

Living honourably and independently:

**Dreaming of a good village life in an African rural Health and
Demographic Surveillance System site**

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Photo 1. ‘Westpoint JaKenya Yawa!’. JaKenya next to his tree farm sign: an affectionate reference to a US Army researcher, now friend; ‘JaKenya Yawa!’ means ‘Citizen of Kenya oh yeah!’ Yawa is a stereotypical Dholuo exclamation used for emphasis in a tone that is both self-mocking, proud and filled with emotion. Source: Aellah

I belong here. That is why kids around call me JaKenya [Person of Kenya]. I would like to see this place in twenty years, even if I am not working for NCRO/CHA [a transnational medical research organisation]. While waiting for those twenty years to come I want to put a landmark. I have that dream in my mind. I want to live in a place close to nature. I want to live honourably and independently. Right now, if I’m at the field office, I can rightfully tell somebody, ‘If you want to see me, see those trees? That’s where I stay’. And as the years are coming in, the trees keep growing.

- JaKenya, fieldworker, describing the creation of his forest home in Akinda, rural Western Kenya, 2013.

Photo 2. *A container clinic in Akinda. Source: Aellah*

When we plant some flowers around it, it will look like a real building. But it can easily be taken away.

- Contractor discussing plans to use a repurposed shipping container to house a research clinic in Akinda.

This paper considers some of the possibilities for life lived and, most importantly, imagined in a late-modern East African village. It focuses on two parallel, interlinked stories that unfold in Akinda, a group of villages in Western Kenya.¹ One is the story of how a quiet rural location became a Health and Demographic Surveillance System (HDSS) site; an abstracted statistical construct of a poor African village, networked to other HDSS sites around the world; a place existing in journals, meetings, statistical analyses and international conferences. The other is a more personal story. It is about how a local fieldworker, JaKenya, who was invited into this landscape through employment with a transnational medical research organisation, has transformed a piece of Akinda into a forested rural idyll; a place for – in his words – ‘living honourably and independently’. Both stories are about the flexible, loaded meanings of ‘village’ in Kenya today and the ongoing entanglements of African rural lives and global health research. They are also about the challenges of transforming visiting into staying and belonging.

Both stories demonstrate an interplay between local and global connections in the construction of village identities. Akinda’s very localness and permanence makes its global abstraction possible. The intimate data collection that enables Akinda to operate as a global health research rural outpost relies on the work of local Kenyan fieldworkers and their deep knowledge of, and connections to, its villages. Both stories also feature different kinds of fabrication, although the dreams encapsulated within each activity operate under differing ideas of time, future permanence and commitment. In the first, a shipping container is deposited in Akinda to be repurposed as a temporary transnational medical research clinic. Bedded in with flowers, over time this clinic provides an illusion of permanence and modernity with clean, metallic lines. Yet it could still easily be transported elsewhere at the end of the project’s lifecycle. In the other story, a cosmopolitan version of a traditional mud-thatched home is constructed from local materials amidst a forest painstakingly grown by a

fieldworker, alongside the carrying out of his employment activities. This home, created with reference to the fieldworker's global connections, but seeking also to revive a nostalgic traditional past, was designed explicitly to set in motion the continued improvement of the rural landscape beyond its creator's lifespan.

Neither stories are possible without the other. But JaKenya's small personal story helps illuminate some of the binds of global health research activity carried out in rural outposts. In Akinda, research employment has created a new middle class (there is no other source of formal employment apart from teaching or healthcare). In turn, it depends on the hard work, creativity and independence of members of this class, like JaKenya, to continue and successfully negotiate permissions from villagers. Yet, as will be shown, it also exists in a state of perpetual temporariness. Research has been conducted in the locality for over thirty years now, but there is always the potential for it to leave at the end of the next project. It is always only observing and never (officially) interfering with the landscape and infrastructure. Placing the story of research next to the story of an individual fieldworker allows for an exploration of the effect of this state of existence on the subjectivities of those involved.

Most ethnographic work on transnational medical research fieldworkers in Africa has focused on the ways in which local fieldworkers grapple with the differences between bioethics conceptualised in formal globalised protocols and those experienced in the field (Chantler et al 2013; Kamuya et al 2013; Kingori 2013; Kingori and Gerrets 2016). This includes things like balancing expectations, dealing with research participants' poverty and data falsification. In Akinda, such things are, of course, important. However, the starting point of these anthropological critiques of global health research has been to focus on the emergent properties of research and to ask how it could better achieve its goals (for instance, how it could be more ethical or locally engaged). In such accounts, the village simply

provides the backdrop to global health research. Consequently, the richness, idiosyncrasies and creativeness of local lives are underplayed.

This paper takes a different starting point. It focuses on the wider, more diffuse entanglements between transnational medical research and everyday life that permeate rural identities and subjectivities. Akinda could be considered something of a ‘company town’, with the town being a village, the ‘company’ a complex alliance of international parastatal and university collaborations, and the industry the production of world-class global health knowledge. Global medical research expenditures by public and industry sources originating in the United States, Europe, Asia, Canada and Australia stood at \$265 billion in 2011 (Moses et al 2015). Therefore, although somewhat unique, Akinda is not alone. There are over 30 HDSS sites in sub-Saharan Africa, with many other villages involved in not dissimilar programmes run by international non-governmental organisations (NGOs) (Crane 2013). It is therefore important to understand Akinda in its own right, rather than just as an example of global health practice. Akinda, as the ‘company village’ of a transnational organisation, represents one possible version of contemporary East African village life.

To evoke everyday life in this place, this paper draws on ethnographic fieldnotes, interviews and photographs collected between 2008-2012 in Akinda, Western Kenya, as well as continued visits and correspondence to date. Written informed consent was obtained for the interviews and verbal consent for observations and conversations. The first author initially conducted fieldwork in Kisumu City, exploring the everyday lives of those involved in the medical research and intervention emanating from a transnational medical research station (NCRO/CHA) headquartered on the city’s outskirts.² In 2010, she moved to Akinda, one hour away, to compare rural and urban experiences.

During this time, Western Kenya, like many places in Africa, was experiencing the profound impact of large-scale biomedical research programmes, intertwined with much larger transnational HIV/AIDS interventions (Rottenburg 2009; Crane 2013; Prince and Marsland 2013; Geissler 2015). Following the destruction and inflation brought about by post-election violence in 2007, decades of diminished industry and no significant rural commercial agriculture, the region could be described as having an HIV-based economy (Prince 2012, 2013; Aellah and Geissler 2016). Four transnational medical research organisations were operating in the city and 117 NGOs also had their headquarters there, fifty percent of which reported HIV as their main activity.

NCRO/CHA was at that time the largest private employer in the province, with over one thousand staff. Running multiple clinical trials in the city and nearby rural areas, several HDSS sites and HIV treatment programmes, the station touched the lives of several hundred thousand people. Transnational medical research provided the most visible reference for economic or health opportunities, either as a prospective employee, a research participant or the receiver of an intervention.

A paper that the first author wrote about the impact of medical research on everyday life in Kisumu city describes how research participants and staff sought to convert the knowledge gained through involvement in transnational medical research activities into strategies for securing their futures (Aellah and Geissler 2016). It describes a metaphor used by research staff of a process of ‘exposure’, like a film being slowly exposed to the light, becoming solid and visible. Research participants and staff tried to capitalise on the nebulous new relations, networks, styles and ways of life to which they were ‘exposed’ in order to move forward in life under conditions of extreme economic uncertainty. In that paper, the orientation described was towards an outward-looking cosmopolitan way of life provoked by exposure to global health research networks and practices beyond Kenya. City-based

researchers dreamed of PhDs from overseas universities, conference travel and new lives in the United States, much like other ‘aspiring elites’ described in comparable African settings with intense transnational medical research or international NGO activity (Swidler and Watkins 2009).

This paper offers a counter narrative to such dreams of moving ‘outside’, in the story of JaKenya, a local fieldworker attached to NCRO/CHA but living in one of its rural HDSS sites. JaKenya’s dreams were of forests, of reclaiming Luo traditions, and of creating possibilities for a life lived, in his words, ‘close to nature’ and ‘honourably and independently’. His engagement with transnational medical research took the form of a more rooted and locally-orientated version of the ‘exposure’ we described among city residents, one which reclaimed the village as the centring reference point of a good life.

Crucially, JaKenya’s dreaming is bound up with the ways in which transnational medical research operates in the village. For, in direct contrast to the relative anonymity of city clinic-based research, in Akinda data collection is woven into the fabric of daily life and neighbourly relationships. ‘Exposure’ here, at least for JaKenya, who was brought up in the city, means exposure to a sense of rural community (or a selective version of it). It also means exposure to the contradictions of global health research, notably its current state of fictive perpetual temporariness that enables it to stay and continue without the complications and obligations of acknowledging its permanence (which after thirty plus years is somewhat self-evident). JaKenya, at the same time as embracing the opportunities offered by transnational medical research, stands as a figure who questions, parodies and quietly contests this style of existence by firmly attaching himself to, and working on, the rural landscape in much more lasting ways.

Story 1: Welcome to Akinda, home of Health and Demographic

Surveillance

Akinda in Luoland, Western Kenya, is a rural geographical location, a collection of small homesteads and subsistence farms mapped out by generations of kin relations spreading away from the Great Lake. It is known variously as *dala* (real home) to its residents and diasporas, *resaf* (reserve), a linguistic echo of its colonial designation as a place of backwardness far away from the political and commercial centres, and *shags* (a slang term meaning 'hood) to those younger people who leave for the capital city in search of economic opportunity and only return for Christmas. It is also a place referred to as 'the ground' (as in 'we need to go to talk to people on the ground') or 'the real community' by city-based global health researchers who travel out, down and into Akinda along the highway from the headquarters of NCRO/CHA, ferrying samples, overseas visitors and medical technologies to and fro.

For Akinda is, as well as being the true centre of many of its residents' lives, a rural HDSS site: one of the remotest, most peripheral outposts of the machinery of global health science. As one of over 30 HDSS sites across the continent, Akinda is a 'global village' (Cid Aguayo 2008) where the movements, births and deaths of 60,000 residents are updated quarterly by fieldworkers on bicycles with handheld computers. Data is downloaded and transmitted by satellite to institutions in the Global North, where it is cleaned and transposed into trends, shedding its localness and the deep personal relationships that made its extraction possible.

A group of 33 villages within the HDSS are also part of an international emerging infectious disease programme. Residents are visited fortnightly, their temperatures taken and questions asked about their health in exchange for free treatment for infectious diseases at the local mission hospital. Numerous research projects and interventions hang off these

interconnected platforms. In 2010/2011, this included studies of early pregnancy, diarrheal disease, HIV, influenza and TB.

The history of how Akinda came to represent such an intense nexus of transnational medical research is rooted in a locally-driven rural development programme initiated by the Anglican church in the 1970s. Led by a young Akinda deacon and community physician, the programme grouped the scattered homesteads into distinct villages which were given new names. ‘Village health helpers’ were asked to number the 100 homes surrounding theirs for a census. This shaping of homesteads into villages provided the mapping for the HDSS that was to come in the 1990s.

Photo 3. Home Number One. Designation on the door of the nyamrerwa (village health helper) whom the first author stayed with in Akinda, and who started the mapping of her ‘village’ in the late 1970s. Source: Aellah.

In each village, village health helpers were trained to bring the health programme into the community. Activities included creating a clinic, conducting a census, making home visits and the distribution of family planning. In the 1980s, a research component of community-based malaria control was conducted by the local physician in collaboration with the University of Nairobi and other outside agencies. He was invited to complete data analysis in the United States, making the first connections with CHA. But the most significant legacy of this programme was the creation of the role of the village health helper, which quickly changed to *nyamrerwa*, a local term encompassing child health, midwifery and a person known and respected by all. When the first NCRO/CHA study on immunity to malaria in infants arrived in the late 1980s, outside researchers found it difficult to find and gain

pregnant mothers' trust. In this they were helped by existing *nyamrerwa* who already knew and regularly visited everyone in their villages. A bed-net trial and the beginnings of the HDSS followed in the 1990s, which further allowed additional projects to utilise the statistics already known about the Akinda villages. The *nyamrerwa* soon became essential to every new project, as they were easily able to monitor births and deaths in their villages, and the trust villagers had in them was transferred to NCRO/CHA projects. As subsequent projects required more technical skills, their roles in routine data collection were replaced by school-leavers like JaKenya. But each NCRO/CHA village still retains a *nyamrerwa* to serve as a community liaison between transnational research and the villages. They introduce new projects, disseminate findings, help handle tricky situations, and are called upon to do sensitive work like pregnancy testing or entreating parents to bring their children to the hospital for nasal swaps.

Caught in a state of perpetual temporariness: the meaning of a clinic inside a shipping container

This crystallisation of medical research into a permanent fixture in Akinda occurred through a series of consecutive short-term projects – where the next was never guaranteed – underpinned by the existence of the HDSS, which in turn is dependant for its continuation on funding generated by the shorter-term interventions that come to Akinda because of it. In the eyes of residents, these temporary activities blur into one continuous existence, held together by the familiar faces of staff like the *nyamrerwa*, themselves kept on temporary zero-hours contracts. In this way, transnational medical research activity has managed to continue for more than three decades.

Akinda is one location in an ‘archipelago of a few high-powered and well-resourced islands of global science’ (Geissler 2013). Not dissimilar to industrial enclaves, these are highly serviced small areas dotted across the continent, rather than dissipated throughout, and integrated into, national ministries of health and universities. Such islands have evolved as a result of two inversely related changes. The first involves the increasing standards, technologies and possibilities of global science (think of the skills and resources required to continually transmit and transform the mass of data garnered from Akinda residents into useable statistics). The effort – and financial turnover – is immense, and the high standards set in place by the globalisation of health research means that it must be protected if it is to become meaningful. The second change relates to the crises that have occurred in Kenya since the late 1970s (such as privatisation and structural adjustment, compounded by the AIDS crisis that began in the 1990s, overwhelming national health services), which have made it difficult for these standards to be achieved in local and national universities and laboratories without overseas partners.

The foundations of these islands, formed through collaborative agreements between overseas and local partners rather than cemented in national ministries, are fragile. They are governed by politicised and projectified funding cycles and underpinned by ideologies of observing and testing in a scientific field, rather than interfering in a national space. Research activity in Akinda therefore struggles to put down deep roots in the villages it continuously statistically constructs. Staff numbers and configurations of expertise, clinics, vehicles, supplies and so on periodically expand and contract according to the projects’ needs. Criticism of this short-term approach is met with the comment that this is, after all, *research* and not a public health intervention.

In this configuration, NCRO/CHA exists in a state of permanent temporariness that permeates all its activities. Staff are engaged on one-year renewable contracts, to try to find a

balance between avoiding any guarantees of permanence while assisting staff, who after all represent the Kenyan middle class, to obtain various class trappings such as mortgages and loans. The ability of research projects to impact the infrastructure of health service delivery in lasting ways is also challenged. A good example is an Akinda research project that required a new clinic and ended up with one in the form of a shipping container, as mentioned in the opening of this paper. The container was placed on the grounds of a dilapidated Ministry of Health dispensary, and was bedded in with the planting of flowers around its base. When these flowers grew, the designer assured the delegation of researchers, dispensary staff and community representatives who gathered to agree on the plans, it would look just like a ‘real’ building.

Widely used in HIV programming activities in Africa, shipping container clinics are valued for their low cost and speedy set-up, and their capacity to be taken away and re-used elsewhere at the end of an epidemic (or funding cycle). In Akinda, the use of a container also avoids the conundrum and tricky negotiations of a donor country exerting its sovereignty and exceeding its remit (‘we are not responsible for the public health of Kenya’) by building on Kenyan land. The clinic was deposited, not built.

The best example of this constant balancing act between states of permanence and temporariness is found in the International Emerging Infectious Disease Programme (IEIP) run on the bones of the HDSS in Akinda. When the IEIP was first set up, the facilities needed to run the hospital arm of the study were not available in the local government dispensaries. Time pressures, resources and the ideology of research rather than intervention therefore led the researchers to make an agreement with the matron of the private mission hospital instead: every month, the NCRO/CHA field station would be billed by the mission hospital for services provided to its study participants. Furthermore, nearly all of the hospital staff are in fact field station employees. Over time, this arrangement, initially conceived of as temporary, has

become more permanent, as the IEIP study has been granted extension after extension. From the perspective of participants, care at the mission hospital is permanently free. Researchers worry what will happen, however, when, inevitably, no more extensions are given, the hospital reverts to being understaffed and fee-charging, and residents must turn to increasingly neglected government facilities.

What effect does this situation have on the subjectivities of those living in Akinda? It could be argued that Akinda residents relate to transnational medical research in a somewhat ‘subjunctive mood’ (Whyte 2002). Min Unita, for example, whom the first author stayed with during fieldwork, has been a *nyamrerwa* since 1979, when she was one of the first to join the rural development project. She has worked continuously on a ‘casual’ temporary basis with various researchers ever since. Her work biography – always working on small projects, never knowing for sure if a new one will follow – has crystallised into a career spanning 30 years and a rock-solid self-identity: ‘We are *nyamrerwa* for life’. Yet she always answered questions about new upcoming projects and her future in a tentative tone: ‘God knows’. With no pension and a zero-hours contract, she continues to work and walk around the villages in her late 60s, despite her painful hips. Equally, in many interviews with residents across Akinda, concern was raised about the possibility that the field station would one day ‘leave us’, placing research in the same category as other nonspecific ‘donors’, perceived as sometimes helpful but invariably transient. Concerns also flourished when people spoke of the negative side of ‘being with’ the field station, such as the ‘money shock’ that was perceived to hit youths newly recruited as fieldworkers.

Underlying these stories were fears of something both participants and researchers termed ‘dependency’, borrowing from development parlance. Fears about dependency were invoked when researchers raised concerns as to whether Akinda was becoming ‘over-researched’, an idea that encompassed participants becoming too familiar with study routines

(such as the filling of consent forms) for them to be truly meaningful, and irritation when participants made demands, such as youth wanting to be employed as HIV testers in their own villages. This represents an eternal conundrum: villagers need to be primed and receptive to research, but not so receptive as to bias findings. Dependency was also something feared by participants. An extreme example was a rumour spread by a young man when talking about a non-NCRO/CHA research study which included Akinda in its catchment. This study was, in his view, giving HIV drugs as prophylactics to at-risk HIV negative women, ‘confusing them with cash’ as a way to make them have sex with HIV positive men. ‘In the old days’, this young man claimed, people with HIV just died and the disease did not spread.

But now these ARVs that [President] Bush gave us freely means people are living with it unseen, infecting us all. ... It is part of a conspiracy to make us Kenyans dependent and obedient to the US, as without these drugs all would die. We have become a child dependent on its father for food. Why do you think there is no British research? Because Britain is no longer the superpower.

More often, the fear of dependency was milder and was connected to the recognition that they, the villagers, were the only permanent elements of Akinda. A retired teacher summarised a focus group discussion about the issue:

Let me explain what we are saying clearly: If [the field station] carried their things and goes, and the government also carried their things and goes, and we are from here, do we also carry our things and go? No. We are not going anywhere. We remain

here. Life has to go on. If they go, then the people they have been treating in the study will just die. So, as this is the case, we must see how we can live.

In this focus group, the pervading feeling that emerged in relation to Akinda as a researched village was not a sense of being opened up to global connections, but rather a recognition that Akinda residents were, or would one day would be, ultimately alone.

The next section turns to the second story mentioned in the opening of this paper, which looks at the activities of one fieldworker, who, whilst working for NCRO/CHA, was also engaged in a personal attempt to create a space for himself in the village. Brought into a rural landscape through research employment, he ended up turning visiting into staying and belonging. JaKenya's story is orientated towards the future and, as such, is a counter to other, more temporary, stories of transnational medical research activity in Akinda. His lively and rich sense of self also acts as a counterpoint to the flattened descriptions of fieldworkers' lives in other anthropological accounts.

Story 2: Welcome to 'Westpoint, JaKenya, Yawa!', home of a fieldworker in Akinda

A few minutes' walk from the collection of rented concrete single-storey buildings that house the local field office of NCRO/CHA in Akinda, and surrounded by parcels of land divided into maize fields and small rectangular iron-roofed homes, a once bushy patch of neglected land has been transformed into a forest in miniature. Crossing the threshold into JaKenya's compound in 2013 is like being transported into a lush secret garden. A blue-painted iron gate – normally an indicator of a modernised dwelling – marks the beginning of a path through a tangle of trees and flowers. An artful hand-painted wooden sign nailed to a tree and decorated with Tusker beer bottle tops announces that you have entered 'Westpoint, JaKenya Yawa!' (Westpoint, Person of Kenya oh yeah!). Beyond, hidden among a veritable forest of acacias, pines and indigenous trees, stands a group of small structures, their composition following the layout of a traditional Luo homestead. First, we come to the *dero* (granary) for storing the maize, on whose cylindrical woven reed wall hangs a weather-beaten inspirational poster declaring that 'Man can live about forty days without food, about three days without water, about eight minutes without air, but only one second without hope'.

Peeping through the acacias, we can see an uncut ceiling pole poking proudly through the grass-thatched roof of JaKenya's *abila*, a traditional hut belonging to a compound's patriarch, a place for relaxing and meeting friends, as well as the mud-plastered rounded walls of the *od yueyo* (kitchen), *od welo* (pit latrine) and *od budho* (main house). Inside this rounded hut, one of the few still constructed like this in the village, Norwegian, US, British and French flags, and posters of Malcolm X and Bob Marley, hang from the ceiling. Cartoons and sketches by JaKenya's deceased artist brother adorn the walls. Traditional gourds for drinking sour porridge and catapults for hunting hares hang off nails tacked into the wall posts.

Photo 4: JaKenya's *abila* (patriarch's hut). From top left: a mock post box; JaKenya and family in the forest surrounding the hut; flags adorn the ceiling; gourds and catapults on the walls.

Beehives dot the edges of JaKenya's forest and, in a shady clearing, he has replicated a cool outdoor soda shop, complete with plastic table, chairs and a Coca-Cola branded umbrella. From this vantage point, with a soda in hand after a long day traversing the rural landscape by rugged motorbike, with his laptop plugged into a solar-powered battery, JaKenya can watch over a small earthen grave beyond, a quiet monument to a dear friend from the city slums who departed too young and with no ancestral or acquired land of his own in which to rest.

Every day, JaKenya leaves his forest haven and rides around the thirty or so villages involved in the IEIP on a rugged motorbike doing quality control checks. He greets everyone he comes across with an emphatic greeting of '*JaKenya!*' (Person of Kenya!), which in turn has become his local nickname. The nickname is a typical Luo-English hybridisation, his attempt to recognise and emphasise shared citizenship, albeit with a Luo designation.

As he travels around Akinda assisting in the collection of biomedical and demographic knowledge about its population, JaKenya collects additional things of his own: a traditional headdress borrowed from an elderly traditional dancer to help him win this year's Christmas fashion show held at NCRO/CHA's city headquarters; inspiration from a nearby NGO-run model farm for tree-planting techniques; a sweet, rare taste of ghee prepared by a friendly lady farmer; as well as a feel for what 'the community', as local residents are known in research parlance, thinks about a new TB study.

In the evenings, JaKenya stays late in the small field station office to ensure that the handheld computers, which connect the data collected from the villagers to a virtual global research network, are fully charged for the next day. At night, he returns to his wife and two young children, both named after international researcher friends, who live with him at Westpoint. On the weekends, he works hard on his tree farm, as well as on other small parcels of land nearby that he has bought for his children and future generations and has planted with tree seedlings. A phrase he is fond of repeating goes: ‘The true meaning of life is to plant trees under whose shade you do not expect to enjoy’.

Financing for what has now become JaKenya’s Westpoint forest and its expansion came from slowly accumulated savings from his modest fieldworker salary, as well as loans, with progress often suspended by the various family crises of sickness and death which periodically draw away funds and energy. It has been hard, slow work. But to an outside observer, who has watched for the better part of a decade, the growth of JaKenya’s Westpoint from a small collection of prized saplings to a fully-fledged secret garden hideaway feels like a miracle.

Becoming a rural person

JaKenya, unlike many of the ‘local’ fieldworkers working for NCRO/CHA, was not born in Akinda. He was born in the Rift Valley, where his mother worked for the National Cereals Board and his father was an army officer. His parents were busy and his grandmother felt he was being neglected, so at the age of five he was taken to live with her in one of the lower-class estates in Kisumu City. For the latter part of his primary schooling and for all of his secondary schooling, he was sent to boarding schools in North-Eastern province. After school, he took a diploma in electrical engineering. He hated it, feeling he was ‘more a

human person than a machine person'. After completing the diploma, he 'tarmacked' for a while (an expression for walking around looking for work), while staying at his grandmother's place. One day, he was ambling along the street and he caught sight of Robert, a Scottish Voluntary Service Overseas worker. He describes the encounter as follows:

It was crazy, you know when you are still in your teens, you don't behave so well! I was just walking along the street and I decided to make fun of 'odiero', the only white who was resident then in Manyatta. [Putting on a funny nasal voice] 'Hello! How are you?' Robert was like, 'I'm Okay'. I said: 'You look like an American'. He said 'Nope, I'm a Scottish'. And conversation started. It was as simple as that.

This chance meeting was a turning point in his life. Robert was conducting a survey on children with disabilities, but was having trouble locating them. JaKenya suggested asking children if they knew any, since unlike adults, children are always free to come and go in other people's compounds. The strategy paid off and Robert employed JaKenya for six months, inspiring in him an interest in development work and, perhaps more importantly, writing him a glowing reference letter which JaKenya took to Research International when they were recruiting for fieldworkers. As a Research International fieldworker, JaKenya had the chance for further 'exposure' and travel, working on projects ranging from enquiring into the soapiness of soap to the quality of mobile phone reception.

During this time, JaKenya continually applied for positions at NCRO/CHA, at least fifteen times, and always in rural areas. He was keen to experience rural life, because he had been brought up in town and longed for a change. Eventually he got lucky when he responded to an advertisement for community interviewers for IEIP in 2005. During the

interview, he had to demonstrate some connection with Akinda. Fortunately, his mother had been born there, so he could truthfully say that he had relatives in the area. Having been brought up by his grandmother, he could also speak deep, rural Dholuo and so was able to pass the translation tests. He moved to Akinda, first staying with his uncle's family and throwing himself wholeheartedly into rural living: 'They said, "We can't believe you are one of town". I told them, "Life is how you take it"'. He soon moved into a one-room rented rowhouse behind the market. His forest home was then only the beginnings of a dream contained in the promise of fragile saplings, lovingly nurtured in cut-off plastic bottles, collected as samples from various village homes and arranged in neat lines outside his house.

When asked about what had drawn him to rural living, JaKenya argued that it was more 'real' to him:

Down here, the place is becoming wilder and wilder. In the morning, birds wake me, people greet me. People live more outrightly, not hiding around. Urban people tend to pretend and be more cosmetic. I'm touched when a kid or an old man says hi to me. I feel part of it. Some old men told me you are now *JaKinda gi WuodYala* (a person of Akinda, who is also a son of Yala, JaKenya's ancestral home) because I have stayed without issues and brought something unique.

Making as performing

Jakenya's Westpoint farm, with its careful consideration of style and substance, is, arguably, a form of performance art, a deliberate and imaginative construction of a heterotopic space. It

is an act of wilful thinking, a mapping of a real yet utopian place (Bloch 1995 [1986]). It is an artistic creation reflecting a desire to be somewhere, and shaping that somewhere. Sitting in his traditionally constructed *abila* hut contained within a compound that takes its nickname from a US military academy, in a nod to an army researcher friend, JaKenya looks up at the flags that he had entreated numerous overseas researchers to bring him. His place in the world is made meaningful through reference to these other faraway places that he plans to tour in his retirement, as well as in reference to Luo traditional practices of herding and hunting, brought into view through the gourds and catapults displayed on the walls. For JaKenya's constructed space reaches across time as well as place. Or more specifically, across ideas of time – of dreams and longing for the future and dreams of the past (Piot 2010). JaKenya's Westpoint looks across the world to the United States and elsewhere, but is firmly embedded 'on the ground' of Luoland soil. Similarly, it looks forward to a cool, shady utopian future protected by trees and self-sufficiency (one which also connects him to a global network of other committed environmental activists through his active social media accounts) and simultaneously backwards to a Luo past that may or may not have really existed. A pre-colonial, pre-AIDS time when Luo patriarchs contentedly shared stories with friends in their cool *abilas*, made like JaKenya's out of mud-thatch, surveying their wealth contained in cattle, land, produce, wives and children.

It is fruitful to think of JaKenya's work as a performance, or performative, not least because of his beautiful labelling of the components of his compound, which call to mind a living museum. JaKenya has surely not labelled aspects of his dwellings for the benefit of his Luo neighbours, who know without being told how a traditional Luo homestead should be constructed. Although mostly designed for his own future generations and the improvement of, in his words, 'the community around' in impoverished Akinda, JaKenya's Westpoint is also partially created with a different audience in mind. For the researchers from the Global

North that JaKenya regularly meets or invites into his space – to eat a ‘traditional’ meal of brown, unbleached *ugali* (a rough, unprocessed maize grain) porridge and tilapia freshly caught from Lake Victoria, for instance – JaKenya’s celebratory, nostalgic version of a traditional, rural life improved by global connections and relationships is a compelling, joyful representation of a ‘remote African village’. It offers a counterpoint to simplistic representations of the village as a place of poverty and of local researchers as only desiring to become Westernised. JaKenya works hard to maintain this. He often takes it upon himself to act as a tour guide for visiting overseas researchers, taking them to visit the village of Mama Sarah Obama or sites of Luo cultural significance.

Photo 5. *JaKenya, a loving sartorial parody of a Scottish hiker, taking the first author on a cultural fieldtrip to Kit MiKayi, tourist landmark and pilgrimage shrine for followers of Legio Maria, a Luo-initiated church. He is wearing socks with battery-powered leg warmers. 2008. Source: Aellah.*

At NCRO/CHA’s annual Christmas fashion show, in contrast to his colleagues who wore outfits made of condoms or *kitenge* cloth in modern cuts, JaKenya confidently strode down the runway resplendent in a historic feathered headdress borrowed from an elderly village dancer. In his day-to-day attire, he prefers to wear *akala* flip flops. Made of repurposed tires, and usually seen as a marker of dire poverty, JaKenya shapes his into fish, a creative reinterpretation that celebrates the association of JoLuo with Lake Victoria. This has led to more than one overseas researcher taking these lower-class items home as a cultural gift.

JaKenya's joyful performance of Luo identity moves beyond his sartorial choices. He has been strict with the upbringing of his children. Malcolm Gem, his young son, has tasted only brown *ugali* and takes no sugar in his tea. He spent the first few years of his life mainly living with JaKenya's grandmother so he could speak only Dholuo and learn the right ways to be from an elder.

Although in a minority, JaKenya is not alone in his commitment to finding conscious value in village living and celebrating Luo identity. There are others who, in perhaps less dramatic ways, carry with them this joyful spirit of reclamation. Chacha, for example, a young Luo man brought up in Nairobi, came to Akinda to intern on a development project. After a sharp period of adjustment to village living, he described a new-found sense of self and purpose, learning how to speak proper Dholuo and developing a deep connection to the place. Nine years later, he is still there and engaged in a tree planting project of his own. Other Kenyan fieldworkers who had relocated from urban areas also made efforts to place the village at the centre of their lives. One veterinarian working on a zoonosis study opened his own permanent veterinary clinic in the market, and another choose to hold his wedding in the village. JaKenya and these others are perhaps part of the seeds of a turn towards a new ruralism among a particular group of educated young people in Kenya (Mwaura 2017). A group that does not see the 'village' as a necessarily backwards-looking place, but a potentially fertile space to creatively dream of a different future and independent living. The 'village' is continuously parodied in Kenyan popular discourse, but there are attempts to encourage a re-interpretation of the possibilities of rural economies, especially in Kenyan TV shows like 'Shamba [Farm] Shape Up' and 'Don't Lose the Plot'.³

Conclusions: making as dreaming

JaKenya's creation of Westpoint is about more than the performance of a rural cosmopolitan neo-Luo identity, of which an idealised hopeful version of rural life is a key ingredient. The space that JaKenya has laboured to create can also be read as both a product of and a counter to, or perhaps even an explicit commentary on, the anti-permeance of transnational medical research. When asked about the future of his home, JaKenya is confident: 'I would love to see it in 20 or 30 years'. But when asked about even the short-term future of research in Akinda, JaKenya, like other Akinda residents, is much more tentative: 'The future with research is so tricky. It really depends on the goodwill of NCRO and CHA. I cannot say it will be here in even two years. It is not a permanent thing. And I question why we still have these deaths under five when we have all these interventions'. At the time of writing, fears of temporariness were finally being played out, starting with a drastic reduction in the number of villages included in the HDSS.

For JaKenya, his family's future economic survival lies in the land rather than research. He cites the honey that his bees produce as a future income generator. He also has plans for some commercial farming, ironically planning to sell produce to Akinda youth who want to work rather than farm. Like city-based researchers, employment for JaKenya is not the end of his financial struggles, but more a chance to access loans and begin to build a real economic future through business or farming (Aellah and Geissler 2016). In this sense, JaKenya's Westpoint is an opportunistic by-product of employment with transnational medical research. Employment has enabled JaKenya to access loans. But it has also had its limitations, and the potency of JaKenya's desire to change the future has been thrown into sharp relief by some of the tragedies that have occurred along the path towards the creation of his forest. Along the way, he has lost a friend, a child and a brother. His child died of a brain tumour, misdiagnosed as TB. The cost of specialist treatment surpassed the private medical

insurance cover provided through his employment. His friend died in a traffic accident and his brother of pancreatic cancer, in a country with no affordable cancer care. The protective effect of working with a transnational medical organisation, and of years of experimentation in aid to improve public health, can only stretch so far. Here it is possible to see in JaKenya's forest something bigger than a personal dream.

In terms of thinking about the specifically temporal and visceral qualities of dreaming through a space like Westpoint, Foucault's writing on heterotopia is helpful (Foucault 1997 [1967]; Street 2012). Unlike utopias, which are sites with no real reference places, dream-sites, like JaKenya's forest garden, are realised through activity in intensely real and intensely physical places. JaKenya digs, waters and labours in his garden, acting to concretely dream of a future where his forest will become a local permanent 'landmark', and a habitat for birds, insects and small reptiles. His forest dream-site stands next to, and in contrast with, the temporary rented offices of the field station nearby and the light-footed, preformatted research clinics in their shipping containers dotted about the landscape, as described in the first story.

Recent literature has explored the importance of dreaming as a way of trying to actively work on the future in contexts where gaps between the technological promise of global health and the realities of access have grown even further, due to the exponential growth of private health services across Africa and the continued neglect of national health facilities (Geissler and Tousignant 2020). Dreams can be 'a form of work through which people make the world they live in and the world they live for, through which they constitute themselves and trace possible futures' (ibid.). The papers in Geissler and Tousignant's upcoming collection tend to focus on larger-scale dreaming with future-looking visions more directly related to health programming, but there is also space for thinking about the work of dreaming within the seemingly small, everyday actions of fieldworkers like JaKenya.

JaKenya's personal dreams, which are ostentatiously not about global health, nevertheless create space, through contrast, for thinking critically about the conduct of transnational medical research in rural locations like Akinda.

The work JaKenya has done on his tree farm is about creation and production, a celebration of concreteness. It is hard not to avoid comparing this labour to the labour JaKenya puts into the data he collects during his day job, which disappears into a digital ether, leaving behind no real changes in infrastructure. Both activities are tiring, but one is about movement and circulation and the other about grounding and centring. Both are also about building relationships, yet within transnational medical research the relationships are there to serve the creation of an abstract statistical concept of a village. Within JaKenya's forest, the relationships celebrated are the health and good life of his future generations. The trees he plants remain, the food he produces is eaten, the bees pollinate, and the landscape is continuously visibly changed. With his art installation of a globalised forested Luo homestead, a playful reinterpretation, bounded and full of nostalgic love, JaKenya re-centres the village as key to what it might or could mean to be Luo today.

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Notes

1. Akinda is a pseudonym.
2. National Clinical Research Organisation/Central Health Agency (NCRO/CHA). This is a pseudonym.
3. See for example newspaper articles like: Kale, E. (2008) Hell Has No Fury Like a Villager ‘Conned’ by Consultants. *The Standard*, 5 October, p. 40; Malanda, Ted (2008) Death of the village dating service. *The Standard*, 17 November, p. 4.