

The Long Shadow of Fake Drugs

And the Social Lives of Fake-ness

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Over the last few decades, researchers and policymakers have raised the alarm about the growing threat that fake pharmaceuticals pose to global health; threats such as that depicted in this image, whose message and aesthetic are regularly recycled in public health education campaigns:



<https://2016.export.gov/thailand/ipr/fakedrugkillcampaign/index.asp>

Figure 1. 'Fake Drugs Kill'.

<https://www.facebook.com/photo/?fbid=842997415730356&set=pcb.842999415730156>.

This message, that 'fake drugs kill', has been repeated so often and with such certainty that it has become a kind of common sense, recognisable to policymakers, practitioners, scholars, and the general public. To question its veracity, therefore, may seem unwarranted, if not downright irresponsible. But, when we started looking into it more closely, we began to see that something did not quite add up. There was a significant mismatch between the strength of the claims and warnings of danger on the one hand, and the seeming lack or weakness of accessible evidence to support them on the other. Moreover, the very lack of evidence *itself* appeared to amplify the concerns. Indeed, in a way, the lack of evidence was often taken as proof not only of a problem but also of the problem's hidden—and therefore inestimably large and threatening—nature (Hodges and Garnett 2020). We found this puzzling.

As we scratched our heads about this mismatch, we also began to see that the danger and urgency attached to worries about fake drugs were not *only* about fake drugs. We noticed that fake drugs had a power beyond their specificity and informed worries about the danger of *all* fakes—handbags, mobile phones, and even wine. In short, we realised that worries about fake drugs cast a long shadow over all fakes. How did that make sense? We knew we needed to explore further.

Alongside this sense that there was something more going on, we began to wonder about the very nature of fake-ness. When we tried to understand what made something fake and what made something not fake, we hit a dead-end. The definitions of fake-ness that we found were multiple and often mutually contradictory (Hornberger and Hodges, this issue; Sirrs, this issue). Sometimes fake-ness was diagnosed through law, sometimes through location and proximity to certain people, and sometimes on the basis of appearance. And when we dug a little deeper, these diagnoses, or definitions, of fake-ness rarely held water. You can imagine our surprise on seeing how much scholarship on fake drugs positioned itself as though fake-ness were both stable and easily knowable. This was the case whether we were reading scholarship on public health, on access to medication, or on intellectual property (IP) rights. Yet, following our close scrutiny, we concluded that the ontological status of fake-ness was neither possible to resolve nor a generative quest. Instead, we decided to look for different ways to capture and make sense of the power of fake drugs. We built our project, '*What's at Stake in the Fake?*'¹, to do precisely that.

1 See the project's website: <http://fakedrugsproject.org/>.

In our project, rather than adopting a ‘case study’ approach we sought to examine locations where worries about drugs and safety flared up and where these worries were fanned by a language of fake-ness. Further, we sought to understand how these different places, contexts, and forms reverberated through one another. In order to do this, we put together a team of 12 researchers working across a range of locations—India, Kenya, South Africa, Switzerland, Tanzania, and Zimbabwe—and received generous funding from Wellcome to carry out our work.

A major part of our process was not simply looking to understand the phenomena of fakes and drugs but to reflect on and situate such claims-making practices in a broader set of scholarly conversations. We read across the anthropology of pharmaceuticals, paying particular attention to how this field has raised questions about the new primacy of pharmaceuticals in everyday healthcare practice as well as in global finance capital. What resonated for us in here were the uneven political economies of pharmaceuticals, particularly in an age of generics, intellectual property rights, and enforcement. For us, however, the political economy of pharmaceuticals was not simply a matter of unequal access to medicines; this was also a field in which claims and counterclaims about counterfeit and fake-ness came to thrive. Here, our focus was on how official policy and public health discourse provided an important context for people to make sense of their own everyday pharmaceutical worlds as well as how people moved beyond official messaging (Baxerres and Cassier 2021; Biehl 2007; Cassier and Correa 2019; Cloatre 2013; Dumit 2012; Ecks 2008, 2013; Gaudilliere and Sunder Rajan 2021; van der Geest, Whyte, and Hardon 1996; Greene 2016; Sunder Rajan 2017; Hardon and Sanabria 2017; Hayden 2007, 2013; Hsu 2009; Lakoff, Petryna, and Kleinmann 2006; Whyte, van der Geest, and Hardon 1996).

Nevertheless, we also noted how scholars have failed to explain how or why accusations of fake-ness carry such a charge beyond the particular historical and economic constellation that frames IP debates. It was at this point that we were able to start thinking with fakes, as we moved forward with the question of how to study pharmaceuticals in the world.

We also read the work of others studying the social and economic lives of fake-ness in the Global South (e.g., Abbas 2008; Copeman 2018; Ferguson 2006; Hofmeyr 2018; Meyer and van der Port 2018; Taussig 1993; Wong 2013, 2017). Their scholarship helped us model how to take fakes seriously as objects of inquiry, rather than using them to advance moral or aesthetic judgments.

Finally, we have also been considering the work of scholars who study how fakes animate global health (Cloatre 2016; Hodges 2019; Hodges and Garnett 2020; Hornberger 2018, 2019; Kingori and Douglas Jones 2020; Kingori and Gerrets 2019; Peterson 2014; Quet 2021). Ranging from fake data to fake researchers,

this scholarship helped us contemplate new ways of thinking through global health inequalities.

We took the insights of this work forward with the fine-grained evidence that only ethnography can provide, and used it to ground our original methodological and conceptual framework. What remains central to our approach is not simply the relationships between different kinds of fakes, but also how global health figures as an indexical arena in which fakes—and worries about the threats fakes present—take root and thrive.

Just as most of us were getting ready to enter the field we were hit by COVID, and then the world closed down. The constraints of lockdowns forced us to reconsider how we might start fieldwork. We read work on digital and hybrid fieldwork methodologies. We talked about how to improvise methodologies. And we even attempted what seemed counter-intuitive, or at least unconventional: to start writing before and alongside our research.

Some of us wrote with material that we had managed to collect just before the world shut down (Bandora, Hodges, Hornberger, Sirrs). Some wrote conceptually (Hornberger and Hodges). Others, worked through a combination of Zoom interviews and phone calls, alongside the limited fieldwork opportunities that came with the episodic rhythms of mobility punctuated by openings and closures (Thakur). Still others made use of digital resources, including social media and digitised archives (Peete, Chitukutuku, Sirrs).

Under the aegis of our editor Erin Martineau, we honed our drafts writing by adding writing sessions to our collective online reading discussion sessions. What you have in front of you is the outcome of our collective efforts from this process.

If this introduction to this Special Section were an instruction manual for readers, we would ask you to proceed as follows. First, we would invite you to read the opening piece in the Special Section: 'Fake-talk as concept and method'. That article is not another introduction, even if it might appear that way at first glance. It is a manifesto! In it, we (Julia and Sarah) set out our approach, which entails stepping away from a search for 'real fakes' and instead studying what happens when claims to fake-ness are made. This is what we call 'fake-talk.' In the article we offer an overview of the three key moves we think calling something fake affords and what animates its power:

- Fake-talk lacks evidence. Normally, we might think that evidence is the anchor (or necessary precondition) of fake-talk. What we are saying is the opposite. Fake-talk is mobile because of the absence of evidence. This

absence of evidence is the necessary precondition for fake-talk to take flight and travel.

- Fake-talk imports urgency. Instead of evidence, urgency is what propels fake-talk. Through this urgency, fake-talk can authorise calls for action and intervention. Fake-talk imports this urgency and danger from other contexts where they have gathered steam. As such, it brings together dispersed and otherwise unconnected worlds into new and intimate relations with each other.
- Fake-talk is expressive. Exploiting the ability of fake-talk to bypass questions of evidence, to presume urgency, and to connect otherwise unrelated things, those who engage in fake-talk are able to say the unsayable. Fake-talk enables new ways of expressing pre-existing discomforts and anxieties, of naming or framing existing tensions, tensions that would otherwise seem unspeakable or insurmountable.

Because the power of fake-talk in the world is what all our studies in this collection examine, what we would suggest you do next is read the other five articles in all their glory, thinking through how fake-talk animates their stories and materials and how these different accounts reverberate among and amplify, and sometimes even contradict, one another.

If you follow our suggested route, you will learn how the urgent danger attached to 'fake drugs' gets appropriated in other public health domains, such as in the pharmaceutical trade between India and Nigeria (Thakur) and the use of pharmaceutical contraceptives in Tanzania (Bandora). Tracing fake-talk in these places shows that fake-ness can arise from incomplete paperwork or from a desire to downplay the use of birth control. It also—perhaps unexpectedly—shapes expert knowledge about fake drugs (Sirrs). You may also note how fake-talk is sometimes only *adjacent* to public health, such as with the public unrest over fake food in South Africa (Hornberger, Hodges, and Chitukutuku) and the intersection of fake-talk about COVID-19 and contemporary nationalism in Tanzania (Peete). Taken together, the articles that make up this Special Section illuminate the social lives of fake-talk, as it moves beyond the familiar territory of WHO global health policy to conversations outside grocery shops in Soweto, in hair salons in Dar es Salaam, in Tanzanian twitterati, and among India's small-scale pharma exporters.

Our ethnographic inquiries shed light not just on fake drugs but on how fake drugs cast a long shadow over *all* fakes. This happens because the idea of the danger of fake drugs, normally only associated with 'fake drugs', in turn imbues other fakes with their own sense of imminent danger and threat to health.

To conclude, we hope this Special Section might offer a new and critical way of thinking about the urgency that attends claims about fake medicines. We write and think about fake drugs from a more sceptical starting place, which we feel is also a more analytically productive place. We are aware that we are positioning ourselves at some distance from the dominant position of most writing on fake drugs in both public health or security scholarship and policy. To insist on a critical approach to the question of fake drugs might seem reckless to some. But given the gap between claims and evidence, it would seem irresponsible not to.

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