



Global health meets sugar capitalism

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Cal Biruk explores how technologies of audit and claims to transparency common to both agri-capitalist and global health infrastructures in Malawi paradoxically proliferate suspicion. They call for rethinking (mis)trust as embedded in postcolonial spatiotemporal and infrastructural orders.

After a long drive, Sheila and I arrive at the gates of a sprawling fifty-one square



mile Malawian sugar plantation that belongs to Africa's largest sugar company. An armed guard greets us and inquires about our purposes for entering the plantation. We explain we are affiliated with an NGO in the capital, have booked lodging inside the gates, and will be leading a workshop for local health care providers in a rented conference room at the company golf club across the street tomorrow. He nods, checks our documents, and asks us to step out of our car. He rifles through flipcharts, folders, and markers stuffed into the trunk, and opens a cardboard box containing hundreds of condoms and small bottles of water-based lubricant to be distributed to men who have sex with men (MSM) living in the district. After running a mirror over the undercarriage of the car to check for explosives, he allows us to pass.

We are on the plantation in the name of global health: Sheila is a Malawian employee of an NGO whose primary focus is outreach, research, and advocacy with sexual minorities in Malawi, and I am an anthropologist-collaborator with the NGO. We arrived to the plantation that day by surprise (neither of us realized our reserved lodging was *inside* the plantation), but the NGO has returned numerous times to conduct donor-funded workshops targeting district health care providers and MSM in the district. On this visit, health care providers are trained to increase their capacity to treat MSM without stigma. The Global Fund, the world's largest funder of global health programs, has prioritized key populations (MSM, transgender persons, incarcerated persons, sex workers, and IDUs) who face elevated HIV-risk and lack access to health services in their effort to 'end AIDS.'

After arriving at the lodge, we head to the bar to eat dinner and edit the slides for tomorrow. A group of men in company-branded polo shirts play billiards and sip whiskey. The server is chatty; glancing at our laptops, he tells us, "They [the workers] won't tell you the truth. They are afraid of losing their jobs." He mistakes us for auditors charged with doing impact assessments of sugar mill operations, belying awareness of a damning 2015 report that claimed the sugar company was evicting farmers to garner more land and raised concerns about workers' conditions. His words index the intimate enclosure that characterizes



plantation life: Housing, healthcare, and education for children are provided (to permanent employees, if not to a large contracted seasonal labour force) within the grounds. The sugar company anxiously surveils its domain, installing community policing units, patrols and roadblocks to mitigate theft of sugar cane and equipment, and prevent setting of malicious fires that destroy cane; the golf course, too, is surrounded by an electric fence. The productivity of workers who make Malawi one of the 'lowest cost' sugar-producing regions in the world, is closely monitored; cane-cutters who fail to meet daily targets may not receive their daily wage (Dubb et al 2017:465, Kiezebrink et al 2015:19-20). Technologies of surveillance bely an investment in ensuring maximal annual yield of sugar cane, typically around two million tons.

Instead, I suggest that mistrust and suspicion—and the idioms, (conspiracy) theories, and practices they generate—are fundamentally entangled with political economic histories and geographies of imperialism muted by technologies and rhetoric that make claims to transparency and truth.

The next day, surrounded by health care providers, I am struck by the tall sugar cane stands just outside the conference room. A sour odour—by-product of ethanol production from molasses—wafts through the door. These sensory experiences registered the coincidence of sugar capitalism and global health in space and time, prompting me to juxtapose relations and logics of labour, suspicion, value, surveillance, audit, and performed benevolence characteristic of plantation and (global health) aid economies. This is not to draw a crude analogy between the plantation and global health. Instead, I suggest that mistrust and suspicion—and the idioms, (conspiracy) theories, and practices they generate—are fundamentally entangled with political economic histories and geographies of imperialism muted by technologies and rhetoric that make claims to transparency and truth. Underpinning mistrust between, say global health researchers and target populations or plantation supervisors and workers, are longstanding racialized relations of allocation and appropriation (Stoler 2016:347) rendered oblique by framings of mistrust as a problem of 'culture,'



misunderstanding, or interpersonal strife. Hierarchies and inequalities that foment suspicion and mistrust are embedded in spatiotemporal orders, especially distinctively postcolonial ones like ‘the plantation’ and ‘global health.’ In what follows, I intersperse vignettes and discourse analysis, tacking between the plantation and global health to demonstrate how trust/mistrust and transparency/opacity emerge in two postcolonial space-times that, for me, briefly collided.

Sheila and I sit at a table in the conference room with thick manila envelopes stuffed with Malawian *kwacha* notes (money) in front of us, jokingly referring to ourselves as ‘bankers.’ Workshop participants line up as we meticulously count out their per diems and prepare the ‘sign-in sheet’, a compulsory piece of paperwork for donors who insist on documentation that proves that a ‘real’ person—represented by their signature and mobile phone number—received the money. As always, participants complain about the inadequacy of the per diem amount. Employed in the name of transparency, ritualized technologies of audit common to global health worlds nonetheless generate suspicion, anxiety, ill-will, and mistrust. Elsewhere, I have documented how MSM who attend workshops or trainings accuse some among them of being ‘fake gays,’ (even as they appear as ‘real (enumerated) gays’ on audit sheets) or faking a marginalized sexual identity to ‘steal’ coveted per diems not meant for them (Biruk 2020). Such suspicions reflect how, “key words such as transparency, conveying notions of trust, openness, and fairness...dance endlessly across the same terrain as vernacular key words expressing suspicion, hiddenness, and treachery” (Sanders and West 2003:12).

Sitting at the table as a (white) ‘banker,’ in such close proximity to a ‘members only’ country club and cane stands directed my attention to how the exploitations and transactions the plantation has witnessed over time denote the accumulated palimpsest of uneven relations captured in this place, relations that flexibly shift with different material and discursive turns but remain anchored in the racialized



distribution of harms, benefits, health, and sickness. The coincidence of workshops and a plantation reveals that global health is entwined in landscapes and social ecologies that do not fall solely under the sign of the primary sites in which its projects are thought to play out (NGOs, clinics, clinical trials, etc...). A small shift in anthropological gaze—away from the immediate proceedings of a workshop and toward the plantation infrastructure just outside the conference room—invites new lines of thought. The sour odour that wafts into the conference room draws attention to the seams where two seemingly distinct infrastructures and economies touch (Vertesi 2014). The NGO's need for a conference room large enough to host its workshops that is centrally located within the district makes the plantation, whose imposing infrastructure seems out of place amid an otherwise impoverished landscape, a logical host. The infrastructure of sugar capitalism becomes terrain on which global health work plays out.



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In quarterly reports sent back to donors, the NGO quantifies its successes using indicators like number of MSM HIV-tested or number of health care providers trained. The sign-in sheet above is collated with hundreds of others to furnish donors with proof of ‘return on investment’. In a section titled “Advocacy/ Stakeholder Engagement” in its 2019 Annual Report, meanwhile, the sugar company, Illovo (2019), touted its contributions to national public health goals. Mimicking the aesthetics and language of global health reports, an infographic depicts that two million people were ‘reached’ in 2016/17 through a Vitamin A sugar fortification programme (Illovo 2017:34), which, according to marketing materials, brings consumers *mphamvu* [strength or vigour]. Vitamin A nutritional deficiency, a leading cause of childhood blindness and a contributor to all-cause mortality, has been a concern since the colonial period. The 2019 installation of vitamin A dosing plants at Illovo’s sugar factory was widely praised in national media, shoring up the industry’s claim to social responsibility; as Dubb et al (2017:465) argue in their analysis of the political economy of sugar, South African investments in sugar in the region are entwined with development aid and state politics alike. In Malawi, for example, a company that owns 2000 hectares of land leased to Illovo for cane production, provides technical support to international donors implementing community development projects that target small farmers displaced by sugar companies (IRIN 2012, Chinsinga 2017).

The sugar fortification programme is a collaboration between Illovo, the government, NGOs, and UN agencies, blurring lines between global health, development, and sugar capitalism. Plantations have long been a convenient laboratory for experiments to optimize and tinker with life, labour, and ecologies in the name of health or improvement. Plantation-run clinics for employees and community members are frequent sites of global health research and interventions, including malaria research, clinical trials, and AIDS-related population size estimates. Global health projects seep into the plantation and utilize its infrastructures to access a captive experimental population. Vitamin A fortified sugar is an apt metaphor for global health, whereby certain conditions (nutritional deficiency) are narrowly targeted by interventions (sugar



fortification), while others (land grabbing, occupational and environmental health risks for workers) are overlooked, echoing the narrow presumptions of ‘life’ inherent in the oft-repeated mandate to save lives that dominates global health rhetoric.

These rhythms—where ‘projects’ (and their funds) come and go and seasonal work is not guaranteed from one year to the next, respectively—generate uncertainty, doubt, suspicion, and insecurity, even as annual reports or publications produce convincing ‘truths’ of social responsibility, success, and health.

In the early 2000s, shortly after Illovo took control of the plantation from a government sugar authority, they closed down a crocodile ranching project whereby hot wastewater from the factory was used to warm hatchlings whose skins were exported to Italy. Local communities experienced an uptick in “marauding crocodile” attacks and accused Illovo of letting the crocodiles loose, perhaps to push people off land that could be used for sugar cultivation. This charge, which Illovo dismissed, reflects a legacy of forced removal of residents and land-grabbing in the interest of transforming customary land into sugarcane cultivation areas (Bae 2019). Crocodiles—implicated in famous stories of Malawi’s post-independence president Hastings Kamuzu Banda throwing political dissidents into their jaws—become nefarious agents in the service of sugar capitalism, which tethers communities to a corporate giant for their livelihood.

Malawians caught up in global health worlds, too, mobilize idioms of ‘eating,’ theft, and vampires to critique what are seen as bloodthirsty practices. I documented accusations levelled by rural research participants against global health research projects, who contended that 1kg bags of (Illovo) sugar given as gifts were laced with ‘poison’ and accused research teams of being bloodsuckers (Biruk 2017). Bloodsuckers stories are a transhistorical genre that demonizes dangerous others, including colonial officials, firemen, physicians, politicians, and researchers. Registers of faking, bloodsucking, poisoning, crocodiles, eating, and



stealing cue the unpredictable and unreliable rhythms of both global health and sugar economies. These rhythms—where ‘projects’ (and their funds) come and go and seasonal work is not guaranteed from one year to the next, respectively—generate uncertainty, doubt, suspicion, and insecurity, even as annual reports or publications produce convincing ‘truths’ of social responsibility, success, and health. Mistrust is often discussed as a psychological state or attitude, rendered as interpersonal phenomenon, or attributed to misunderstandings. Yet, suspicion and mistrust are situated in and constituted by material, historical, and infrastructural realities of displacement, extraction, and theft.

The plantation initially appears tangential to the anthropologist’s work, outside the ‘field’ or beyond the bounds of their object of study (global health). On a break from the workshops, I wander around the country club, admiring tropical plants and manicured lawns. I come across an abandoned tennis court with weeds pushing up through cracks. No one has played a round of tennis here in a long time. I feel an eerie presence, a ghost pulling at my imagination, gesturing at histories that have unfolded in this place and urging me to think through the message this patch of tarmac, laid in the name of racialized leisure, is sending me. I interpret this haunting as an invitation to excavate the material-semiotics of layered postcolonial entanglements, here between sugar capitalism and global health, laden with suspicion and mistrust.

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