



## Book Reviews

**The Professional Guinea Pig: Big Pharma and the Risky World of Human Subjects.** Roberto Abadie. Durham, NC: Duke University Press, 2010. x + 184 pp.

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The Spanish conquistadors had their “first contact” with guinea pigs (*Cavia porcellus*) over 400 years ago in Peru (Morales 1995). The Incas bred them for food; the conquistadors took them back to Europe, where they became exotic pets among the upper classes and royalty. The first biological experimentation with these animals occurred in the 17th century, and at least 23 Nobel Prizes have used guinea pigs in their medical experiments. Their “docile nature” made them a popular pet as well as a “model organism” for experimentation. So it is that *guinea pig*, as a term for the test subjects of scientific experimentation, has become a widely cited, powerful, and deeply descriptive metaphor.

Roberto Abadie’s illuminating ethnography *The Professional Guinea Pig: Big Pharma and the Risky World of Human Subjects* transports its readers to the city of Philadelphia and into the complex world of human experimentation that, despite its proximity, is invisible to most of us. Philadelphia is a city well known for its hospitals and medical research facilities, and for its difficult-to-fix, neoliberally enhanced poverty problems. Home to some of the most prominent pharmaceutical testing sites in the nation, Philadelphia is the first stop in the arduous process of drug approval required by the Food and Drug Administration (FDA).

Abadie introduces the reader to two distinct “populations” that are deeply embedded in forms of human experimentation connected to the pharmaceutical industry: the first is a freethinking and highly self-aware anarchist community, many of whose white male members have chosen to become regular paid volunteers in phase 1 clinical trials (experiments that are testing a drug’s safety in its move from animals to humans), as well as phase 2 and phase 3 pharmaceutical trials (experiments for safety and efficacy of a drug). The second population is made up of people who are HIV-positive and who are connected to a Community Based Trial Organization (CBTO) that cooperates with sympathetic and expert doctors to take advantage

of innovations in HIV/AIDS treatment. In this environment, clinical trials can offer an expanded package of health care assistance as well as the opportunity to observe new and improved drug performance (including new combinations) on the human body among willing participants.

These two populations thus offer us a broad set of experiences through which we can evaluate this “risky world of human subjects.” The anarchist volunteers are highly conscious guinea pigs who are sought after for their healthy bodies and their willingness to allow pharmaceuticals to flow through their veins in return for payment and the freedom gained from earnings acquired in a relatively short timeframe. They are also deeply reflexive, and some of them have contributed to an entertaining and informative zine, *Guinea Pig Zero* (later published as an edited volume, Helms 2002). The zine offers advice and solidarity to fellow guinea pigs, explaining how to maneuver and procure better wages within the system and, even more importantly, how to avoid potentially dangerous or uncomfortable experiments. In addition to conducting fieldwork among these professional healthy guinea pigs of the anarchist bent, Abadie provides the life histories of those who participate in clinical trials in the context of the CBTO. These patients embody a completely different mindset from the healthy anarchist volunteers we meet in the first half of the book: they are the generation that saw HIV/AIDS become a chronic survivable illness and are the beneficiaries of the potent activism that demanded cooperation from a number of actors in the health sector, including doctors, institutional review boards (IRBs), and Big Pharma. In spite of this legacy, however, as Abadie makes clear, even an institution of this kind exactly depends on thoughtful medical practitioners, conscientious leadership, and trustworthy review boards that can make clear-eyed decisions about potential benefits and risks to patients without succumbing to the wanton influence of Big Pharma.

Abadie’s absorbing ethnography takes us into the broader lives and artful subjectivities of these diverse professional guinea pigs. The ethnography also delivers the reader into the somewhat antiseptic world of clinical trials and pharmaceutical testing, laying out the terrain and the sore points of this strangely evolving relationship. As Abadie explains, it was not too long ago that this sort of human experimentation for the advancement of

scientific knowledge was effectively carried out on prison populations (up until 1980), a fact that clarifies why prison populations now receive “special” protection in the context of IRBs. Abadie sketches the history of the development of informed consent in the context of clinical trials, hitting the landmarks—Tuskegee, Belmont, and the evolution of protocol within contemporary IRBs—but his goal is to bring us closer to the participants of these experiments in the present. Abadie shows us their distinct subjectivities, rationales, and approaches to navigating their bodies and informing themselves, to varying degrees, about the risks of becoming professional guinea pigs. He thus brings his readers to the thorny issues surrounding the notion of “informed consent.” This all occurs in a society in which “being paid to test drug safety has become an essential part of the clinical drug trial enterprise” a place where we have created “a mild torture economy in which bodily pain, boredom, and compliance are exchanged for money” (p. 2).

Abadie’s critique of these forms of guinea pig subjectivity in relation to Big Pharma is different for each of his case studies. He recommends a more rigorous form of informed consent: for instance, he suggests that the participation of paid, healthy volunteers should be placed in a centralized registry so that subjects can be tracked for effects and protected from their own desires to expose their bodies repeatedly to medical experimentation. This would prevent potentially dangerous short- and long-term drug interactions and other long-term toxicity and synergistic effects, as well as restrict the overall number of trials any one individual could join. He also advocates for the elimination of industry-hired and industry-skewed IRBs with the ideal of more accurately evaluating the participation of particular individuals in industry trials. Abadie thus draws our attention to the structurally violent aspects of guinea pig participation, noting that “pharmaceutical research feeds on a mass of destitute citizens who realized that clinical trials offered a better opportunity than jobs at McDonald’s and similar dead-end options at the bottom of the new, service-oriented economy” (p. 161). Further, he points out that even in the very patient-friendly arms of the CBTO, much of the ability of those institutions to refuse trials from Big Pharma has to do with the composition of a politically insightful IRB composed of individuals sympathetic to the dilemmas of experimentation for human subjects.

In offering us yet another case where bodies are commodified before the promise of biomedical research and ethics, Abadie introduces us to the structural issues and lack of regulation that promotes this form of contemporary volunteerism, as well as to the strides made by Big Pharma’s collaboration with the highly conscious descendants of HIV/AIDS activism. This eloquent and insightful ethnography motivates the reader to think deeply about human guinea pigs in the context of late capitalism and promises to inspire a great deal more inquiry into the ethics of

pharmaceutical capitalism, the commodification of bodies, and informed consent.

## References cited

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**Cultivating Global Citizens: Population in the Rise of China.** *Susan Greenhalgh*. Cambridge, MA: Harvard University Press, 2010. 156 pp.

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This latest book by distinguished anthropologist Susan Greenhalgh, which consists of three lectures originally presented in 2008 at Harvard University’s Fairbank Center for Chinese Studies, is a welcome addition to scholarship on modern China. The concise and tightly organized volume distills Greenhalgh’s extensive research—spanning three decades—on China’s “one-child policy” to situate the controversial and complex policy within a broader context of “population politics,” which she argues has been central to the construction of the post-Mao Chinese state and to securing China’s place in the globalizing world. Population politics involves more than just population statistics. It encompasses a range of health, population, and social policies; bureaucracy and institutions to support the policy; science and technology; as well as discourses, norms, and values. Viewing the Chinese state since 1949 through the optic of population politics challenges the narrow “master narrative,” pervasive in U.S. and Western discourse on China since the Cold War, of a coercive totalitarian state. True, in the early 1980s, and again in the early 1990s, the “one-child policy” was especially draconian in its aims and effects, but forceful campaigns were never the whole story and have since been succeeded by more humane methods. Significantly, throughout the post-Mao period, population politics has been a most fecund arena for expanding governing capacity, shoring up the party’s legitimacy, and innovating techniques of social governance. Greenhalgh emphasizes that the United States and other nations must have an accurate understanding of China’s population politics and its centrality to China’s national objectives to adequately respond to China’s rise as a new global power. Focusing on population politics also contributes to anthropological study of modern Chinese society and individuals, suggesting that the recent emergence of “the self-optimizing, self-governing subject is rooted not only in