be part of the answer, a better answer to your question about the STS, right? I think part of what STS also gives us is one way through thinking about the rise of the disciplines. How do we wanna think about the rise of the divisions that we have in the academy itself, and therefore where we locate our own questions. For me, a lot of interesting friction right now is between agriculture and medicine. What are the implications of the fact that agriculture and medicine become their own spaces? And even in anthropology and history, you tend to specialize in looking at one or the other as your object. Family planning is so interesting cuz it's so clearly public health and medicine and our current divisions of the disciplines. And yet in longer arcs of thinking –like with languages as Connor had been bringing us to earlier–fertility does not sit just within this human body or particular reproductive years. How do we get our own questions around that? What might it render visible or invisible about that friction?? I wish you a lot of luck with that study.

[00:55:51] **Jessie Cohen:** Thank you. Thank you very much. You've given me even more to think about now. Thank you

[00:55:58] **Stacey Langwick:** Well, thank you so much for inviting me to do this. It was really nice to talk with both of you.

[00:56:03] **All:** Yeah, you as well. Agree. Thank you so much for talking to us. All right. Take care. You too. Bye-bye.