Health is not innately good; nor is it innately bad. Rather, the point here is that health is mutable and we must be alert to the diversity of ideological positions it advances and the economic and social structures it entrenches. Health cannot be transported, in toto, from one context to another. Nor can it be accomplished simply by selling more stuff, by getting pills into bodies, or by adopting the healthiest of healthy lifestyles. The longer we cling to the idea that it can, the harder it will be to find alternatives to philanthrocapitalism and other noxious forces that operate through the guise of health.

References


Aid for Whom? Distance Caring and Corporate Practices

Susan Craddock
University of Minnesota

Making the world a better place through simple acts of consumption is a very appealing prospect. It is not surprising that campaigns such as “buy pink” to help curb breast cancer, or the RED campaign to stem AIDS, have taken hold in the United States and beyond. If buying a red toaster oven helps a woman somewhere in Africa get the antiretrovirals (ARVs) she needs, is that not a win-win arrangement? Unfortunately, corporate campaigns—such as the Bono-endorsed RED campaign to channel antiretroviral drugs to those living with AIDS in high-burden countries in Africa through proceeds from product sales—work to obfuscate corporate practices more than they solve global health problems.
Unlike some consumer-driven causes such as fair-trade coffee, the RED campaign addresses nothing about the social relations of production behind, or environmental impact of, consuming particular products (Richey and Ponte 2011). So, while those buying products from participating companies might feel good that profits, however vaguely specified, are going toward buying ARVs, this humanitarian act is contravened by the fact that the majority of multinational corporations today participate to varying degrees in offshoring their manufacturing and assembly operations. They do so because they are able to cut costs—and increase profits—through low wages, lax environmental regulations, and draconian working conditions such as enforced and unpaid overtime, no vacation leave or insurance coverage.

Why is this relevant? Because buying a RED product is, of course, not just about contributing a percentage of the cost toward AIDS drugs, it also endorses and perpetuates the relations of production involved in producing that product. In other words, the act of purchasing a product on the market is the final outcome of, a tacit commitment to, and a re-galvanization of, a series of production policies and practices which might detrimentally affect thousands of lives across numerous countries. Put another way, feeling good about buying RED commodities obfuscates the fact that the conditions under which many if not most commodities are produced today keeps workers at levels of poverty such that should they have AIDS they would be at the mercy of free ARVs such as the RED campaign supports—but only if they live in particular countries in Africa—because they would not be able to purchase even the cheapest generic regimens on their wage levels. Long hours, stress, suboptimal working conditions, and the often short-term nature of many assembly jobs also increase vulnerability to diseases including, potentially, HIV/AIDS.

A brief example of this would be the corporation Target. Though not a participant in the RED campaign, Target dedicates 5% of its profits toward charities and is now one of the biggest sponsors of the annual AIDS Walk in my home city of Minneapolis. It has a huge presence at these annual events, posting the widely recognized red Target symbols at regular intervals throughout the course (replacing red AIDS ribbons), providing Target t-shirts and red bags, and generally evidencing its corporate commitment to stopping the spread of AIDS through aid. Yet, as Alex Urquhart has shown (Urquhart and Craddock 2010), Target ensures that its own workers in and outside of the United States cannot afford ARVs through strident anti-unionism, low wages, and punitive offshore manufacturing practices. At the same time, it opaquey contributes to HIV both through funding right-wing and anti-gay politicians committed to abstinence-only education programs which consistently fail to work and—to paraphrase Urquhart—through a dedication to poverty as part of the violence of profit.

The RED campaign does not just mask the relations of participating commodities production, however. It also makes no demand on the conditions of its philanthropy, namely pharmaceutical industry practices that include tireless efforts to prevent the generic production of newer antiretrovirals. To give an example, as of 2005, India has had to recognize patents on new ARVs under the terms of the WTO’s Trade Related Aspects of Intellectual Property, or TRIPS. TRIPS enforces US-style intellectual property regimes globally, including the requirement that all WTO member countries recognize patents on pharmaceutical products. It is widely recognized that it was propelled by European Union- and United States-based pharmaceutical industries wanting to maximize their growth prospects through expanded markets (Heywood 2002). Soon after TRIPS was enforced in India, organizations such as MSF5 signaled their fear that affordable generic ARVs would be threatened, given that the vast majority of donated

5Available at www.msfaccess.org. (Accessed October 29, 2012.)
generic ARVs used in Africa—up to 87%—are manufactured by Indian pharmaceutical companies. Under the terms of TRIPS, India can continue to manufacture AIDS drugs patented before 2005, but not after (Médecins Sans Frontières Access to Medicines Campaign).

Yet the European Union is now attempting to enforce application of measures that would go beyond TRIPS stipulations and further constrain Indian pharmaceutical companies’ ability to produce generic ARVs. What the European Union wants—as pushed by European pharmaceutical companies—are measures such as “data exclusivity” (Ahuja 2011; Keenan 2011). Right now, in order to gain regulatory approval, Indian pharmaceutical companies only need to prove that their generic drugs are equivalent to the original drugs, which entails among other things referral to safety data generated by the producer of the patented drug. Regulators use this data in evaluating approval decisions on the original (patented) drug as well as their generic equivalents. Data exclusivity would prevent generic manufacturers from referring to this data for up to ten years, thus pushing back the production of generic versions of new antiretrovirals by a decade. Consistently producing affordable new antiretrovirals, however, is critical given the rapid rate of mutation of HIV and the frequent necessity to change drug regimens for those developing resistance to initial, or first-line, drugs.

The European Union’s actions are being driven, in part, by the impending decline of the huge profits still earned by major pharmaceutical companies on the sale of AIDS drugs in the United States, France, Japan, Germany, Spain, Italy, and the UK—the biggest markets for these drugs among high-income countries and markets that earned the industry a total of $11.8bn in 2010 (Kumar 2010). The decline will happen particularly after 2013 when patents run out on some of the current highest-profit ARVs; these are unlikely to be replaced by new ARVs.

If the European Union succeeds in pushing through this measure, it will make it very difficult for those in low-income countries to access newer drug regimens, a frequent necessity given the rapid mutation rate of HIV. The Global Fund—one of the primary global organizations buying and disseminating ARVs—cannot purchase what is not available. And while no single entity can persuade powerful state conglomerates and industries to alter their position, greater exposure could have positive effects—exposure by people such as Bono, the force behind the RED campaign.

It is compelling, and certainly convenient, to think that we might help people on the other side of the world stay alive by the simple act of shopping. It is compelling, but as with so much “causmerism,” it helps less than we might hope, and hides more than it illuminates about the problem it is supposed to be mitigating. Buying red might result in providing a comparatively small number of antiretrovirals to individuals in need of them. Yet it also aids corporations in continuing deleterious practices while at the same time hiding behind superficial acts of corporate social responsibility. Who is aided most in the end? Alas and as usual, not those living with AIDS, impoverishment, and uncertainty.

References


