

# Introduction to “Suspicious Medical Matters”

*Ulrika Trovalla*  
*Department of Cultural Anthropology*  
*Uppsala University*  
*Sweden*  
*ulrika.trovalla@antro.uu.se*

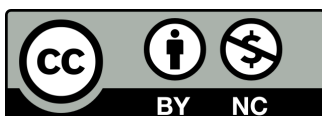
## **About the author**

Ulrika Trovalla holds a PhD in Cultural Anthropology. She currently works as a researcher at the Department of Cultural Anthropology and Ethnology and as a coordinator of the Forum for Africa Studies, Uppsala University. A long-standing focus of her research is uncertainty and unpredictability as predicaments of human life and how materiality becomes part of peoples' struggles to understand and decipher the world at hand. Her work brings to the forefront the ways in which people's efforts to predict or divine the future and viable ways forward, as well as the past and the present, seldom reach any final conclusion or clear-cut answers. Her research is an acknowledgment of life as intrinsically ambiguous, emphasizing the way in which the world often becomes known through suspicions rather than solid facts.

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“Man finds himself living in an aleatory world; his existence involves, to put it baldly, a gamble,” as pragmatist philosopher John Dewey wrote in his exploration of the human quest for certainty (1929, 41). As outcomes are always held in suspense, uncertainty is an ever-present characteristic of the world.

The pathos of unfulfilled expectation, the tragedy of defeated purpose and ideals, the catastrophes of accident, are the commonplaces of all comment on the human scene. (...) Judging, planning, choice, no matter how thoroughly conducted, and action no matter how prudently executed, never are the sole determinants of any outcome. (Dewey 1930, 11).

As the Covid-19 pandemic spread across the globe, uncertainty as an inherent part of life moved to the forefront of experience. It seemed more and more difficult to know the world with any certainty – to turn elusive matters into firm knowledge. Highlighting the theme of this special issue, *Suspicious Medical Matters*, people’s readings of the world came to be based on suspecting rather than knowing.

In March 2020, as the news in the background conveyed terrifying images of the rapid global spread of the newly discovered coronavirus, many people compared it with historic pandemics such as the Spanish flu and the Black Death – the deadliest pandemics in human history. Broadcasters likened the astronomical numbers of people infected and dead during these pandemics with what might eventually be the death toll during the Covid-19 pandemic. Simultaneously, social media overflowed with discussions of the novel coronavirus and its relationship to previous intensely feared epidemics (Ali 2020, 376). Along with terrifying images of human suffering in what felt like a distant past, the harrowing notion suggested by the media was that we were witnessing a moment when these horrors of the past were about to be brought

into the present. The assumption that modern medicine had brought these forms of bacterial and viral pandemic threats under control was fast evaporating, to be replaced by an intense sense of uncertainty. What had once been seen as undeniable facts about the progress of the field of medicine no longer appeared valid, and the world that emerged seemed utterly unknown.

As these fears spread rapidly across the globe, new terms entered the common vocabulary – coronavirus, Covid-19, pandemic, herd immunity, droplet transmission, airborne transmission, social distancing, reproduction number, cloth mask, surgical mask, face shield, hand sanitiser, etc. Everyday words were imbued with new meaning – soap, washing hands, sneezing, coughing, hand shake, bleach, UV light, toilet paper, and so on. The new vocabulary and meanings were also accompanied by actions: in a frenzy, consumers cleared supermarket shelves all over the world of toilet paper, soap, hand sanitisers, and masks, while an extreme shortage of medical masks, face shields, protective clothes, respirators, etc., left healthcare systems in a state of desperate need – and left people with the fear that not only were past medical horrors being brought into the present, but, at the same time, the present was poorly prepared to deal with this reality.

Thus, with the spread of the Covid-19 pandemic, a new global awareness of the vulnerability of human life emerged, but also an intrinsic experience of how little was known about what was going on and how hard it was to get questions to solidify into indisputable facts. Questions without answers were multiplying: what is the virus’s origin; who is spreading it and how; how do you catch it; what does it do when it enters your body; how can you protect yourself from it; are there effective medicines and vaccines; are the vaccines safe? An enemy that people could not see with their own eyes was out there and was at war with humanity, and nobody seemed sure

of what to do about it, or when things would return to normal, if ever they would.

As indisputable facts seemed increasingly harder to find, the reality that life was a fundamentally uncertain affair was brought to the forefront. In Susan Reynolds Whyte’s words, it was uncertainty as “a lack of absolute knowledge: inability to predict the outcome of events or to establish facts about phenomena and connections with assurance” (2009, 213). At the same time, in order to decipher the threats ahead and move forward in a safe way, there was a great demand for knowledge and clues. In the footsteps of the mysterious pandemic’s spread through the human population followed an ‘infodemic’ (Bruns et al. 2020, 12–13; cf. Department of Global Communications 2020). Along with the ‘infodemic’ and the growing experience of incomprehensibility and ambiguousness, suspicions rather than firm knowledge about the nature of things were multiplying, and becoming an endemic part of global life. Everyday navigations came to be based on *suspecting* how things were organized (Trovalla in this issue).

Suspicion, in its essence, is an expression of the ambiguity of life. It is about being in a world where it is very hard to decipher what things really are, what is really going on, or what forces are really engaged. It is the uneasy inkling that things are not what they appear to be, or of concealed malevolent intent by known or unknown agencies. In this sense, while thriving in contexts where there is a lot of uncertainty and ambiguity (see Bonhomme 2012; Malmström 2019; Newell 2019; Orock 2019; Trovalla and Trovalla 2022), suspicion as a phenomenon – just like uncertainty – is a basic part of life in general. In its fundamental nature, it creates, as Sasha Newell has called attention to, “the basis for thinking of culture more as a field of contesting persuasions than one of de facto shared cosmology and values” (2019, 301).

Suspicion is about life as intrinsically uncertain, doubtful, obscure, and vague, and

is not inherently an expression of superstition, irrationality, ignorance, misconception, or fantasy. As Misty Bastian points out in relation to conspiracy theories – as multifaceted suspicions regarding the structuring of the world – there is no inherent correlation between conspiracy theories and unreason (2003, 69). In an ambiguous world, they are part and parcel of “shared ‘meaning making’” (Gagliardone et al. 2013, 3). In the same way that conspiracy theories do, suspicion in general “suggest[s] that there is more to power than meets the eye” (West and Sanders 2003, 7). It brings with it an approach to life that does not take the world as it appears for granted – rather, it embraces the “politics of doubt and vigilance” (Orock 2019, 566). In its essence, it is a sceptical mode, and is about survival in an ambiguous world – finding safe and viable ways forward. It is “wise for people to remain suspicious” (Newell 2019, 320).

Drawing from a variety of experiences from the African continent, this special issue delves into the field of suspicion that surrounds medical matters: the complexes of suspicion which connect to patients, healthcare providers, healthcare institutions, donors, NGOs, pharmaceutical companies, health policies, medical technology, medicines, diseases, viruses, etc. Medical contexts are arenas in which the body, through which life is lived, is in its most vulnerable state. Deeply penetrating into matters of life and death, the fundamental uncertainties and ambiguities of life itself are brought to the forefront, while distinctions between medicine/poison, healing/killing, and benevolent/malevolent intents often become intensely blurred and ambiguous.

Entering the Nigerian medical landscape in the wake of the coronavirus, in the article “The Necessity of Suspicion: Treading with Caution through a Nigerian Medical Landscape”, I bring forth how the Covid-19 pandemic magnified matters already inherent in the landscape. Through global historical processes, the Nigerian medical landscape has been saturated with ever-present and

intense feelings of uncertainty, ambiguity, and vulnerability. In citizens’ pursuit of medical treatment, a critical eye of suspicion has materialized as an inherent, a necessary, and a sound part of their everyday readings, predictions about, and navigations of the Nigerian medical landscape. A ceaseless battery of questions is evoked: is it medicine or poison I am being prescribed, is the doctor trying to heal or harm me, does the hospital have the equipment needed, and, ultimately, what ulterior motives are at play?

Colonial medicine shaped experiences of Africa as a laboratory and of citizens as potential ‘experimental subjects’ (Nguyen 2011, 442), and these exploitive relationships still echo in Nigerian citizens’ present-day experiences of international health interventions. People retain an ever-present awareness that they are potentially being used, in the name of medicine, for somebody else’s gain and concealed interests. They have acquired an intense vigilance – continuously scrutinizing what is really going on behind the scenes of different international health interventions, whether run by the WHO, governments, NGOs, big pharmaceutical companies, or international academic research teams. The Structural Adjustment Programmes of the International Monetary Fund and the World Bank, starting in the mid-1970s, dramatically reversed a previously growing field of medical infrastructural services. An era of underfinanced medical systems and economic harshness ensued that left Nigerian citizens with the intrinsic experience that nothing – not drugs, health facilities, health workers, health interventions, health policies, etc. – could be counted on to be what they appear to be. In the end, shaped by past experiences, Nigerian citizens, in their search for safe ways forward, have learned to always approach the medical landscape with a scrutinizing suspicion.

Caroline Ackley, Ketema Degefa, Eyoel Taye, Nega Assefa, Mohamed Aliyi, and Getahun Wakwaya, in their contribution “Things that Take from People’s Bodies: Rumours about

Minimally Invasive Tissue Sampling and Evil Spirits in Ethiopia”, focus on medical technology, and specifically on an innovative technique known as minimally invasive tissue sampling (MITS). MITS is a biopsy instrument used to remove small tissue samples from deceased children under five. It was developed to increase the potential for determining causes of death in low- and middle-income countries. The article explores how a community in Ethiopia experiences and articulates their encounter with this medical tool and with the transnational health team connected to it. The authors highlight how these experiences connect to a history – which continues in the present – in which the West used and approached African countries as scientific laboratories, seeing populations as objects of study rather than as patients.

Drawing on an understanding of the history of transnational health teams on African soil, Ackley et al. show that what – from one perspective – is seen a potential medical gift is transformed into a suspected theft of blood and organs. The suspicions come to centre around the MITS tool. The suspicions directed towards the instrument and the practices of the staff connected to it are materialized in their feared relationship with the evil blood- and organ-consuming spirit, *Tuqatta*. Highlighting people’s very heartfelt vulnerability in relation to global medical interventions, *Tuqatta* embodies the suspicion that the MITS is not for their benefit but is, rather, a tool to take something from them for somebody else’s gain. They conclude: “local frames of understanding should not be dismissed as ‘rumour’ or simply something to overcome in health research, rather they require serious attention and indicate the need for open dialogue between researchers and the public” (this issue, 218).

By focusing on the drug Misoprostol, Seydou Drabo, Fatoumata Ouattara, Carine Baxerres, and Agnès Guillaume, in their contribution “Reproductive Health Governance: Availability and Professional Use of

Misoprostol in Benin and Burkina Faso”, bring attention to the social life of drugs and the inherently ambiguous nature of drugs as both potentially benevolent and malevolent agents. Initially, Misoprostol was used in the treatment of gastric ulcers, but, with time, other efficiencies were proven in obstetric care: the treatment of postpartum haemorrhage, the acceleration of delivery, postnatal care, and abortion. Its range of efficacies has turned Misoprostol into a drug that plays a major role in reducing maternal mortality in low-income countries, at the same time as it has also given rise to intrinsic suspicions towards the drug.

To unearth the social life of the drug, Drabo, Ouattara, Baxerres, and Guillaume focus on the processes leading up to the official approval and subsequent use and non-use of Misoprostol in Benin and Burkina Faso. They highlight how different health actors, because of Misoprostol’s potential use in abortion, display a high degree of suspicion toward the drug. Rather than possessing purely medical powers, the drug materializes as a tool that enables activities perceived as destructive and immoral. They demonstrate how it is infused with such a high degree of ambiguity that even the mere mention of its name, “quickly conjures up images of induced and illicit abortions and raises suspicions about those who use or speak about the drug” (this issue, 239).

While the authors highlight how the drug becomes embedded and given meaning in specific social contexts, they draw attention to the important fact that the suspicions surrounding the drug not only influence therapeutic and professional relationships, but in the end also limit women’s access to the drug and to safe abortions.

While suspicions are often approached as exoticizing pieces of *curiosa* of the Other, they need to be grasped as the socially embedded phenomena they really are. As all the contributions in this special issue highlight, in different ways, suspicions are true and real in the sense that they grow out of people’s experiences of the world. Suspicions are also true and real in the sense that they come to shape people’s actions and everyday choices, which in turn form the emerging world. People do things with suspicions and conspiracy theories “which are relevant to the universe of meaning to which they belong” (Gagliardone et al. 2013, 3). Suspicion is real both as “a force and an experience” (LeVine and Malmström 2019, 138). No matter who enters into it – patients, healthcare providers, pharmacists, donors, researchers, pharmaceutical companies, as well as governments – suspicion will remain an integral part of the emergent medical landscape, just as uncertainty and ambiguity will remain an inherent characteristic that needs to be navigated.

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*Ulrika Trovalla*

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