


# BLOOD IN A BELLJAR

Who benefits when biomedical research travels?

# A laboratory can save lives. Who carries its costs?

In Liberia, a research colony of chimpanzees and the people who sustained it reveal how scientific gains can travel farther than their benefits.

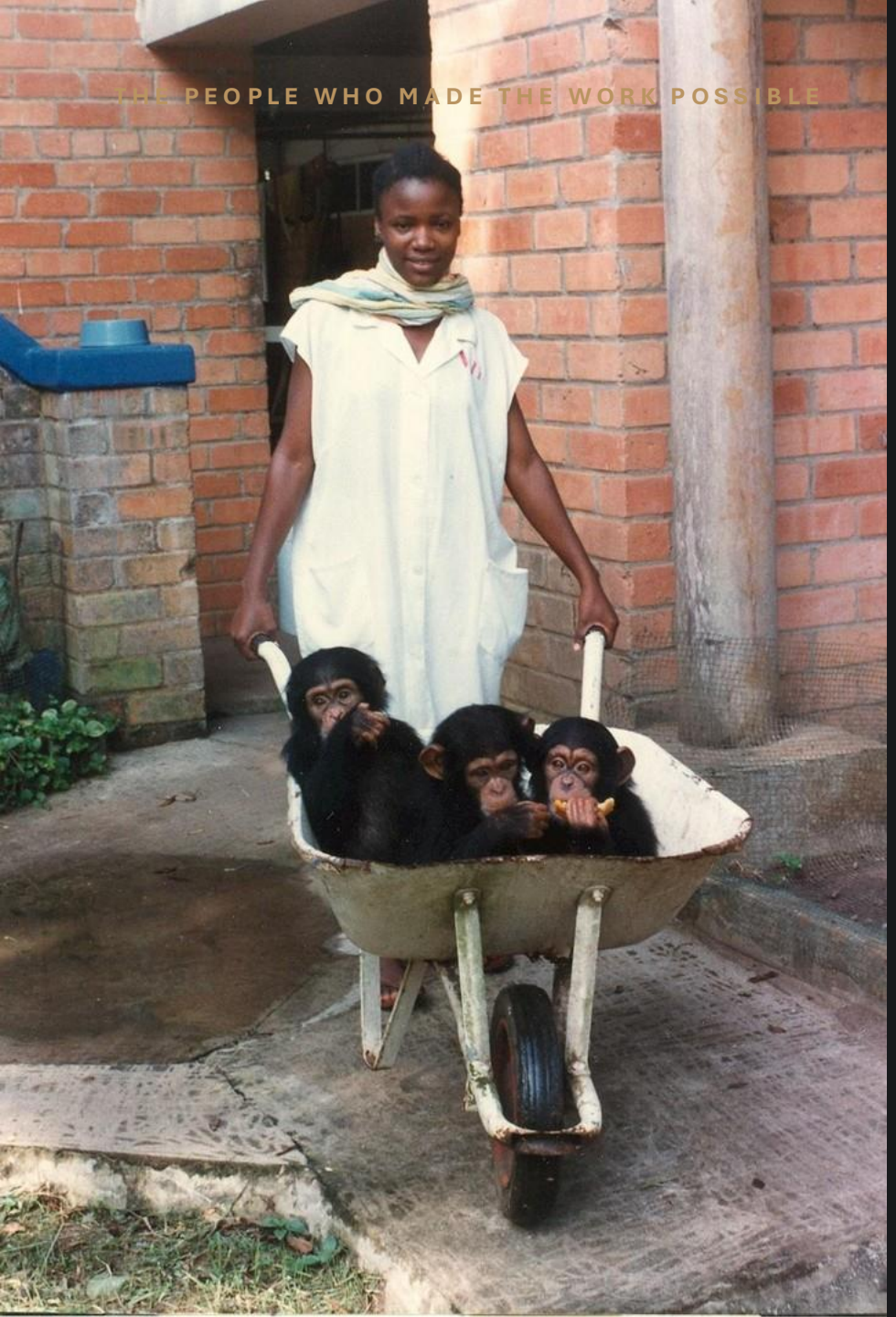



# Liberia imagined a future in biomedical science.

In the 1970s, Dr Emmett Dennis sought international research partnerships that could strengthen Liberian public health. The former Firestone laboratory became a site of scientific ambition.

# The search for a hepatitis breakthrough depended on captured chimpanzees, Liberian workers and human samples.





# Care was part of the experiment.

Liberian staff raised, handled and tended the chimpanzees. Their labour and knowledge kept the colony alive. What recognition and lasting benefit did they receive?

# Dr Prince advanced research and later argued for the chimpanzees' protection.

His support for staff and the animals sits beside the harm of captivity and experimentation. The film follows these tensions without letting personal care settle the question of institutional responsibility.

WHAT REMAINED

# The research ended. The caretakers stayed.

The retired chimpanzees still depended on daily feeding. When Ebola struck, the former laboratory served a new purpose in testing.



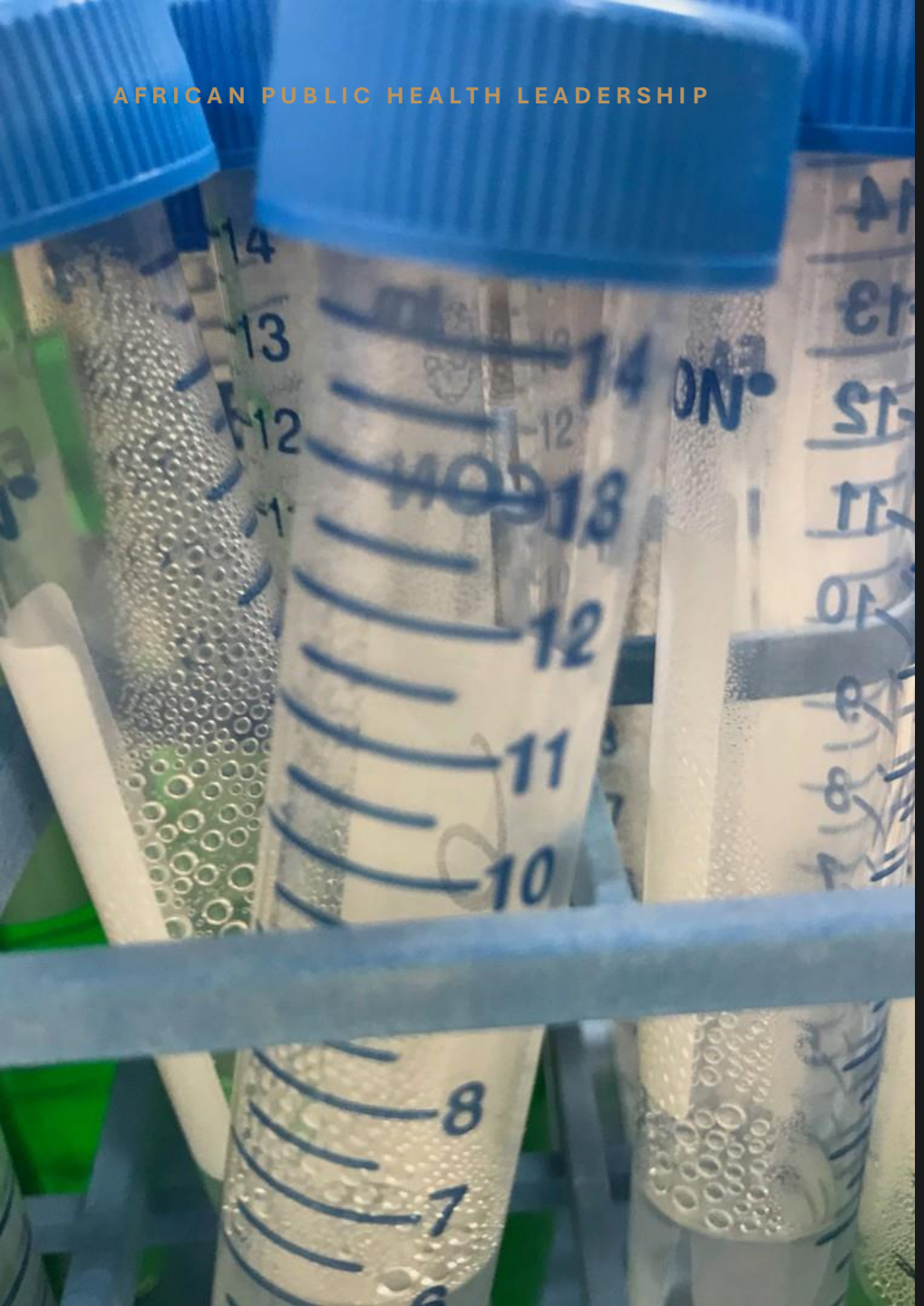


# Liberian knowledge was indispensable during Ebola.

Dr Bolay sees the country’s scientific potential. Dr Fallah recalls contact tracing on the front line. Their work turns the question from emergency aid to sustained capacity.



# A disease crosses borders. Care must cross them too.



# Africa CDC is building a continental response.

National public health institutes and five regional coordination centres can share surveillance, laboratory capacity and emergency support. The film asks what happens when African institutions set the priorities.



# Africa CDC and IOM have signed a new cooperative agreement.

The partnership aims to improve surveillance, cross-border preparedness and access to health services, including for migrants, displaced people and mobile communities. Its promise will be measured in what reaches people on the ground.

# Who owns a discovery made possible by another person's blood, labour or care?

What would it mean to credit those contributions, share the benefits and invest in the health systems where the research began?



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Can the greater good include the people and places that make biomedical research possible?