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Clinical Labor: Tissue Donors and Research Subjects in the Global Bioeconomy . By Melinda Cooper and Catherine Waldby. Durham, N.C.: Duke University Press, 2014. Pp. ix+279. $89.95 (cloth); $24.95 (paper).

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My critiques point more to alternate analyses and theoretical preferences than to any shortcomings of this book, which has much to offer. Barnes had the fortitude to study a population that has been difficult to locate, let alone research extensively. She is skilled at asking questions that yield rich data, and her writing style is very accessible. Moreover, Barnes balances the right amount of empathy and analysis. I would highly recommend this book for those interested in examining connections between gender and medicine.

Clinical Labor: Tissue Donors and Research Subjects in the Global Bioeconomy. By Melinda Cooper and Catherine Waldby. Durham, N.C.: Duke University Press, 2014. Pp. ix+279. $89.95 (cloth); $24.95 (paper).

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In scholarship on the contemporary role and practices of the biosciences in the production of knowledge, value, and life itself, *Clinical Labor* stands out as an important contribution that helps make sense of new incorporations of bodies, stratifications, and relations. Melinda Cooper and Catherine Waldby make a compelling case for defining clinical labor as the in vivo labor of production, metabolism, gestation, consumption, and oogenesis and spermatogenesis that tissue donors in assisted reproduction and stem cell research, and human subjects in pharmaceutical trials, do. By naming this work *as* labor, the authors open up novel ways of historicizing that work and analyzing the markets, discourses (including bioethics), and relations that demand, supply, and structure such labor.

After spending a chapter reviewing some of the major transformations in labor markets (e.g., the rise of labor outsourcing, service contracting, and human capital theory) that they argue deeply shape clinical labor, Cooper and Waldby first examine fertility outsourcing. They compare sperm and oocyte procurement as distinct forms of clinical labor that redistribute reproductive risks and capacities across geography, time, and class. Especially illuminating is their tracing of the various conditions that gave rise to the contractualization—and the specific terms of such contracts—of gamete outsourcing in the United States.

Expanding their analytic lens to transnational fertility chains, Cooper and Waldby argue for the concept of reproductive labor arbitrage, wherein cheaper sources of reproductive labor are bought in one place and then sold for higher prices elsewhere. Both the case of the European oocyte market and that of gestational surrogacy in India show the increasingly transactional nature of assisted reproduction. Despite anticommercial regulations in the European Union, the interpretive flexibility of "compensation" for the ex-

penses and inconvenience of oocyte donors has de facto produced an increasingly monetized market. In Indian gestational surrogacy, both the extreme price differential in surrogacy labor between India and other regions and the fact that gestational surrogates make no genetic contributions to the fetus and thus leave no trace of their ethnicity on the child combine to create this global market. In both of these cases, Cooper and Waldby convincingly argue that they must be situated within wider historical, political economic shifts in relationships among states, markets, and families: for instance, the loss of socialist state provision of child care and health care in Eastern Europe and India's efforts to adopt a neoliberal, entrepreneurial economic model, encouraging service outsourcing and the informalization of work. These larger economic and labor market transformations are promoting transfers of capital, reproductive resources, and labor between North and South, and West and East, that are both familiar in their directionality and gendered nature, yet also new in the kind of labor relations established.

The second part of the book turns to the "work of experiment," examining the labor and laborers that characterize the lower ends of the pharmaceutical production chains in the United States, China, and India. In their sweeping and comprehensive review of the regulatory infrastructure, economic enabling conditions, and shifts in labor supply and demand in the United States, the authors argue that the move of phase 1 trials (where potential drugs are tested for toxicity) out of the prison to populations at the margins of social and biological citizenship represent not so much of a shift as a continued burden of visceral risk borne by people of color and the urban underclass. Phase 2 (further studies of safety and preliminary studies of efficacy) and phase 3 trials (to test the effects of new drugs against standard-of-care treatments) recruit those at the margins of the health care market, un- and underinsured, chronically ill white women. This latter arrangement constitutes, according to Cooper and Waldby, a new form of "work for health care" akin to workfare. China's ability to mobilize populations for clinical trials is critically hinged not just on the government's investments in biomedical research and development and conformance to global standards for drug testing, but also on postsocialist shifts that produced physicians and hospitals hungry for clinical trial revenue and entire segments of the population with no other options than to exchange their bodies and willingness to be experimental subjects for money or health care. For its part, India has a well-established state-funded domestic pharmaceutical industry now being retooled as an increasingly privatized scientific-economic sector to enter the transnational market, but its successful efforts to market itself as a clinical trials destination also must be understood in the context of declines in health care spending and the informalization of the labor market, both effects of economic liberalization. In the United States, China, and India, then, larger economic and labor market changes have yielded a huge pool of contingent

and precarious (both in economic and health terms) bodies pushed into clinical trial work.

Finally, Cooper and Waldby turn their attention to recent efforts to reform pharmaceutical product development. They argue that, collectively, these efforts represent a newly articulated and coalesced right to self-experiment, reversing a longtime ethical and legal infrastructure and ethos away from consumer protection to a consumer's right to participate in research and assume known and unknown risks. Such trends toward inclusion, self-experimentation, and the democratization of science generalizes risk and redistributes the labor of experimentation in much more extensive ways. Yet it leaves alone the infrastructure of intellectual property and the privileging of scientific labor that justifies commercial appropriation.

Clinical Labor is sweeping and comprehensive, fluidly showing how legal concepts and economic practices interweave with biomedical production and bioethics. Revealing the blurring of production and reproduction and consumption, of value of and in extracted labor and embodied labor, and of free and unfree labor, Cooper and Waldby illustrate how these convergences connect to larger trends in post-Fordism, bioethical regulation, contract law, and labor relations. Their ability to do so is compelling and convincing. Yet in showing how these transformations are so closely knit together, they also underscore the immense challenges of undoing these connections in order to redress the terms of exchange of clinical labor—leaving open the question of how such 21st-century labor relations, once made, might be unmade.

Good Science: The Ethical Choreography of Stem Cell Research. By Charis Thompson. Cambridge, Mass.: MIT Press, 2014. Pp. x+343. $36.00.

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What is good science? For us—workers in the fields of sociology of (medical) science, technology, and ethics—the term has two inseparable connotations: (1) science that is done carefully and well, with scrupulous attention to method, and (2) science that is done morally, free of fraud, fabrication, and biasing conflicts of interest, with the goal of maximizing positive consequences for society and the environment.

In her exhaustive historical analysis *Good Science: The Ethical Choreography of Stem Cell Research*," Charis Thompson provides a more expansive definition. For her, good science is more than the "internal goods" of science (Alasdair MacIntyre, *After Virtue* [University of Notre Dame Press, 1981]), more than good conduct and character, and more than the regulations gov-