

SUSPICION



VACCINES, HESITANCY, AND THE AFFECTIVE POLITICS
OF PROTECTION IN BARBADOS

Nicole Charles

SUSPICION

BUY

SUSPICION

VACCINES, HESITANCY, AND THE AFFECTIVE
POLITICS OF PROTECTION IN BARBADOS

Nicole Charles

DUKE

Duke University Press Durham and London 2022

UNIVERSITY
PRESS

© 2022 DUKE UNIVERSITY PRESS. All rights reserved.
Printed in the United States of America on acid-free paper ∞
Project editor: Lisa Lawley
Cover designed by A. Mattson Gallagher
Text designed by Aimee C. Harrison
Typeset in Garamond Premier Pro by Copperline Book Services

Library of Congress Cataloging-in-Publication Data
Names: Charles, Nicole, [date]- author.
Title: Suspicion : vaccines, hesitancy, and the affective politics of
protection in Barbados / Nicole Charles.
Description: Durham : Duke University Press, 2022. | Includes
bibliographical references and index.
Identifiers: LCCN 2021013191 (print)
LCCN 2021013192 (ebook)
ISBN 9781478015017 (hardcover)
ISBN 9781478017639 (paperback)
ISBN 9781478022251 (ebook)
Subjects: LCSH: Papillomavirus vaccines—Social aspects—Barbados. |
Papillomavirus vaccines—Political aspects—Barbados. | Health and race—
Barbados. | Biopolitics—Barbados. | Women, Black—Medical care—
Barbados. | Cervix uteri—Cancer—Barbados—Prevention. | Feminist
theory—Barbados. | BISAC: SOCIAL SCIENCE / Gender Studies |
MEDICAL / Infectious Diseases
Classification: LCC QR189.5.P36 C437 2021 (print)
LCC QR189.5.P36 (ebook) | DDC 616.9/11—dc23
LC record available at <https://lcn.loc.gov/2021013191>
LC ebook record available at <https://lcn.loc.gov/2021013192>

Cover art: Simone Asia, *Waterlogged*, 2015. Pen and ink on paper.
Courtesy of the artist.

Publication of this book is supported by Duke University Press's
Scholars of Color First Book Fund.

DUKE

UNIVERSITY
PRESS

For my ancestors
and my matriarch,
Monica Marianne Charles

DUKE

**UNIVERSITY
PRESS**

Contents

Acknowledgments ix

Suspicion: An Introduction i

ONE. CIRCLES OF SUSPICION 24

TWO. RISK AND SUSPICION: AN ARCHIVE
OF SURVEILLANCE AND RACIALIZED
BIOPOLITICS IN BARBADOS 45

THREE. (HYPER)SEXUALITY, RESPECTABILITY,
AND THE LANGUAGE OF SUSPICION 66

FOUR. CARE, EMBODIMENT,
AND SENSED PROTECTION 94

FIVE. SUSPICION AND CERTAINTY 115

Conclusion: Toward Radical Care 148

Notes 155 Bibliography 175 Index 191

DUKE

UNIVERSITY
PRESS

Acknowledgments

The first version of this manuscript took shape during my time in graduate school at the Women and Gender Studies Institute (WGSi) at the University of Toronto, where I began my scholarly engagement with transnational feminist studies. I am forever grateful to have been among M. Jacqui Alexander's final cohort of students at the WGSi. Thank you, Jacqui, for modeling transnational feminist activism in your teaching and scholarship, for reminding me that the archive is alive, for asking the most urgent and challenging questions, and for your persistent reminder "to take it there," to the roots, residues, and depths of any inquiry, to the feelings this digging unearthed, and to those who dig/dug alongside me. I also benefited immensely from the support of my extraordinary dissertation co-supervisors, now colleagues, Michelle Murphy and D. Alissa Trotz, who have guided this project from its infancy. Murphy, your confidence in me and excitement about this work have sustained me, and I am a better thinker because of you. Alissa, what a brilliant and generous force you are. Thank you for investing in me and for your endurance. I am deeply grateful to have met and been mentored by you.

I have had many wonderful opportunities to present and receive meaningful questions and feedback on portions of this work across several National Women's Studies Association conferences, Caribbean Studies Association conferences, American Studies Association conferences, Society for Social Studies of Science conferences, and invited talks at the Women's Studies and Feminist Research Speaker Series at Western University, the Feminist Lunch Series at the University of Toronto Mississauga, the Institute of Gender and Development Studies: Nita Barrow Unit at the University of the West Indies (Cave Hill, Barbados), and the Women's, Gender and Sexuality Studies Program at Barnard

D

UNIVERSITY
PRESS

College. Many thanks to the organizers of these events and to those in attendance who thoughtfully engaged with my work. Sections of the introduction, chapter 1, and chapter 3 appeared in an earlier form in an article in *Feminist Formations*, and an earlier version of chapter 2 appeared in an article in *Social Text*.

Thank you to Courtney Berger at Duke University Press for your investment in this book's possibilities, your guidance, and persistent enthusiasm from the beginning to the end. Thank you also to Sandra Korn and Lisa Lawley for guiding me through the production process. To my manuscript's two anonymous reviewers: what an honor it is to be read with such generosity. Thank you for the care with which you engaged with this book and the detailed and generative feedback you offered twice over.

I am indebted to all the Barbadian parents and teenagers who shared their stories with me over the many years of research for this book and who allowed me to journey with them through the intricacies of suspicion. I am thankful for the support of the Barbados Ministry of Health and the many public health professionals who provided me with a deeper understanding of the socio-medical and political landscape in Barbados from which I could begin to understand human papilloma virus (HPV) vaccination delivery. Thank you to the many incredible Caribbean feminist scholars who have read alongside me and supported the research and writing of this book during my time in Barbados, with special thanks to Peggy Antrobus, Charmaine Crawford, Tonya Haynes, and Halimah De Shong.

At the University of Toronto, I have had the great fortune to learn from and alongside Nikoli Attai, Sonny Dhoot, Cornel Grey, Zoë Gross, Brianna Hersey, Casey Mecija, and Henar Perales.

R. Cassandra Lord, it has been such a gift to have you as a colleague and dear friend. Thank you for bearing witness to it all and for helping me "keep it moving." Thank you, Dina Georgis, for serving on my dissertation committee, for pushing me to think more about the affective residues of suspicion, and for your gentle encouragement along the way. My colleagues W. Chris Johnson, June Larkin, Marieme Lo, Melanie Newton, Karyn Recollet, Joanne Saliba, Judith Taylor, S. Trimble, and Lisa Yoneyama have also offered me invaluable encouragement, inspiration, and comfort on this journey. I am also thankful for the graduate students with whom I have had the great privilege of thinking and working at the WGS1. The Technoscience Research Unit and the McLuhan Centre for Culture and Technology at the University of Toronto have provided much-needed intellectual support and space to think collectively throughout this project. Thank you to Kristen Bos, Patrick Keilty, Kira Lussier, Natasha Myers, and Sarah Sharma, whom I have been lucky enough to be in conversa-

tion with in these spaces. Great thanks to Elizabeth Parke for convening a series of writing groups through the Collaborative Digital Research Space at the University of Toronto Mississauga and to those who showed up week after week. You have all supported me during the difficult final leg of this journey.

Thank you to the many other colleagues, friends, and scholars across countries and interdisciplinary academic fields who have thoughtfully engaged me and this book's many threads, ideas, and iterations over the years: Gulzar Charania, Carolyn Cooper, Kelly Fritsch, Anna Harris, Hi'ilei Hobart, Kamala Kempadoo, Susan Knabe, Tamara Kneese, Ruthann Lee, Julie MacArthur, Bonnie McElhinny, Anne McGuire, Heather Paxson, Jessica Polzer, Joan Simalchik, Christy Spackman, Luke Stark, Rinaldo Walcott, Ian Whitmarsh, and Rebecca Wittmann. To my sisters in the Black Feminist Health Science Collective, especially Moya Bailey, OmiSoore Dryden, Ugo Edu, and Sandra Harvey, your words and scholarship have been guiding forces in this project.

To my Trini-Toronto posse, past and present, who have celebrated the big and small milestones of my (life) journey: Erica Beatson, Mikey Clarke, Danielle Kandel Lieberman, Prem Khatri, Demetra Koutroumbas, Becky Mak, Renee Ouditt, Yannique Ragbeer, Mampuru Stollmeyer, and Ike Werner, thank you for nurturing me with your company, food, laughter, and friendship.

Thanks to my parents, Michelle and Brian Charles. Mum, it was you who insisted I first research the HPV vaccine years ago. Thank you for empowering me to seek answers to the questions I cared about. Dad, writing this book brought me closer to you. Thank you for hosting me throughout the research process and for your enthusiasm, humor, and love. My sister has shared in my every sadness and joy. Amara, our sisterhood is such a source of truth, pleasure, and sustenance in this world. Thank you for your exuberance, vulnerability, and dance moves. Finally, to Tristan: thank you for holding me up every day, in every way possible throughout the research and writing of this book. Thank you for listening to every story before it was written, for reading the many drafts, and for your openness to learning and growing with me through this project and in this life. My greatest love and appreciation are reserved for you.

DUKE

UNIVERSITY
PRESS

ACKNOWLEDGMENTS xi

SUSPICION

An Introduction

As I waited to meet with an immunization nurse one afternoon in January 2016, I sat in a quiet waiting room in an otherwise hectic Barbadian public clinic. “I’ll be right with you,” Nurse Dobbs yelled as she rushed past me for the third time, busy completing her immunization rounds. Painted on one of the clinic’s walls was a vibrant pink and blue mural featuring a smiling Mickey Mouse hovering above a bright yellow door that led to an immunization room. Framing the door was a dilapidated sign that read “Immunizations,” and a louvered window with multicolored seashell curtains flanked its left side. To the right of the door was what appeared to be an official, nonlocal public health poster detailing “How to hold a baby while breastfeeding,” along with three corresponding images of a white woman nursing a newborn baby. But it was the single piece of paper casually affixed to the top of the yellow door with tape and a red thumbtack that most caught my attention. On the paper was printed a low-quality photograph of a young Black boy of about three or four years old, arms crossed, his striped shirt worn and dirty (figures I.1 and I.2). In contrast to many global public health adverts that feature haunting images of emaciated African children, in this image the boy’s cheeks are full and he is wearing an animated facial expression complete with a side-eyed look, recoiling ever so slightly from a laughing, well-dressed woman who appears to be a tourist. Although we have only a glimpse of this woman’s profile, the boy’s face is in full focus—his mature expression offering us a sense of his individualism that invokes not pity but

D

UNIVERSITY
PRESS



FIGURE 1.1 Polyclinic immunization waiting room in Warrens, Barbados, 2016.
Photograph by the author.

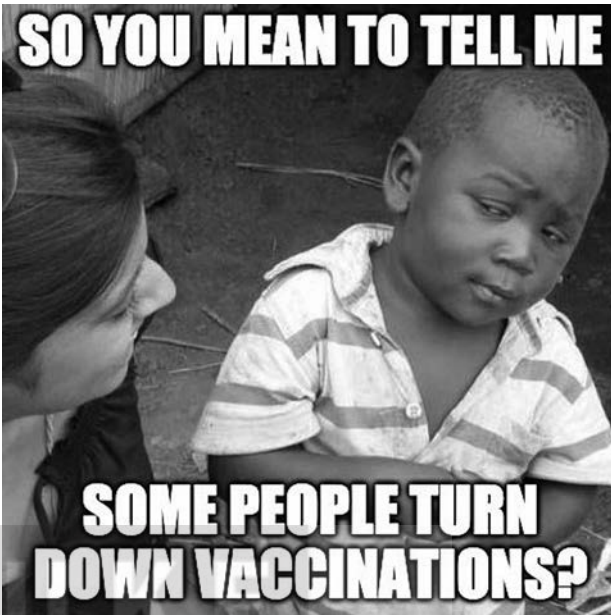


FIGURE 1.2
“Skeptical Third
World Kid” meme.
Reddit, June 20,
2012. [www.
.reddit.com/r/pics/
/comments/vcoc9
/make_this
_skeptical_kid
_into_a_meme
_stat_took/](http://www.reddit.com/r/pics/comments/vcoc9/make_this_skeptical_kid_into_a_meme_stat_took/).
Screenshot by
author.

amusement. Text superimposed onto the image to correspond with the child's skeptical expression reads, "SO YOU MEAN TO TELL ME SOME PEOPLE TURN DOWN VACCINATIONS?"

The original photograph, taken in June 2012 in Gulu, Uganda, captures a still-unknown African child staring warily at an American doctor by the name of Heena Pranav who was visiting Uganda on a medical volunteer mission. Posted shortly thereafter to the social media and news aggregation website Reddit, a user on the platform implores others to "make this skeptical kid into a meme, STAT!"¹ Thereafter referred to as "Skeptical Third World Kid" online, this photograph went on to become a viral sensation. Copied and captioned with various phrases, the image grew to become the site of popular memes that juxtapose supposedly irrational Western behaviors, actions, and attitudes with the skepticism expressed by this young Ugandan child.

Not only do such memes perpetuate the narrative of Africans in need of humanitarian aid and salvation from the West, but as they proliferate behind digital screens as popular culture commodities in the West, they invite recognition, laughter, and perhaps pleasure in the trivial nature of "First World" problems as reflected in the cynical expression of this boy.

This particular meme, attached to the door of the immunization room, notably trivializes vaccine refusal. It suggests that those who might decline immunizations are less informed, knowledgeable, or educated than even the young boy in this image, who would seemingly always accept vaccinations, without hesitation, if only he were given the chance. Alongside the text that expresses the boy's bewilderment over the decision to decline vaccinations, his facial expression and posturing insinuate a simultaneous disbelief and disappointment in this choice despite and amid the immense privilege that often accompanies living in places like the United States. Together, his incredulous stare and these trenchant words suggest not merely a critique of vaccination refusal but the boy's gratitude for the medical care and services provided by US doctors such as Pranav, and the opportunities she affords to him and others in need.

Unsettled, I worried about this meme's suggestion that those who were ambivalent about vaccines were ungrateful, perhaps indifferent to the medical benevolence of those who make vaccines readily available in Barbados, in light of their shortage in places like Uganda. I wondered, Why post this image here, in this clinic? In placing this meme in a government-funded medical facility, was Barbados to be positioned in contrast to places like Uganda and places outside the developing world? Were Barbadians meant to smirk, to recognize themselves as privileged, educated people who ought to know better, be better than skeptical, hesitant, or resistant to vaccines? What does it actually mean to be

vaccine “hesitant,” as is commonly claimed by medical professionals in reference to people who express ambivalence toward vaccines? How does hesitancy relate to skepticism? What are we to make of vaccine hesitancy in postcolonial Barbados? As an already suspiciously perceived Trinidadian in Barbados with whom many medical professionals would cautiously speak if only because of the potential for my research to assist their quest to improve vaccine compliance, I dared not ask these questions to the nurse I was about to interview. *Suspicion* wrestles with these thorny questions as a means of complicating the biomedical conception of vaccine hesitancy and unsettling the plethora of misunderstandings, stereotypes, and injurious histories that undergird medical claims to hesitancy around the HPV vaccine in relationship to young women in Barbados—many of which are invoked in this meme.

HPV and Vaccine Hesitancy

HPV is a species-specific DNA virus that infects epithelial cells of the human body, including those of the fingers, hands, mouth, anus, vagina, esophagus, and cervix. With more than 150 different strains, HPV is the most common sexually transmitted disease worldwide, and it is estimated that more than 80 percent of sexually active women and men will encounter a sexually transmitted HPV infection in their lives.² While most HPV infections are asymptomatic and clear without treatment, persistent infection with high-risk strains of HPV can develop into precancerous lesions, cervical cancer, head and neck cancers, and genital cancers, including cancer of the anus, vulva, penis, and vagina.³ The Caribbean is currently among the top four subregions in the world with respect to the incidence of cervical cancer and has the highest burden of HPV in the Americas.⁴ In Barbados specifically, cervical cancer is the third most common female cancer in women ages fifteen to forty-four years, and it is estimated that 38 new cervical cancer cases are diagnosed annually in a population of under 300,000.⁵

In light of this high incidence rate and the promise of a vaccine to target the human papillomavirus, Barbadians’ initially low uptake of the HPV vaccine came as a surprise to many local medical practitioners. Yet (HPV) vaccination hesitancy is not without historical and international precedent. Cultural and political anxieties around the safety, efficacy, and legitimacy of inoculation practices including variolation and vaccination are as old as vaccines themselves.⁶ Since at least 2014, there has been a marked increase in cases of measles around the world, growing rates of polio outbreaks in sub-Saharan Africa and the Middle East, and a resurgence of whooping cough and mumps in the United States, Australia, and the United Kingdom.⁷ The recent development and distribution

of new cancer vaccines such as the HPV immunization, which protects against cervical and other HPV-related cancers, has presented governments with a host of new challenges surrounding vaccine compliance in adolescent and adult populations. Understanding vaccine hesitancy—a phenomenon defined by the World Health Organization (WHO) as the delay in acceptance or complete refusal of vaccines—has become an urgent international public health priority.⁸

According to the WHO Strategic Advisory Group of Experts, those who are vaccine hesitant fall on a continuum between complete acceptance and refusal and should be diagnosed for the specific determinants of their hesitancy.⁹ In this framework, hesitancy is viewed as “complex and context specific, varying across time, place and vaccines . . . [and] influenced by factors such as complacency, convenience and confidence.”¹⁰ Here, *complacency* is understood by public health and medical professionals as a perceived lack of need for or value placed on vaccines. *Convenience* refers to one’s access to vaccines, and *confidence* speaks to the (dis)trust in vaccines or one’s provider.¹¹ Apart from public knowledge deficits in the science of vaccines, hesitancy is also understood by public health professionals to be closely aligned with and influenced by a range economic, political, and sociocultural factors.¹² A growing body of social science research on vaccine hesitancy has similarly focused on deciphering its broad-ranging and complex determinants.¹³ Comparative ethnographies on vaccine hesitancy across the developing world, for instance, compellingly highlight the complex, interrelated, and multifaceted nature of factors that can affect one’s hesitancy, including history and politics, religion, mode of vaccine delivery, distrust of the pharmaceutical industry, and the broader health system in which particular vaccines are introduced.¹⁴

Despite the recognition of hesitancy’s complexity across these divergent bodies of literature, popular science texts and news media often conflate the phenomenon and those who identify as vaccine hesitant with antivaccination views.¹⁵ Although vaccine hesitancy might entangle with antivaccine sentiment for some citizens in specific locations, as a phenomenon, it is not subsumable to it. To suggest so overlooks hesitancy’s multiple constitutive factors, risks failing to address them (and thus the biomedical problem that is hesitancy in public health efforts to increase vaccine compliance), and, for my interests here, discursively misconstrues hesitancy as just a delay or refusal purportedly rooted in ignorance. Intervening in the burgeoning landscape of social science and humanities research on vaccine hesitancy research, this book wrestles with the term *hesitancy* in relationship to the HPV vaccine by looking to how Afro-Barbadians vernacularly reframe this scientific terminology through the language of suspicion.¹⁶

Suspicion, this book asserts, is the affective intensity that Afro-Barbadians attach to the HPV vaccine around the lives and bodies of young Barbadian women, amid and alongside a range of burgeoning bio- and information technologies in contemporary Barbados. Suspicion foregrounds Afro-Barbadians' gut feelings, emotions, and colonial residues of trauma from biopolitical harms and engenders forms of skepticism through which they often inconceivably reason to protect their children by refusing potentially life-saving technologies such as the HPV vaccine. In spite of the potentially fraught implications for the health of Barbadians, this book illustrates that suspicious affects indirectly reveal the complexity of the scientific logics and knowledge-making implications around refusal, protection, and care and promise capacious insights for the parents who stay true to their embodied sensibilities and for medical practitioners, feminists, and transnational, (techno)science, and humanities scholars, themselves hesitant to produce conceptually neat end points to inescapably entangled biopolitics of past and present.

The contemporary language of vaccine hesitancy and its preclusions can be situated in the lineage of medical discourse on noncompliance, which emerged in the United States in the 1950s in response to patients' resistance or incapacity to abide by biomedical prescriptions. Established as both an ideology of social control and a popular research subject in medical literature by the 1970s, the term *noncompliance* developed from "a continuity of prior patient-categories such as the 'recalcitrant', the 'careless', and the 'defaulter'."¹⁷ Though the word functioned to bolster physicians' sense of authority, it received repeated criticism by both lay and academic audiences for its underlying assumptions of patient passivity, ignorance, and blind submission to the authority of medical providers, and by the mid-1990s it was replaced by medical professionals with the less authoritarian term *nonadherence*.¹⁸ Although the term was intended to foreground the role of patients as active participants in their health care decision making, medical anthropologists have reiterated how *nonadherence* similarly places the responsibility for drug uptake and efficacy on patients, rather than precarious health care structures and medical systems.¹⁹

Medical anthropologist Ian Whitmarsh has traced how discourses of non-compliance and nonadherence in Barbados have been widely adopted by doctors, pharmaceutical companies, and public health and nongovernmental institutions alike to explain high levels of asthma in the country. Conflating citizens' improper use of inhalers with a culture of irrationality and fearfulness in Barbados, he argues, both the language and ideology of noncompliance preclude attention to the risk factors associated with pharmaceutical products and the skepticism toward the medicalization of care that inheres with Barbadians'

medical decision making and pharmaceutical consumption.²⁰ Rather than indicating ignorance or fear, Whitmarsh suggests, Barbadians' improper use or hoarding of unused medications might reveal citizens' widespread frustrations and even critiques of the Barbadian government's embrace of a culture of biomedicine focused on pharmaceuticals. In this context, Barbadians' so-called cultural failure to comply makes precarious the very category of medical compliance and its construction of rationality.

Appearing most prominently in medical literature since 2011, the phrase *vaccine hesitancy*, like nonadherence and noncompliance, fails to capture the multiple affects and experiences involved in vaccination decision making, which often transcend the individual and the contemporary.²¹ Terms such as *hesitancy*, like the "Skeptical Third World Kid" meme, participate in a culture of biomedicine that is often frustratingly inattentive to the weight history continues to bear on peoples of African descent as they encounter and navigate the institution of medicine and its plethora of new biotechnologies. Elaborating Whitmarsh's questioning of nonadherence and noncompliance frames in Barbados in new ways, *Suspicion* unsettles the term and sedimented biomedical logics of hesitancy and furthermore insists on the historical significance, contemporary relevance, and fraught and generative nature of the presumed unsettling nature of Afro-Barbadians' suspicion.

In characterizing hesitancy as unsettling, public health and medical practitioners adopt the word to indicate worry and concern, not simply around the implications of vaccine hesitancy for the spread of diseases but around the risk they believe hesitancy and public distrust threatens to impose on modern democratic societies. Much of what is unsettling about vaccine hesitancy, this book argues, is the extent to which it contests the hegemony of uncontested scientific and biomedical certainty and truth. Critical feminist, technoscience, Black, Indigenous, queer studies, and decolonial scholars have often characterized their work as engaged in a politics of troubling and unsettling, referring to unsettling here as that which agitates, makes anew, and makes unstable such hitherto uncontested claims to knowing and being. Black studies and Black queer diaspora scholarship has consistently engaged in unsettling the nation-state, reconfiguring its boundaries, and destabilizing Black heteropatriarchy.²² Indigenous feminist and decolonial theorists have explicitly deployed the term *unsettling* in different ways to disrupt the ongoing process of settler colonialism, unsettle the lands that have been "settled," and critically embrace the agitation, worry, discomfort, and sense of unsettlement that emerges for white settlers through this politic.²³ Likewise, sticking and reckoning with these troublesome affects, feminist technoscience scholars have variously embraced fraught and contestable

matters of care, piracy, and our relations to the Earth.²⁴ Following these moves to unsettle, *Suspicion* reveals both what is unsettling and what is dismissed in the designation of Barbadian parents as lying hesitantly on a spectrum, in need of advice and reassurance to assist them in improving and sustaining vaccine confidence and reaching the end goal of acceptance of HPV immunization. This book argues for the usefulness of suspicion for those ambivalent about vaccines and for critical feminist, social science, and technoscience studies scholars wishing to attend simultaneously to colonial modes of scientific knowledge and contentious refusals of biomedicine in the anglophone Caribbean—a region that is witness to increasing access to biotechnologies like vaccines and existing in the wake of neoliberal globalization, rapid socioeconomic and technological changes, and violent colonial regimes in which coercive biomedical techniques have long necessitated suspicion and alarm from colonized peoples.²⁵

As *Suspicion* details, Barbadian parents' biomedically prescribed irrationality or hesitancy toward the HPV vaccine fails to account for these multiple and complex historical, transnational realities. By vernacularly reframing hesitancy as suspicion, I argue, Afro-Barbadians offer a thickened articulation of these multilayered and palimpsestic memories, realities, and contexts as affective intensities that, while location-specific, hold transnational implications. *Suspicion* emphasizes the continued salience of histories of persistent colonialism-capitalism in the anglophone Caribbean, of which science and medicine were and are an integral part. Suspicion demands that we sit in proximity to these histories. It implores that we rethink and revise our relationality to biomedicine, its inescapable entanglements in these histories of racism, pain, and discomfort and in the understandings of care that these pasts continue to animate across space and time. In the lineage of transnational Black feminist thought that finds the rubric of refusal for thinking and rethinking everyday vocabularies and practices of struggle against anti-Blackness to be urgent, *Suspicion* refuses the discourse and the unsettling genealogy of hesitancy and instead embraces the radical possibilities of suspicion as affect.²⁶ It thinks with and about suspicion and its excesses that circulate around and beyond the HPV vaccine in postcolonial Barbados. Moving from a discussion of suspicion's contemporary socioeconomic manifestations and historic circulations to an analysis of its fraught association with cultural tropes of respectability, hypersexuality, and protection in relation to Black women and Black female sexuality, this book tells a story of suspicion, its generativity and protective qualities, its impact on subject formation and transnational alliances, its relationship to certainty, and its inescapable fallibility.

The Barbadian Landscape

The setting of this unfolding and circulating suspicion is postcolonial Barbados, which was under British control from 1627 to 1966, when it gained independence.²⁷ Barbados is the easternmost Caribbean country, stretching thirty-four kilometers in length and, according to locals, is just “a smile” wide. The populace consists primarily of Black nationals, the majority of whom are descendants of enslaved Africans. With a population of 286,641 as of 2018, Barbados is one of the most densely populated countries in the world.²⁸ Known for its well-developed education system and high standard of education, the country has also enjoyed one of the highest literacy rates in the world.

Unlike its mountainous and volcanic neighbors, Barbados has flat and undulating lands that historically contributed to the success of sugarcane as the most profitable crop from the colonial era through the early 1980s. After the mid-1980s saw a global decline in sugarcane prices and a move toward privatization and liberalization, manufacturing industries were no longer profitable for Barbados, leading the government to begin to promote foreign investment in tourism and provide tax incentives to the population to encourage manufacturing in the postindependence era.²⁹ Tourism and international business have since made up the major sectors responsible for the country’s gross domestic product.³⁰

The early formation of a two-party system (the Barbados Labor Party [BLP] and the Democratic Labour Party [DLP])—a cabinet government modeled on the British Westminster system—along with a sound economy, prepared Barbados for a smooth transition to independence in 1966 after more than three hundred years of colonization. Unlike other British Caribbean islands (such as Jamaica and Guyana), where the state played a dominant role in economic development after independence, the BLP and the DLP (who describe themselves as socially democratic) have historically supported private enterprise, public infrastructure, and regional integrative initiatives. Following a period of recession in the early 1990s accompanied by high foreign debt payments and social and political disequilibrium, the government established its now renowned social partnership in lieu of devaluing its currency and implementing structural adjustment policies as suggested by the International Monetary Fund.³¹ Although this blend of industry and government partnership has been foundational to the long-standing success of the country’s national education and health care systems, its historically competitive economy and for decades the highest-ranking Human Development Index (HDI) in the Caribbean, a sustained recession on the heels of the 2008 global financial downturn has had a grave effect on Barba-

dos's economic and sociopolitical conditions. For many Barbadians with whom I spoke between 2015 and early 2018, this recession and its ripple effects of public sector layoffs, rising crime rates, and government instability were instrumental in breeding a deep sense of distrust toward the former government. Even as the country began to emerge from this recession in 2014, during my first research trip to Barbados from late 2015 to early 2016, I witnessed an unmistakable sense of apathy toward the then-DLP government, which remained widely characterized in public commentary by economic recession and resource scarcity.³² Indeed, the country's rapidly falling HDI ranking, increased unemployment, and a retreat of the state from tertiary education funding all suggest that the long-standing social partnership between the Barbadian state and society had been fundamentally upset.³³

Apart from exploring suspicion around the HPV vaccine in connection to young Afro-Barbadian women, *Suspicion* is attentive to the ways affective communities and climates of suspicion exist alongside and in response to these forms of neoliberal governmentality and the changing economic climate in Barbados. As I argue in chapter 1, these dynamics of economic uncertainty, state retreat, and a growing sense of government distrust are crucial to contextualizing Afro-Barbadians' contemporary reception and deliberation of newly introduced government initiatives, policies, and products such as the HPV vaccine, which emerge through an assemblage of state-biomedical and multinational pharmaceutical efforts to encompass a biocitizenship project.³⁴ As I have argued elsewhere, such projects "rely on the coalescence of industry marketing, state recommendations, and self-governance, to facilitate the mobilization of certain . . . individuals" (in the Barbadian case, at first young Barbadian women and their parents) "to protect their at-risk, pre-damaged biologies" by choosing HPV vaccination.³⁵

With a health care system at the center of the multinational pharmaceutical industry in the eastern English-speaking Caribbean, Barbados was one of the first Caribbean countries to introduce the HPV vaccine through a national program in 2014.³⁶ Gardasil, a quadrivalent vaccine manufactured by pharmaceutical company Merck, was the first vaccine to be approved by the US Food and Drug Administration (FDA) in June 2006 for use in girls and women ages nine to twenty-six to target four strains of HPV (6, 11, 16, and 18) which account for approximately 70 percent of cervical cancer cases and 90 percent of anogenital warts cases in the United States.³⁷ Since 2006, the HPV Information Centre estimates that Gardasil has been licensed for use in over one hundred countries. Though still most widely colloquially understood to provide protection against the noncommunicable disease of cervical cancer in girls and women, Gardasil

provides protection against the aforementioned strains of the sexually transmitted human papillomavirus, which can variously result in precancerous lesions; cervical cancer; head, neck and throat cancers; and genital cancers, including cancer of the anus, vulva, penis, and vagina. In turn, shortly after its introduction onto the US pharmaceutical landscape, the CDC moved to recommend the use of Gardasil in boys and men ages nine to twenty-six to specifically prevent anal cancer and anogenital warts. Following the launch of the vaccine across European countries, US states, Canadian provinces, Australia, and multiple Caribbean countries including Barbados, governments appear to have followed this initial offering of the vaccine to women exclusively.³⁸

In Barbados, the HPV vaccine was introduced through a national school-based vaccination program in January 2014 for girls ages ten to twelve years old.³⁹ Unlike the traditional introduction of new vaccines by nurses through the island's public clinics (polyclinics), implementing the HPV vaccine involved an unusual and extensive period of public sensitization training, media broadcasts, flyers, town hall meetings, and parent-teacher association meetings run by a team of specially appointed immunization nurses to inform the Barbadian public of the availability and necessity of the vaccine. Through this new vaccination scheme, Ministry of Health immunization nurses would visit secondary schools to distribute parental consent forms for them to administer the vaccine to their daughters in subsequent school visits. Notwithstanding (in fact, possibly due to) these unexpected intensive promotional and sensitization efforts, local immunization nurses reported acceptance rates of a mere 19 percent at the end of 2014.⁴⁰

In addition to a perceived resistance to the vaccine from parents, nurses lamented that many secondary school headmasters, guidance counselors, and teachers were similarly suspicious about the vaccine and the new mode of delivery, and speculated that teachers might have conveniently failed to distribute consent forms to students. These suspected actions, dismal uptake rates, the rise in public commentary, and concern over this new vaccine quickly indicated to medical professionals a growing prevalence of HPV vaccine hesitancy across the island in 2014.

Shortly after my arrival in Barbados in September 2015, the Ministry of Health changed its approach to delivering the vaccine in an attempt to circumvent what it felt was an overwhelming resistance. This change involved expanding the vaccination program to include secondary school girls under fifteen years of age in first, second, and third forms, and opening the vaccine to boys under fifteen years should their parents specially request it. To mitigate issues of resistance from teachers and guidance counselors, the ministry mailed consent

forms to parents directly, but despite even these efforts, ministry officials noted that vaccine uptake rates remained unfavorable. By mid-2015, the Ministry of Health determined that the school-based immunization approach was ill suited to Barbados. It withdrew the vaccination program from schools and began administering the vaccine through the polyclinics. As of this writing, the primary recipients of the HPV vaccine are ten- and eleven-year-old primary school students. In an attempt to routinize the HPV vaccine, the ministry mandated that immunization nurses offer the vaccine to these students alongside diphtheria, tetanus, and polio booster shots, which they have traditionally received at polyclinics in preparation to enter secondary school.

Although many of the medical practitioners I spoke with over the course of my research argued that this new approach significantly minimized parents' hesitancy about the vaccine (as was evident, they argued, by the notable increases in vaccination uptake), both they and the parents I interviewed emphasized the continued and multiple suspicions that appeared to attach to the vaccine, the state, and the medicopharmaceutical assemblage behind the vaccine's introduction. In the moments such claims were uttered, I began to wonder about the potential differences between vaccine hesitancy and the term *suspicion*.

Theorizing Suspicion

It was only after Barbadian parents, nurses, and public health professionals used the word *suspicious* rather than *hesitant* to describe the feelings commonly associated with the vaccine that I came to investigate the politics of suspicion more fully. Like the term *hesitancy*, *suspicion* encompasses a sense of cautious reluctance and thought. But suspicion further denotes the act of suspecting, of apprehending guilt or fault, of feeling wary, uncertain, and distrustful. Like resistance, suspicion involves a sense of doubtfulness and withholding of certainty, but suspicion, this book asserts, ought not to be simplistically conflated with resistance or even refusal.

As a phenomenon, the term *resistance* has been widely theorized and critiqued across feminist and cultural anthropological scholarship.⁴¹ The fields of anthropology and science and technology studies have seen a growing interest in theorizing the concept of refusal as a subject that is linked to but distinct from resistance for its productive social and political openings and ethical claims to the world. Embracing refusal's multiplicity, scholars have variously invoked the phenomenon as a capacious concept that surrounds and moves beyond the state and citizenship, a method evident within and in response to politics and political action, and a response to scientific advancements from reproductive tech-

nologies like amniocentesis to vaccines and stem cell transplants.⁴² Tina Campt defines refusal as “the urgency of rethinking the time, space, and fundamental vocabulary of what constitutes politics, activism, and theory, as well as what it means to refuse the terms given to us to name these struggles.”⁴³ As a Black feminist practice and commitment to reject the status quo that renders Blackness illegible, refusal simultaneously creates and names possibilities for recognition in the face of state-driven neglect and negation. Audra Simpson’s *Mohawk Interruptus* similarly invites us to consider the generativity of refusal as both the everyday forms of interruption and disengagement that Indigenous peoples use and as an anthropological mode of inquiry that “acknowledges the asymmetrical power relations that inform the research and writing about native lives and politics” with an intention to honor and preserve tribal sovereignty and destabilize settler nationhood.⁴⁴ Building on Simpson’s concept of ethnographic refusal, Kim TallBear emphasizes the “histories of privilege and denial” from which scientific and cultural understandings of biology and belonging increasingly emerge in the twenty-first century.⁴⁵ For TallBear, feminist and Indigenous refusals of these categories might be subsequently understood as the precipice of change from which new forms of technoscientific developments and cultural sovereignty can emerge for Indigenous peoples. Across scale and context, whether conceptualized as concept, subject, theory, or method, refusal must be recognized as significantly informed by “a complex interplay of [people’s] past experiences (real and imagined), present circumstances, and future hopes and fears.”⁴⁶ In conversation with this dynamic body of scholarship around refusal and Ruha Benjamin’s caution against the “analytic summersaults” in which technoscience continues to engage to claim medical distrust as “inexplicable curiosit[ies],” *Suspicion* works to unsettle and depathologize vaccine hesitancy through the Barbadian framing of suspicion.⁴⁷

Like refusal, suspicion is constitutive of and co-constituted by Afro-Barbadians’ everyday histories, political realities, and researchers’ (ethnographic) encounters and experiences in Barbados. Yet suspicion is not an active form of refusal. Instead, following my interlocutors, this book argues for suspicion as an embodied affective intensity. Rather than viewing suspicion as a practice, tactic, form of refusal, or mode of resistance to vaccination, this book locates suspicion as affective relation that circulates in the various socioeconomic, political, cultural, and historical formations that contextualize the vaccine, growing assemblages of multinational pharmaceutical networks and the state, and longer transnational histories of slavery, capitalist extraction, and public health. As I explore in chapter 1, although suspicion is often intentional, it is simultaneously affective because to experience suspicion is to be affected by the object with which one has

contact. Building on and intervening in theories of affect and embodied epistemology situated in women of color and transnational feminisms, *Suspicion* explores the messy entanglements of health care work, biomedical authority, state priorities, and noninnocent histories of colonial medical injustice in Barbados to offer suspicion as a unique theoretical contribution to existing scholarship on affect and broader discussions in the Caribbean and beyond on the afterlives of slavery.

Since about 2000, scholars have increasingly begun to theorize affect according to a range of feminist, philosophical, and theoretical orientations.⁴⁸ Across these traditions, affect is variously theorized as sensational embodiments, motivations, and intensities that constitute relations and create social orders. The concept of affective economies, as usefully offered by Sara Ahmed, highlights how affects work by attaching themselves to bodies and spaces, mediating the relationship between them. These and other feminist theorizations of affect as capacities to feel that are sticky, contagious, physiological, and psychological importantly capture the ways emotions can shape us in unpredictable ways and diagnose material and social conditions.⁴⁹ In conceptualizing hesitancy as suspicion and suspicion as affect, it is insightful to conceive this emotional intensity as that which is sticky and contagious, circulating in affective economies that multiply and accumulate in value over time and space amid social, psychic, and material realms.⁵⁰

Long before the so-called turn to affect, critical feminist theorists in the 1980s gestured to emotional intensities and embodied feelings of love, empathy, and care as crucial modes of knowledge to make sense of and resist oppressive social formations.⁵¹ At the same time, Audre Lorde's and other queer, radical, and women of color deployments of eroticism, and what Gloria Anzaldúa and Cherríe Moraga refer to as "theor[ies] in the flesh," were foundational in introducing an understanding of affect and affective intensities as the modes through which women of color navigate survival and liberation.⁵² These affective turns, Claudia Garcia-Rojas forcefully argues, are what destabilize much of the contemporary "White affects and White forms of knowledge" that have come to characterize the recognizable canon of affect theory today and that overwhelmingly disavow women of color feminisms.⁵³ Though not often labeled under affect studies, women of color feminist theory has long and fundamentally captured the affective intensities at stake for people of color and Third World women, enabling them to survive, more than survive, negotiate, and refuse the racialized and hegemonic systems that inhabit their lives. *Suspicion* extends this lineage of women of color and Black feminist scholarship that disrupts "White affect" studies, gesturing to the languages of the self through

which Afro-Barbadians theorize their felt ambivalences and their enmeshment in matrices of (post)colonial violence, power, pain, and care.⁵⁴

Along with these women of color feminist insights and political commitments to a language and politics of the self that are grounded in, on, and of the flesh, critical work in transnational feminist studies offers generative points of departure for exploring the submerged and entangled affective roots and processes in the Caribbean.⁵⁵ Specifically, transnational feminist theory provides a basis for understanding how affects such as suspicion are multiply layered, circulating across and between borders over time and bound up in and responsive to the sedimentation of conquest and colonialism.

Transnational feminist M. Jacqui Alexander analogizes the idea of the palimpsest to that of a parchment: “[One] that has been inscribed two or three times, the previous text having been imperfectly erased and remaining therefore still partly visible . . . The idea of the ‘new’ structured through the ‘old’ scrambled, palimpsestic character of time, both jettisons the truncated distance of linear time and dislodges the impulse for incommensurability, which the ideology of distance creates.”⁵⁶ Arguing for a conception of modernity and matter as complexly layered, Alexander calls on us to rescramble our understandings of the “here and now,” making the notion of time a question of itself.⁵⁷ To believe otherwise absolves new impetuses and iterations of history of their unsettling effects and falls prey to that “historical amnesia” Stuart Hall cautions against.⁵⁸ *Suspicion* mobilizes this analogy of the palimpsest as a metaphor to frame suspicion and identify how it shifts and intensifies through various itineraries across space, continuously attaching and reattaching itself to ideologies of science, rationality, nationalism, and capitalism in and across longer historical and political contexts of public health, race, and nationalism in Barbados and the anglophone Caribbean. Contributing to a body of transnational Black feminist scholarship attuned to the afterlives of slavery; the movement and mobilization of power, relationality, and affect across space and time; and the exacerbated inequalities produced by neoliberalism in the anglophone Caribbean and beyond, this book offers suspicion as both theory and praxis—as generative and fraught, sticky and contagious because it is palimpsestic, living and lasting in the body, in embodied memories and histories of Afro-Barbadians in ways that are difficult to let go. Moreover, this book argues, suspicion interrogates the biomedical offerings of care presented via the HPV vaccine. In so doing, I show, suspicion reveals care’s inequalities and political stakes—by mapping how health care work, biomedical authority, state priorities, assemblages, and noninnocent histories of colonial medical injustice often unwittingly intertwine. Fraught as it is, this book highlights that suspicion ought to be not only something to be

overcome but understood for its gestures toward less injurious forms of health care promotion.

Suspicion's empirical contributions further intervene across the interdisciplinary fields of science and technology studies, medical anthropology, and critical race studies, detailing Afro-Barbadians' responses to a critical public health campaign designated to ameliorate the high rates of cervical cancer. Indeed, despite the powerful advances vaccines promise to afford in places like Barbados and the wider Caribbean, *Suspicion* shows that many Afro-Barbadians' enthusiasm about the vaccine is hampered because of multifaceted concerns about widely theorized discourses and prescriptions of Black female sexuality in the Caribbean, the motivations of the pharmaceutical industry and its assemblages working to promote the vaccine, and the influx of new globalized technologies present in contemporary Barbados (of which the vaccine is one). Likewise, and as excerpts from Barbadian nurses and parents highlight, affects of suspicion hold the potential to shape citizens' engagements with technologies like the vaccine but also with biomedical, pharmaceutical, and governmental claims to certainty and knowledge about hesitancy, care, and protection. As suspicion attaches to the capitalist interests behind the pharmaceutical promotion of the vaccine and to tropes of hypersexuality and erotic subjugation under slavery, the term *hesitancy's* "historical" tropes are revealed and situated in longer histories of racialized science, dispossession, and exploitation, all of which characterized the colonial period.

Undermining the three Cs of hesitancy (complacency, confidence, and convenience), suspicion, as articulated by Afro-Barbadian parents with whom I spoke, further highlights the tenuous and problematic nature not merely of hesitancy but of the HPV vaccine and its discursive, financial, and scientific logics. Positioned alongside predominant biomedical claims that vaccine hesitancy is an unsettling threat to public health, the integrity of vaccines, and modern democratic societies, an understanding of suspicion as a palimpsestic affect exposes and contests the legacies within which such claims lie. These are claims that in the Caribbean and much of the colonized world echo colonial imperatives to civilize and "save" physically and morally threatening Black colonial subjects through the logics of science. From eugenicist "scientific" beliefs of Afro-Caribbean people as uncivilized, lazy, barbarous, and responsible for the spread of tropical diseases and weakening of empire, to medical and legal forms of regulation implemented in response to colonial anxieties around the Black female body as a form of racial and sexual poison, often injurious and racialized forms of science and biomedicine were central to the project of colonialism.⁵⁹ Rather than emerging in resistance to vaccination, suspicion travels in time to

intimately connect to these racialized histories and reaches forward to attach to devices like the HPV vaccine, to what many of the parents with whom I spoke deemed contemporarily ideologically proximate techniques and technologies of control. In complex ways and with variable implications for citizens' health, suspicion speaks back to and interrupts the claims to settled knowledge that biomedicine espouses through advocating for the vaccine as *the* means to care and protection. By situating suspicion toward this (bio)medical technology in Barbados in longer spatiotemporal, cultural, and political genealogies that animate contemporary suspicions toward state-led public health interventions, *Suspicion* challenges mainstream narratives of irrationality that undergird the discourses of hesitancy.

Methodological Frames

During my time in Barbados, I was witness to much speculation around the reasons for parents' hesitancy toward the HPV vaccine: from public health professionals' theories about parents' ignorance, miseducation, or distrust in science to the widespread lay and medical belief that it was a pervasive "cultural" concern around respectability, premature adolescent (female) sexuality, and the vaccine's relationship to sex that dissuaded many parents from accepting the vaccine for their teenage daughters. Rather than trying to determine the underlying factors behind Afro-Barbadians' concerns about the HPV vaccine, my research initially began with an interest in understanding how parents expressed their ambivalence to it and the effects of this "hesitancy" in Barbadian society. Working from the hypothesis that the phenomenon of vaccine hesitancy could be understood beyond nervous indecision, I wanted to know what was at stake, not only for Barbadian parents who were ambivalent about the HPV vaccine but for the adolescents to whom the vaccine was targeted and for the medical professionals who were onerously working to deliver the vaccine to the Barbadian public. How did they conceptualize and attempt to counter this hesitancy? How did adolescents view their parents' concerns? Were they aware of public commentary and perceptions about their bodies and their sexuality? How did medical professionals promote the HPV vaccine and counter vaccine hesitancy, and what public feelings did these actions engender? While this line of inquiry opened me to many of the histories that made up parents' hesitancy, it uniquely emphasized the affective nature of what I came to understand as *suspicion*, rather than hesitancy—less an active form of resistance toward something and more an embodied, affective, and felt response that circulates around the vaccine, its promotion, its purported risk management of adolescent female sexuality, and

its complex entanglement in global biopolitical and state assemblages, past and present.

Though my fieldwork in Barbados began in 2015 by exploring these questions, I quickly came to investigate Afro-Barbadian parents' affective refusals and suspicions of the HPV vaccine. Over the course of eleven months between 2015 and 2018, my methodological approach to interviewing Barbadians about their experiences of suspicion was guided by a genealogically informed transnational feminist inquiry that attends to the local by tracing multiple lines of engagement elsewhere and at other times.⁶⁰ As a historical and relationally based feminist theory and analytic, transnational feminism foregrounds questions of race, conquest, sexuality, colonialism, and global capitalism while engaging with the theorizations of women of color feminists to generate understandings and critiques of social and cultural processes and their global imbrications across place, space, and time.⁶¹ Throughout this book, I draw on transnational feminism as theory and methodology to map how suspicion is genealogically shaped and transformed by material, social, political, and economic forces internal and external to the Barbadian nation. Building on Alexander's aforementioned generative invocation of the palimpsest as an analogy for our complexly layered temporalities, I foreground the role of affective relations and formations such as suspicion amid the nonlinear movement of state technologies, techniques, global capital, and biopolitics in Barbados and the anglophone Caribbean.

In the tradition of transnational feminist work in and on the Caribbean, which has emphasized bringing into ideological proximity diverse geographical places and "historical" processes of colonialism with "modern" social formations and claims of nation-building, I not only ask why people experienced suspicion toward and around this vaccine but genealogically trace how suspicion emerges across time and place for differently situated Barbadians and in relationship to transnational contexts.⁶²

My genealogical approach to this work began with reading secondary historical texts and accounts of colonial medicine, biopolitics, and reproductive health care in Barbados and the anglophone Caribbean. These histories, along with transnational feminist theorizations of the body politic, biopolitics, and temporality, were integral to my capturing of the entangled, cyclical histories and repertoires of suspicion toward biomedicine, public health, and discourses of risk in the history of the Caribbean.⁶³ I combined this historical analysis with in-depth interviews and informal discussions with parents, adolescents, and medical practitioners. Between 2015 and 2018, I conducted sixty in-depth interviews with middle-class, primarily Afro-Caribbean Barbadian adolescents, medical practitioners, and parents—most of whom had previously accepted all

other childhood immunizations for their children but responded to my call, which specifically sought to interview parents who were ambivalent or hesitant about the HPV vaccine.⁶⁴ My recursive investigation also included media analysis of the vaccine's promotion and reception, which entailed analyzing Barbadians' commentary on the vaccine and its marketing via Facebook posts, newspaper editorials, and online discussion threads, and a discursive analysis of public health social media campaigns, flyers, memes, and print and online pharmaceutical advertising for the vaccine. Everyday conversation with Bajan friends and family members, participants at conferences at the University of the West Indies, and locals in weekend markets and cafés, as well as listening to radio talk shows and segments on the local TV station Caribbean Broadcasting Corporation and reading the prominent *Nation News* newspaper were also informative in this regard.⁶⁵

Recruiting parents and teenagers was a painstaking and challenging task I came to attribute in part to the suspicion that attached toward me as a foreigner—specifically Trinidadian—researcher. Many of the parents I interviewed questioned why I was not doing this research in Trinidad, and others frequently assumed I was working on behalf of a pharmaceutical industry or medical establishment sent to persuade or coerce them into accepting the HPV vaccine because of my interest in their “hesitancy,” my foreign status, and, as some noted, my affiliation with an international university.⁶⁶ Parents' suspicions toward me as a foreigner often meant they would not agree to talk to me unless they met me in person or I had been given the “all clear” by a friend or acquaintance I had previously interviewed. As such, I relied heavily on word of mouth, snowball sampling, and sharing my flyers on social media (primarily through Facebook) to connect with participants after having less success with posting flyers in public places like malls, local cafés, and coffee shops. This nonrandom sampling method, my use of social media, and the characteristics of the local venues where I posted my flyers meant I had less control over the subjects whom I interviewed. As a result, the distribution of parents and teenagers whom I had the opportunity to interview was confined to self-described, middle-class Afro-Barbadians.

Although there were evident variations in participants' levels of income and positionalities vis-à-vis the state, their overarching middle-class status meant that we met in their well-kept homes or local cafés, and more often than not, they drove their cars to meet me on the island's busy south coast. All of these parents, with the exception of two who were homemakers, held middle-upper-class jobs such as teachers, authors, office managers, sales representatives, hair stylists, business owners, consultants, and engineers. Throughout the book, I

detail the various ways class was invoked by Afro-Barbadian parents and teenagers in relation to suspicion. As were most Barbadians, the middle-class Afro-Barbadians I interviewed were offered the vaccine through the government's national vaccination program rather than through their doctors' clinics. As I detail within the book, although the HPV vaccine was available through select private doctors' offices, its prohibitive cost meant that only a few local physicians offered it privately. As such, and despite the limitations of the representativeness of my sample, the medical professionals and immunization nurses with whom I spoke confirmed the widespread prevalence of Barbadians' vaccine hesitancy across the island's demographics when the vaccine was initially introduced in 2014, as evidenced by low uptake rates, and their experiences speaking with parents at town hall and parent-teacher meetings.⁶⁷

The medical professionals I interviewed included senior medical officers at the Ministry of Health, private pediatricians, general practitioners, gynecologists, and immunization nurses in the island's nine publicly funded polyclinics responsible for distributing the HPV vaccine through the national vaccine program. As the primary distributors of the vaccine to Barbadians across the socioeconomic spectrum, immunization nurses provided a unique and broad characterization of "vaccine-hesitant" Barbadian parents and their beliefs about their concerns, often across class.⁶⁸ Many of the health professionals I spoke with congratulated me on my research, noting the importance of its eventual findings for improving vaccine uptake. In retrospect, it appears that the reasons medical professionals appreciated my research and willingly participated in it are the same reasons many of the parents I interviewed were suspicious of it. Like doctors, many parents incorrectly assumed that the motivations behind my research were to increase vaccine compliance and were skeptical of me and my research on this account. Throughout this book, I engage with excerpts of my discussions with these doctors and nurses to provide their viewpoints on parents' suspicion and its underpinnings to better portray the medicopolitical landscape in Barbados and emphasize the differences in affective stances among differently constituted Barbadians.

The Chapters

The chapters that follow think with and about suspicion and its excesses around and beyond the HPV vaccine in Barbados. Moving from a discussion of suspicion's contemporary socioeconomic manifestations and historic circulation to an analysis of its fraught association with cultural tropes of respectability, hypersexuality, and protection, I tell the story of suspicion, its generativity, and

its fallibility; its impact on subject formation and transnational alliances; its relationship to certainty; and its inescapable shortcomings.

Chapter 1, “Circles of Suspicion,” introduces the book and provides an overview of how I came to follow suspicion as an affect that attached not only to the HPV vaccine but to non-Barbadian Caribbean citizens like myself and a range of biopolitical and economic policies, practices, and technologies introduced or supported by the Barbadian government. This chapter situates the socioeconomic environment into which the vaccine was introduced in Barbados to underscore the intensity with which suspicion is distributed spatially and suffused across the Barbadian state’s seemingly banal political and economic maneuvers. By discussing the current culture of neoliberal globalization in Barbados through the country’s membership in the Caribbean Community and Common Market, I trace the actualization of suspicion as it moves toward arrangements like this, its facilitation of intraregional migration, and related government policies and engagements that sought to promote economic growth and securitization in Barbados in the years immediately surrounding the 2014 introduction of the HPV vaccine. Detailing nurses’ and parents’ articulations of suspicion around the HPV vaccine, I highlight how suspicion similarly attaches to this biomedical technology in ways that are enmeshed in the economy but productive of relations and divides that transcend the economic realm.

Chapter 2, “Risk and Suspicion,” explores how affects of suspicion have transited and intensified across time in Barbados and the anglophone Caribbean. Specifically, it situates suspicion around the HPV vaccine and its administration in Barbados in the long, racialized history of transatlantic slavery, its enmeshment in risk and capitalism, and its infrastructures of biopolitical surveillance. Tracing a particular set of instances within which risks to coloniality and postcoloniality have been managed through surveillance across time in Barbados and the British Caribbean from the 1780s to the present, this chapter highlights the imperative to study Black women as risk(y) and the role of biopolitics/biomedicine in mitigating these risks. Suspicion, this chapter shows, exists in a symbiotic relationship with the surveillance of risk and racialized biopolitics, attaching both to those holding these perceived risks and to the colonial officials and (post) colonial states attempting to mitigate these risks through racialized biopolitical techniques of care, control, and surveillance. In turn, this chapter illustrates how affects of suspicion materially and metaphorically recall colonial residues, prompting Afro-Barbadian parents to more closely interrogate pharmaceutical technologies like the vaccine and question the state’s agenda in promoting them.

Chapter 3, “(Hyper)Sexuality, Respectability, and the Language of Suspicion,” traces the contradictory articulations and theorizations of suspicion by

adolescents, nurses, and parents as they relate to respectability politics, sex, and bio- and communication technologies in Barbados. Guided by adolescents' reflective commentary on the multiple silences and suspicions that surround their sexual bodies and technologies like the HPV vaccine, I begin by exploring how suspicion around the vaccine is understood by differently situated Barbadian citizens. In contrast to teenagers' and nurses' frequent claims that parents' suspicion toward the vaccine was indicative of a long-standing "cultural" concern about female hypersexuality and Afro-Caribbean peoples' subsequent adoption of a politics of respectability, Afro-Caribbean parents offered a more nuanced understanding of the ways respectability inheres in their concerns about state-led biomedical technologies. Reading parents' in-depth discussions of their suspicion in connection with feminist theorizations of respectability, I highlight how residues of suspicion reflect a complex navigation of hegemonic colonial stereotypes of Black female hypersexuality and a distrust of the post-colonial state and index a growing wariness of proliferating neoliberal global circuits of technoscience, ethics, economics, and pharmaceutical exchange of which this vaccine is a part. In the wake of a series of school sex scandals across the Caribbean from 2011 to 2016 in which cellphones were used to record teenagers' sexual activity, I broaden the discussion around suspicion to further review the language of suspicion as it attaches to communication technologies like smartphones and laptops and the adolescents who use them. Like the HPV vaccine, I argue, these technologies surface affects of suspicion, distrust, and anxiety for many Afro-Barbadian parents in relation to adolescent sex, often in unexpected ways.

In chapter 4, "Care, Embodiment, and Sensed Protection," I detail the multiple constitutions of sense and protection that the Barbadian doctors, nurses, and parents I interviewed variously forged around the HPV vaccine. Here I am especially interested in how Afro-Caribbean parents embody suspicion and frame these suspicions and subsequent refusals of the vaccine as ethical imperatives. Tracing the ethical encounters and narratives of protection these parents described to me, I argue that suspicion signals for these parents the limits of protection, reproduction, and futurity—categories that are especially complex in the "afterlife of slavery."⁶⁹ As something more than unsettling and problematic, suspicious affects and the modes of protection they engender are protective forms of self-determination and defense for Afro-Caribbean parents grappling with the sordid histories of those objects and policies to which suspicion attaches, histories that continue to inhabit the contemporary moment. These understandings of protection, I show, exist in opposition to the view of protection articulated by Barbadian medical professionals and the state in its biocitizenship

struggle to introduce technologies like the HPV vaccine in the name of protection—importantly speaking back to injurious histories of care, yet holding potentially troubling implications for the health of Afro-Barbadian communities.

Chapter 5, “Suspicion and Certainty,” pulls these lines of inquiry together to think more broadly about suspicion, its effect on subjectivity, and its existence amid the precarious projections of certainty espoused by the biomedical community. Although the doctors and nurses I interviewed were quick to attribute HPV vaccine hesitancy to antivaccination rhetoric online and the general ease with which unreliable medical information could be accessed, this chapter shows how suspicion continually exceeds even these boundaries, diffusing into the medical profession itself and existing alongside medical professionals’ claims to certainty and truth around the HPV vaccine. Rather than viewing suspicion and certainty in an opposition, this chapter argues for a relational understanding of the two and illustrates the generative insights they offer public health practitioners and academics seeking to understand the racialized, gendered, historical, and affective politics of care and its presumed impediments. Situating parents’ ideologies of suspicion, protection, and claims to self-determination in the context of Caribbean feminist and Afro-diasporic activism and advocacy around racialized communities’ health from the 1970s to 1990s, the chapter ends with a consideration of the transformative potential certainty and suspicion collectively promise for improved public health promotion of HPV and its related diseases in Barbados.

DUKE

UNIVERSITY
PRESS

AN INTRODUCTION 23

Notes

SUSPICION: AN INTRODUCTION

Portions of this introduction appeared in “HPV Vaccination and Affective Suspicions in Barbados,” *Feminist Formations* 30, no. 1 (Spring 2018): 46–70.

1. Reddit, “Make This Skeptical Kid into a Meme, STAT!”
2. CDC, “HPV Vaccine Prevents HPV.”
3. CDC, “HPV Vaccine Prevents HPV.”
4. HPV Information Centre, “Human Papillomavirus and Related Diseases.”
5. HPV Information Centre, “Human Papillomavirus and Related Diseases.”
6. See Durbach, *Bodily Matters*; Conis, *Vaccine Nation*.
7. Council of Foreign Relations, “Map: Vaccine-Preventable Outbreaks.”
8. WHO, “Vaccine Hesitancy.”
9. WHO, “Report of the SAGE Working Group.”
10. WHO, “Report of the SAGE Working Group.”
11. WHO, “Report of the SAGE Working Group.”
12. Larson et al., “Addressing the Vaccine Confidence Gap”; Naus, “What Do We Know about How to Improve Vaccine Uptake?”; WHO, “Report of the SAGE Working Group.”
13. Poltorak et al., “‘MMR Talk’ and Vaccination Choices”; Leach and Fairhead, *Vaccine Anxieties*; Goldenberg, “Public Misunderstanding of Science?”; Lawrence, Hausman, and Dannenberg, “Reframing Medicine’s Publics.”
14. See Closser et al., “Global Context of Vaccine Refusal”; Ghinai et al., “Listening to the Rumours.”
15. See Offit, *Deadly Choices* and “Junk Science Isn’t a Victimless Crime.”
16. The terms *Afro-Barbadian* or *Afro-Bajan* are used interchangeably throughout this book to refer to Barbadians who are of entirely or predominantly African descent.
17. Greene, “Therapeutic Infidelities,” 329.
18. See Trostle, “Medical Compliance as an Ideology”; Greene, “Therapeutic Infidelities”; Keller, “Geographies of Power.”

D

UNIVERSITY
PRESS

19. For instance, see Biehl, “Pharmaceuticalization”; Das and Das, “Pharmaceuticals in Urban Ecologies”; Maskovsky, “Do People Fail Drugs?”; Whitmarsh, “Medical Schismogenics.”

20. Whitmarsh, “Medical Schismogenics.”

21. WHO, “Report of the SAGE Working Group.” The term *vaccine hesitancy* emerged following a WHO November 2011 meeting of the Strategic Advisory Group of Experts (SAGE) on immunization and the establishment of a working group dedicated specifically to dealing with the problem of hesitancy and its effect on vaccination uptake rates. According to my PubMed and Scopus searches, the phrase *vaccine hesitancy* relatedly began to appear prominently in medical literature from 2011, largely replacing the use of the terms *acceptance* and *compliance*.

22. See King, *Black Shoals*; Tinsley, “Black Atlantic, Queer Atlantic”; Sharpe, *In the Wake*; R. Walcott, *Black Like Who?*

23. See Morgensen, *Spaces between Us*; Tuck and Yang, “Decolonization Is Not a Metaphor”; Snelgrove, Dhamoon, and Cornthassel, “Unsettling Settler Colonialism.”

24. See Murphy, “Unsettling Care”; Philip, “Keep on Copyin’ in the Free World”; Haraway, *Staying with the Trouble*.

25. The Global Alliance for Vaccines and Immunization is an international alliance of public health and nonprofit partners that has been instrumental in improving access to immunization services in the developing world, lobbying for cost-effective vaccines, and advocating for the research and development of vaccines therein.

26. For a discussion on Black feminist conceptions of the visual practice/tactic of and commitment to refusal, see Camp, “Black Visuality and the Practice of Refusal.”

27. As many feminist and postcolonial scholars have highlighted, the term *postcolonial* itself reproduces a binary of time, such that it suggests that historical events are not currently involved in the present. See McClintock, *Imperial Leather*; Shohat, “Notes on the ‘Post-Colonial.’” I use the term *postcolonial* throughout this book simply to designate the time period after which Barbados achieved independence from Britain, cognizant of the term’s problematic linguistic emphasis on the colonial narrative and in appreciation and recognition of the multiplicities of space, place, and time that inhere in the contemporary.

28. World Bank, “Population, Total: Data.”

29. See DaCosta, *Colonial Origins, Institutions and Economic Performance*.

30. US Central Intelligence Agency, “World Factbook: Barbados Economy.”

31. Charles-Soverall and Khan, “Social Partnership,” 22–24. Included in this social partnership agreement with the government were industries and businesses, trade unions, and community and participant organizations, all of which agreed to work together to develop strategies to manage the economy and build strong institutions that would resist economic threats.

32. Falling international oil prices and a rebound in tourist arrivals in late 2015 began to improve the country’s external economic position. Despite this, sociopolitical instability, unemployment, and public sector layoffs persisted among citizens during my first research trip to Barbados from 2015 to 2016.

33. In the May 2018 Barbadian general election, the BLP won with a landslide victory,

and BLP leader Mia Mottley became the country's first female prime minister. Mottley inherited a large national debt, which more than doubled over the DLP's ten-year reign, and quickly called in the assistance of the International Monetary Fund, suspended liability payments, and announced a three-phase five-year package of austerity measures to address the dire state of the economy.

34. The term *biocitizenship* has variously referred to the mobilization of citizens around their biological bodies as a resource for state recognition and support; citizenship projects and modes of self-formation in which persons use biological language to express their concerns, needs, rights, and entitlements; and the positive thinking about and improvement on one's biology through biotechnologies, patient activism, and other forms of political organizing. See Petryna, *Life Exposed*, 18; Rose and Novas, "Biological Citizenship"; Rose, *Politics of Life Itself*, 132–34. As I have critically argued elsewhere, biocitizenship also includes "the use of biological preconditions, or pre-damaged bodies, as a mobilizing force by the state and other authoritative channels, to recruit individuals . . . as bioconsumers and active biocitizens"; Charles, "Mobilizing the Self-Governance," 780. Although biocitizenship might offer citizens hope in science and medicine for enabling cures and treatment for biological maladies, these "new biotechnologies now also . . . demand the responsibility and duty to seek care and cures" in ways that are "largely capitalist and neoliberal and neglect issues of social location"; Charles, "Mobilizing the Self-Governance," 772. For further Black feminist and technoscience critiques of biocitizenship scholarship and its overwhelming alignment with and emphasis on individual health and health consumption and neoliberal social and political logics, see Roberts, "Social Immorality of Health," 61; Benjamin, *People's Science*, 17.

35. Charles, "Mobilizing the Self-Governance," 776.

36. As of 2016, several other Caribbean countries have also implemented national HPV vaccination programs, including Anguilla, Bahamas, Barbados, Bermuda, Cayman Islands, Guyana, Suriname, and Trinidad and Tobago. See Hutton, "Mobilizing Civil Society." In 2017 Jamaica began offering the vaccine to girls through high schools. Saunders, "HPV Vaccine Administered."

37. In 2009, pharmaceutical company GlaxoSmithKline's vaccine Cervarix was approved by the FDA and indicated for use in girls and women between ten and twenty-five years to protect against the two types of HPV (16 and 18) that cause approximately 70 percent of all cervical cancer cases. Both Gardasil and Cervarix have since been discontinued in the United States in favor of Merck's latest HPV vaccine, Gardasil 9, which was approved in 2014 to treat nine HPV types (6, 11, 16, 18, 31, 33, 45, 52, and 58) that can variously lead to genital warts in women and men; cervical, vaginal, and vulvar cancers in women; anal and throat cancer in women and men; and penile cancer in men. During my fieldwork in Barbados, the quadrivalent vaccine was still being used as part of the national vaccination program.

38. Abbott, "Pharmaceutical Benefits Scheme." Australia was the first country to introduce a National HPV Vaccination Program for men in 2013, though it first began offering the vaccine in 2007 for women. Similarly, though Health Canada approved the use of the HPV vaccine for use in both girls and boys in 2010, it was not until 2013 that

the provinces of Prince Edward Island and Alberta announced their intention to extend their HPV vaccination programs to school-age boys. See CBC News, "P.E.I. Is Expanding." Several other Canadian provinces have since followed.

39. According to a senior medical officer at the Barbados Ministry of Health with whom I spoke, the initial decision to deliver the vaccine to preteen girls at school was modeled after international research and consultation which suggested it as an effective method both to target adolescents before they become sexually active and to ensure the multidose completion of the vaccine. The Global Vaccine Alliance indicates that school-based delivery has resulted in coverage rates of more than 80 percent in countries that piloted this method in HPV vaccine demonstration programs.

40. Personal communication, senior medical officer at the Barbadian Ministry of Health, October 2015.

41. Seymour, "Resistance"; Abu-Lughod, "Romance of Resistance."

42. See McGranahan, "Theorizing Refusal"; Redfield, "Doctors, Borders, and Life in Crisis"; Rapp, *Testing Women, Testing the Fetus*; Sobo, "Theorizing (Vaccine) Refusal"; Benjamin, "Informed Refusal."

43. Campt, "Black Visuality and the Practice of Refusal," 80.

44. Simpson, *Mohawk Interruptus*, 104–5.

45. TallBear, *Native American DNA*, 25.

46. Benjamin, *People's Science*, 153.

47. Benjamin, *People's Science*, 139.

48. For a capacious reading of affect across psychoanalytic, feminist, and philosophical traditions, see Gregg and Seigworth, *Affect Theory Reader*; Massumi, *Parables for the Virtual*; Sedgwick and Frank, *Touching Feeling*; Gorton, "Theorizing Emotion and Affect"; Ahmed, "Affective Economies"; Cvetkovich, *Archive of Feelings*.

49. Ahmed, "Affective Economies," 119. Teresa Brennan similarly invokes affect as sticky, contagious intensities. Arguing against the belief that affects are self-contained, Brennan adopts insights from neurology and biochemistry to illustrate how porous systems, atmospheres, and environments circulate and transfer in ways that quite literally "ge[t] into" individuals; Brennan, *Transmission of Affect*, 1. Although Brennan argues for this model of contagion via proximity, she makes clear the unequal ways affects are received and registered by individuals. Ahmed reiterates that affect does not merely transfer or "stick" between proximate bodies, but instead moves according to the inherent political and economic dimensions that undergird this stickiness; Ahmed, *Promise of Happiness*, 44.

50. See also Saldanha, "Political Geography of Many Bodies."

51. Patricia Clough describes the "turn to affect" as the scholarly move away from text, epistemology, and discourse and toward the materiality of reality that occurred during the early to mid-1990s; Clough, "Affective Turn," 1–2. See Hochschild, "Emotion Work"; Jaggard, "Love and Knowledge"; and Lorde, *Sister Outsider*, for examples of feminist scholarship that precede this "turn."

52. Lorde, *Uses of the Erotic*; Moraga, "Catching Fire," xix.

53. Garcia-Rojas, "(Un)Disciplined Futures," 3.

54. Garcia-Rojas, "(Un)Disciplined Futures."

55. Transnational feminist frameworks presuppose that critical knowledge about social and cultural processes is most effectively generated by foregrounding questions of race, sexuality, conquest, colonialism, and global capitalism. Theorists in this lineage are further attentive to how power is made and mediated across time and place and in socioeconomic and political structures, systemic laws, governmental policies, institutions, forms of media, and storytelling. See Alexander, *Pedagogies of Crossing*; Alexander and Mohanty, “Cartographies of Knowledge and Power”; Grewal and Kaplan, “Postcolonial Studies” and *Scattered Hegemonies*.

56. Alexander, *Pedagogies of Crossing*, 190. Here, Alexander draws on the work of cultural and feminist theorists invested in critiquing the dualism of time to forward this understanding of the palimpsest. See Grossberg, “History, Politics and Postmodernism”; Shohat, *Talking Visions*.

57. Alexander, *Pedagogies of Crossing*, 190.

58. Hall, “Local and the Global,” 20.

59. See DeBarros, *Reproducing the British Caribbean*; Levine, *Prostitution, Race, and Politics*.

60. Alexander, *Pedagogies of Crossing*.

61. See Alexander, *Pedagogies of Crossing*; Alexander and Mohanty, “Cartographies of Knowledge and Power”; Grewal and Kaplan, *Scattered Hegemonies*.

62. In addition to a large body of Caribbean transnational feminist scholarship, see Alexander, “Not Just (Any)Body” and *Pedagogies of Crossing*; Sheller, *Citizenship from Below*; Trotz, “Rethinking Caribbean Transnational Connections.” Scholars have similarly traced the transnational effects of contemporary experiences of neoliberal globalization on identity formation, diasporic modes of resistance and expression, and forms of labor across the African diaspora. See King, *Black Shoals*; Philip, *Caribana*; Tinsley, “Black Atlantic, Queer Atlantic”; Tinsley et al., “So Much to Remind Us.”

63. See Alexander, *Pedagogies of Crossing*; Puri, *Caribbean Postcolonial*; Sheller, *Citizenship from Below*; Thomas, *Exceptional Violence*.

64. My sample of interview participants consisted of twenty-eight parents and legal guardians, all of whom self-identified as middle-class and were between the ages of thirty-one and fifty-one years. Of these parents, twenty-four identified as Black, three as white, and one as mixed race. They encompassed individuals from each of Barbados’s eleven parishes or subregions, with most concentrated in the parishes of St. James, Christ Church, and St. Michael, the latter of which is home to the nation’s capital of Bridgetown. I interviewed a total of eighteen medical professionals, including senior medical officers at the Barbadian Ministry of Health, private pediatricians, general practitioners, obstetricians, and gynecologists as well as immunization nurses throughout the nine publicly funded polyclinics that were responsible for distributing the HPV vaccine through the national program. Seventeen of these practitioners identified as Black, and one as Indian-Caribbean. I interviewed fourteen teenagers ranging in age from fourteen to nineteen years, twelve of whom self-identified as Black or Afro-Caribbean, one as Indian-Caribbean, and one as white. To protect participants’ privacy, pseudonyms are used, with the exception of the names of public figures which appeared in local newspapers, online, or on social media.

65. “Bajan” is a commonly used local term to refer to a Barbadian. I use the terms interchangeably throughout this book.

66. As I explain in chapter 1, this suspicion around my status and the aims of my research can be understood in the wider context of Barbadians’ underlying skepticism of the motives of international pharmaceutical companies and clinical trial organizations, which have become increasingly interested in recruiting Barbadians as participants in drug research trials on diseases from cancer and asthma to heart disease and diabetes. See Whitmarsh, *Biomedical Ambiguity*. Interestingly, though, for some participants, my affiliation with the University of Toronto was positively received. I suspect this disparity is because my Canadian background at times overshadowed my Trinidadian identity. On more than one occasion, participants referred to Trinidadians as “Trickidadians,” meaning vindictive or deceitful—specifically in the context of purchasing and profiting off Barbadian businesses and property.

67. The parents I interviewed collectively resided across all of Barbados’s eleven parishes, which enabled me to capture an understanding of the similarities between parents’ concerns across the island. Twenty of these parents identified as “HPV vaccine hesitant” and either previously declined the HPV vaccination for their children or had intentions of refusing the vaccine in the near future. Two described themselves as undecided yet “suspicious.” Three of the parents I interviewed accepted the vaccine for their children but were eager to share their stories with me either because of a lingering uncertainty or ambivalence about their decision, an unfavorable experience with the vaccine, or to describe their emphatic views about the cultural taboos they believed were driving resistance to the vaccine.

68. All Barbadian girls and boys of the target age group can receive the vaccine free of charge through the public clinics. As such, it was common for the parents I interviewed to accompany their children to receive the vaccine at the polyclinic that correlated with the subregion where they lived or where their children attended school. In my conversation with a local pediatrician, he noted that the vaccine had recently become available through private practitioners, but because of its high cost, it was almost exclusively being administered to those who were ineligible to receive it through the Ministry of Health.

69. Hartman, *Lose Your Mother*, 6.

CHAPTER ONE. CIRCLES OF SUSPICION

Sections of this chapter appeared in “HPV Vaccination and Affective Suspicions in Barbados,” *Feminist Formations* 30, no. 1 (Spring 2018): 46–70.

1. Republic Bank Limited, “Subsidiaries.”

2. Immunization Nurse Dobbs, interview with author, October 2015. Direct quotes for all interview excerpts are kept in the original form, which includes Barbadian dialect and standardized English.

3. Ahmed, *Promise of Happiness*, 24.

4. WHO, “Vaccine Hesitancy.”

5. Alexander, *Pedagogies of Crossing*, 190.