Pirates and Property: The Moralities of Branded and Generic Medicines

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Acknowledgements

I have so much gratitude to my friends who saved me; to my informants who gave me their time and words; my mentors at LSE who always had time for me; and my own body's sometimes illness: my first inspiration.

The bloodstained body of the drug is so dangerous and frightening that we want to push it away altogether, but it hides in plain sight in the side effects. Behind the clean, molecular body of the pill is the injured flesh and blood of bodies that haunt both consumers and producers and will not haunt them quietly.

Martin 2006, 284

Introduction

The ‘drug’ has a multitude of meanings and functions: it could serve as a vehicle of biomedicine, inhabiting particular trends in medical thought; it could act as therapeutic relief; sometimes, a life companion, a sense of certainty; at other times, an annoyance. A ‘drug’ could be a political weapon; a symbol of various kinds of power; an expression of moral ideology; an object of mysterious workings and unexplained expense. In this dissertation, I am most concerned with the moral body of the antiretroviral (ARV) drug, and the moral differentiation between the bodies of branded and generic drugs. Biochemically speaking, branded and generic medicines are equivalent. Yet the latter is sold for a fraction of the former’s price. Wrapped in a web of intellectual property rights, branded drugs are out of reach to most of the world’s population. I ask: *what moralities do branded and generic antiretroviral drugs inhabit and express?* I locate this question within the HIV/AIDS crisis in South Africa. By conceptualising “medications as vehicles of ideology” (Nichter and Vuckovic 1994, 1509), I argue that branded ARVs come through and with the moral world of the pharmaceutical corporations (Big Pharma) that engineer, hoard, withhold, and sell them. This moral world facilitates insatiable accumulation and ever-expansion, and in context to this, generic ARVs then present themselves not simply as enemies to branded ARVs but as disorder.

What makes South Africa special? Historians of South Africa continue to argue over whether the country is exceptional or an exemplar. The exceptionality thesis holds that the South Africa’s history is unique, while those that argue the exemplarity thesis say that the country is not special but a heightened colonial and postcolonial context (Fassin 2007, xx). I take an

approach to the South African situation that accounts for both. The South African local is both distinct from and a part of the global, and the history of South Africa that I deal with here is both informed by global colonialism and imperialism as well as a unique manifestation of those forces. By using the South African context as the anchor for my argument, I place an abstract argument into a desperately high-stakes environment.

In statistical terms, the scale of the pandemic is breathtaking. First reported in South Africa in 1983 (Karim 2005, 33), the emerging HIV/AIDS epidemic mainly affected white homosexual men, blood transfusion recipients, and haemophiliacs (Karim 2005; Rohleder et al. 2009). Yet in 1990, with the rate of infections doubling every 8.4 months, the most affected population quickly grew to be the African heterosexual population (Mbali 2013, 28). Strikingly, in the period from 1997-2006, the annual number of deaths rose by 93 percent, and among those aged twenty-five to forty-nine years, the rise was 173 percent. By 2010, almost six million people were living with HIV (Decoteau 2013, 6) and South Africa currently has the largest HIV epidemic in the world, with 19% of the global number of people living with HIV. To match, the country also has the largest treatment programme in the world, with 20% of the global number of people living on ARVs. Indeed, the government of South Africa has been instrumental in creating one of the world's largest domestically funded programmes through funding 80% of the AIDS response (UNAIDS, n.d.). However, it is important to note that this has come neither quickly nor easily.

These statistics both reflect and refract a sweeping history of racial capitalism, segregation, apartheid, and neoliberal power. I will argue that the moral world of Big Pharma, and its enactment into South Africa with the branded ARV drug, fits snugly into the moral worlds of

racial capitalism in South Africa, as well as colonialism and imperialism more globally. There are many apartheids revealed in this dissertation: the 'medical apartheid' (Mbali 2013) of Big Pharma's withholding of access to life-saving medicines in South Africa, Africa, and the rest of the Third World; the HIV/AIDS crisis, dubbed by Archbishop Desmond Tutu, as 'the new apartheid' referring to both its scale and the necessity of urgent action; and the 'global apartheid' of neoliberalism and the globalisation of U.S. imperial power.

This dissertation is structured as follows. In *A Note on Fieldwork*, I briefly describe my fieldwork, and make a case for decolonial fieldwork ethics. In the chapter *Theoretical Framework and Context*, I lay out the foundations of my argument. I explore the controversies and conspiracies of the South African HIV/AIDS crisis; the fundamental logics of racial capitalism as accumulation and expansion, and its connection to epidemiology and health care; neoliberalism's 'accumulation by dispossession' (Harvey 2003); and Mary Douglas's conceptualisation of dirt as 'matter out of place' (1966). In the *Discussion and Analysis* chapter, I argue that Big Pharma's discursive construction of generics producers as 'pirates', and the history of the intellectual property regime and the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) are the following through of their moral imperative. I will also show that from the perspective of Big Pharma's morally commendable actions of accumulation and expansion, the existence and production of generic ARVS, and generics more broadly, are disorder. Thus, the offensive against generics by Big Pharma, especially in contexts of urgent need like South Africa, becomes more understandable.

The struggle for access to medicines is a desperately important human rights issue. Rather than ‘how do we get access to medicines?’, I ask the question ‘why do we not yet have access to medicines?’ in an attempt to fill in a gap in understanding capital’s moral obligation to itself and the fundamental human right of access to essential medicine.

A Note on Fieldwork

I was given the opportunity to go to South Africa for my fieldwork through grants from the Firoz Lalji Centre for Africa and the Human Rights department. Travelling through Durban, Cape Town and Johannesburg I was able to interview seven informants across the fields of public sector health practitioners, academia, public health policy researchers, and intellectual property rights activism. I made contact with these informants through emailing their public email addresses, as well as visiting HIV/AIDS centres in Durban and the Médecins Sans Frontières (Doctors without Borders) Southern Africa offices in Johannesburg. The purpose of my interviews has been not to provide data upon which I will base my argument, but rather to enhance my argument. The short fieldwork time does not allow for true ethnographic fieldwork, and so the answers I would get in this time would be nothing more than vague. Knowing this, I aimed only to get different perspectives on the morality of Big Pharma, and their work in South Africa and Africa. As my interviews were not structured, the conversations became about these issues and so much more. My informants' words will be incorporated into my analysis chapters to add depth to my argument[1].

Apart from the very normal ethnographic refusal that forms part of one's fieldwork, my greatest challenge was the ethics review process. The ethics review is an important aspect of all fieldwork. In my first ethics review, I had made the case for not using written consent and relying exclusively on verbal consent that would be recorded or witnessed. My case for verbal consent was that written consent, particularly in a context where people can be suspicious of documents and signatures, would 'contractualise' my interactions with my

[1] I use the singular 'they' pronoun to anonymise my informants as much as I can.

informant. Especially because I wanted to take an ethnographic-like approach of free-form conversation and relationship-building through the interview, anything 'contractualising' would be counter-intuitive to informants opening up about their experiences with the HIV/AIDS crisis, criticisms of the South African government, and the effects of apartheid. Here I want to make a distinction between written consent and immediate written consent. Written consent after the establishment of a relationship and trust is not the issue at hand. Due to the necessary time constraints of an MSc dissertation, fieldwork is very short, requiring what I call immediate written consent, or written consent without the establishment of trust. After my first ethics review was rejected, I supplied a script for verbal consent that I would say to each informant depending on their occupation. This too was rejected, with the ethics review committee unconvinced that health practitioners and activists in South Africa would be uncomfortable with strange documents presented to them by a stranger. After yet more back and forth with the ethics review committee, including the writing of a formal statement where I argued my case using decolonial ethics scholarship, I was finally given the decision that I should take it on a case by case basis.

The point of relaying this in the methodology section of my dissertation is to not just report the difficulties in my fieldwork but to make a case once more for decolonial ethics in fieldwork. My argument is very consciously located within the MSc dissertation process, and I hold that the LSE ethics review committee does not fully take into account the complexities of research in non-Western contexts. Unfortunately, I do not have the space here to discuss the full scope of literature that makes the case for decolonial fieldwork ethics. Nevertheless I want to provide some insight into the gaps in Western ethical standards, and actually conducting fieldwork in a non-Western country.

Molobela (2017), a South African researcher working in South Africa writes about the very real possibilities of coming across participants who may not not want to remain anonymous, who require compensation for the participation, or most notably for us, are suspicious of signing formal documents and favour written consent (Molobela 2017, 67). The webs of bureaucracy that are normal in Western countries are not necessarily seen the same way in non-Western, particularly post-colonial countries. Western universities cannot treat ethics as "one-size fits all" (Adu-Gyamfi 2014, 50). In my own fieldwork, I found the suspicion that I had expected when I presented informants with the option of written consent versus verbal consent, and four out of seven informants chose verbal rather than written consent. Adu-Gyamfi (2014) advocates for a process described by Crigger, Holcomb and Weiss as 'ethical multiculturalism', or the understanding that in the many challenges of cross-cultural research, researchers working in non-Western countries have to not only adapt ethics to the local but be culturally literate to understand what that would entail (Adu-Gyamfi 2014, 50). I encourage both LSE departments, students travelling for fieldwork, and the ethics review committee to take seriously that the Euro-American centred 'standards' of research ethics do not fit neatly into non-Western contexts. In these situations, it is the responsibility of everyone involved to adapt and shift focus with the goal of decolonising ethics frameworks, even if only in a very simple and obvious way such as verbal rather than written consent.

Theoretical Framework and Context

I draw largely from Marxist-influenced writing for my theoretical framework as well as Mary Douglas's classical anthropological work *Purity and Danger* (1966). In the first section, through the narrative of HIV/AIDS in South Africa, I will present and explore key theoretical debates surrounding racial capitalism and neoliberalism in South Africa and its connection to public health, disease patterns, and the controversies and conspiracies of the HIV/AIDS crisis[2]. I will draw on this later to argue that pharmaceutical companies, through their weaponisation of intellectual property, express a logic of racial capitalism and neoliberalism's accumulation by dispossession that morally obligates them to be ever-expanding. In the second section, I explore Mary Douglas's work on dirt as disorder to complete my overarching argument: that the moral world of Big Pharma, with its imperative of maximum accumulation and expansion, conceptualises generic medicines as disorder (though it is just moderation) and therefore something that must be quashed.

I

Of Conspiracies and Controversies: HIV/AIDS in South Africa

In the foreword to *AIDS and South Africa: The Social Expression of a Pandemic*, Archbishop Desmond Tutu retrospectively describes the bittersweetness of apartheid's end: another crisis was coming (Tutu 2004, xi). In the same essay, Tutu goes on to reiterate that for him, HIV/AIDS is 'the new apartheid'. This phrase is our point of entry to the histories of HIV/AIDS in

[2] The issues of private healthcare in South Africa are beyond the scope of this dissertation.

South Africa. By linking HIV/AIDS and apartheid together, Tutu points to the urgency of tackling the crisis and the vital link between the two phenomena. The first part of my theoretical framework, as explored below, describe this link and lays the foundation for an understanding of HIV/AIDS as discerning. Or in other words, locating HIV/AIDS within a South African history of disease that runs through the material conditions of racial capitalism, segregation, apartheid, neoliberalism.

Fassin (2007) conceptualises the South African AIDS crisis as a series of controversies: from the state's AIDS denialism; to the development of Virodene (Fassin 2007; Decoteau 2013), a drug claimed to cure HIV/AIDS made from the African potato that was later shown to have no biomedical effect; to the conspiratorial rumours that Western powers had injected HIV/AIDS into the African population to 'cleanse' the continent; and to the controversies around drug pricing of essential branded medications (Fassin 2007). Conspiracy and controversy have overlapped in crucial ways in the history of HIV/AIDS in South Africa and as part of their nature carry kernels of truth and legitimate fears rooted in apartheid (Decoteau 2013; Fassin 2007; Mbali 2013).

AIDS denialism is at the forefront of the HIV/AIDS crisis in South Africa. A controversial belief that ARVs are toxic and HIV does not cause AIDS, held by Thabo Mbeki, South Africa's second president, and a number of significant members of his Department of Health. At first blush, AIDS denialism comes off as preposterous and unforgivable, especially considering its contribution to the delay in antiretroviral rollout, and the death of almost half a million African lives. Yet, as a number of scholars (Decoteau 2013; Fassin 2007; Mbali 2013) document, AIDS denialism was inspired by the deep belief that the international public

approach to AIDS was fundamentally racist and colonial. Mbeki's argument for AIDS denialism was three-pronged: he was critical of the assumptions of African sexuality[3] that ran as an undercurrent through international epidemiological approaches to the causes of HIV; he questioned the pharmaceutical industry's power and the huge profits it would gain from the AIDS epidemic in Africa if antiretrovirals were purchased from them; and lastly, Mbeki argued that biomedical science was inherently wrapped in an imperialist paradigm that did not take into account the African cultural and racial identity. For Mbeki, indigenous healing was the way forward in treating HIV/AIDS in South Africa and the state pitted indigenous healing methods against biomedical science (Decoteau 2013, 18). To understand this better, we must take a look into the political economy of disease in South Africa.

A Discerning Disease

Apartheid has hewed the patterns of disease, as well its health systems and services (Manderson and Levine 2006; Yen 2016; Fassin 2007; Gilbert and Walker 2002). By describing HIV/AIDS as 'a discerning disease', it is possible to view its pattern not as a 'natural path' but one which runs along constructed tracks. The tracks have origins not just in apartheid, but in racial capitalism.

[3] Mbeki's criticism comes from the concern that Western representations of the HIV/AIDS epidemic was fuelled by racist assumptions about the voracity of Africans' sexual appetites, and their inability to practice 'safe sex' (Decoteau 2013, 89). Indeed, actual remarks from the heads of pharmaceutical corporations express adjacent views. It is easy to see how truth and conspiracy become blurred in the post-colony, especially with stakes as high as HIV/AIDS.

The term ‘racial capitalism’ came to prominence in the 1970s, located within the debate between Marxist revisionists and Anglophone liberal scholars. The liberals argued that economic capitalist structures should work independently of the state assuming first, state neutrality, and second, the feasibility of a barrier between the political and economic spheres. There are two important moral logics inherent to the liberal belief. One, that capitalism, through minimum state intervention, would create ‘colour-blindness’ in which any and all kinds of racial prejudice and discrimination would be eradicated. Instead, a bold new liberal world would emerge in which new forms of social interactions and subjectivities would become the norm, founded on the so-called rational economic principles and values of enlightened self-interest. Two, that capitalism would bring ‘progress’, implying that Western rationality would transform any pre-modern backwardness to culminate in the subjectivity of a post-racial, autonomous, and bourgeois South African individual (Cloete 2014, 34-35). As late as 1991, Bruce Bartlett, ex-domestic policy advisor to Ronald Reagan, argued that “…a free economy is a necessary, and perhaps even a sufficient, condition for resolution of the racial problem of South Africa” (Bartlett 1991, 64).

For South African Marxists, however, apartheid was a direct result of capitalism (Cloete 2014, 36), a perspective that this paper agrees with. The pamphlet *Foreign Investment and the Reproduction of Racial Capitalism in South Africa* was published in 1976, written by white South African Marxists Martin Legassick and David Hemson. They argued that modern expressions of racism in South Africa have been shaped by and are dependent upon the processes of capital accumulation and the state’s responses to it (Hudson 2018). Indeed, the term ‘racial capitalism’ was specifically used to critique the above-mentioned South Africa liberal who believed that racism and apartheid would ‘self-correct’ through the free-market.

Neville Alexander, a prominent activist and academic from outside the ANC pushed the argument of racial capitalism forward, fully embracing the term in a 1983 speech in Hammanskral. This speech was later published in a collection of Alexander's speeches, *Sow the Wind.* Alexander argues that the battle against apartheid is only the beginning of the war against the interests and structures that were the basis of apartheid: racial capitalism (Alexander 1985, 41). Indeed, as Alexander (1985), and Legassick and Hemson (1976) argue, capitalist institutions have had an indelible effect on South Africa, influencing its political economy and health system to a far greater extent than other post-colonial nations across Africa and Asia (Coovadia *et al*. 2009, 826-828). To contextualise racial capitalism and link it to public health and disease, we now turn to the history of industry in South Africa.

Diamonds were discovered in Kimberley in 1867 and gold in the Witwatersrand in 1886. This had a profound effect on South African society and galvanised the transformation of South Africa from an agricultural economy to an industrial one. Mining became the cornerstone of the economy and in order to sustain the industry the demand for cheap black male labour skyrocketed. With huge foreign investment being pumped into South Africa, it became necessary to procure this labour through any means necessary. Through taxes, coercive legislation, punitive control of desertions, and restrictions to access to land and the means of production, black male labourers were forced to migrate to the towns and the mining areas. This system was not only instrumental in breaking the backbone of the rural black agricultural economy, but it became the linchpin of subsequent economic, political and social developments. From 1948, with the Nationalist Party in power, the system of apartheid was put in place. This system was based on racial classification from birth. South African people were divided into four racial categories: European (white), Asian (Indian), coloured, or Bantu

(black). This was an unyielding racial hierarchy with whites at the peak, and it determined every factor in a person's life. The racial hierarchy decided where a person could live, go to school, work, whom they could marry, their right to vote, and the amount of resources granted to their education, healthcare and pension. All laws were reinforced with stringent state control and repression. Black peoples were forced onto specially designated rural labour reserves called bantustans. They were forced to carry passes that showed their right to work and live in urban areas, a practice that was policed brutally. With a huge lack of employment, physically-able black men had no choice but to leave home in the bantustans and look for work in urban areas, a pattern of forced migration that harks back to the beginning of large-scale industry in South Africa.

The 1995 National Household Survey of Health Inequalities in South Africa revealed the race-based difference in access to public healthcare. In the previous year, the year in which apartheid ended, 37 percent of Africans and 30 percent of Coloureds had not received healthcare in comparison to Whites at 17 percent and Indians at 18 percent (Gilbert and Walker 2002, 653) As such, disease patterns in South Africa have historically been majorly determined by the socio-political processes. The spread of tuberculosis is an important example. Apartheid's agricultural policies supporting large-scale agriculture were instrumental in pushing millions of African peoples into reserves, homelands, and townships (Coovadia *et al*. 2009, 819). This urbanisation was rapid and uncontrolled, causing high levels of urban and rural poverty, and the spread of diseases linked to population mobility and impoverishment, amongst others issues (Gilbert and Walker 2002, 653). Due to racial segregation and no proper housing for the migrant population, urban African areas featured overcrowded, unsanitary hostels and slums. Tuberculosis spread dangerously quickly in the

reserves due to high numbers of mine workers returning to their families, and the forced return of workers too ill to be productive. In parts of the rural reserves of Ciskei and Transkei, more than 90 percent of adults were infected with tuberculosis (Coovadia *et al*. 2009, 819).

Similarly, HIV/AIDS has shown itself to be a discerning disease. In other words, the more marginalised the population, the higher the infection rate (Decoteau 213, 6). Statistics show that women have a higher prevalence rate, regardless of age, and the South African black population has a higher HIV prevalence than any other racial group. Lower socio-economic class, rural, and informal settlement populations similarly have higher prevalence rates. The link between current vulnerable groups and apartheid is striking. Vulnerability, thus, also reveals itself to be the affective dimension of the material conditions created by racial capitalism.

Original Sin

A vital aspect of racial capitalism is Marx's critique of 'the so-called primitive accumulation'. This argues that no amount or method of accumulation by itself produces capital and capitalism. The origins of capitalism occurred through a process of transformation in social property relations that precipitates capitalist 'laws of motion': "the *imperatives* of competition and profit-maximization, a *compulsion* to reinvest surpluses, and a systematic and relentless *need* to improve labour-productivity and develop the forces of production" (Wood 2002, 36, italics in original). The 'laws of motion' create the necessity for ever-expansion, as well as the methodologies through which this expansion can take place. Marx locates the actual process (rather than the "so-called") of primitive accumulation to the

English countryside and the emergence of new agrarian relations in which landlords increasingly took rent from the commercial profits of capitalist occupants, while simultaneously many small producers were dispossessed and became wage labourers (Wood 2002, 36, 48). This rings particularly true in South Africa's case, where the rise of capitalism, inseparable from the rise of segregation and apartheid, created generations of black urban proletariat (Drew 1991; Alexander 1985; Maharajh 2011) forced migration, dispossession, and a privatisation of the commons as well as the preconditions necessary for the spread of diseases like tuberculosis.

Let us now take a closer look at these preconditions and their underlying moral justification. Wood (2002) questions why only British colonialism had the specific effect it did, that of converting wealth into industrial capitalism in ways that other colonists (such as the Spanish) did not have at home and across the globe. Legassick and Hemson (1976) too point out that segregation in South Africa was not invented by Afrikaners. Instead the British state, acting for the interests of British capital tied up in the South African economy, intervened in 1900 to take on a hegemony which laid the foundations of South Africa's racial capitalism and the apartheid regime. Legassick and Hemson argue that segregation's (and naturally, apartheid's) assumptions, ideological elaboration, and policy implications were generated between 1900 and 1910 under the British Imperial administration in South Africa, and were done so by those that self-identified as humanitarians (Legassick and Hemson 1976, 3). Wood argues that in order for British colonialism and resulting industrial capitalism to take the form that is has, "much, if not everything, depended on the social property relations at home in the imperial power, the particular conditions of systemic reproduction associated with those property relations, and the particular economic process set in motion by them" (Wood 2002,

149). Property, then, and the moral justification for accumulation of property can be seen to lie at the heart of the imperialism present in the British Empire and can be connected to the racial capitalism of South Africa.

Ince (2018) argues that Locke's theory of private property and famous pronouncement on America heavily influenced the imperial turn in political theory. Part of Ince's argument is that Locke's theory of private property expressed a particular capitalistic worldview based on "the productive capacities of labor for transforming inert nature into an ever-expanding domain of value" (Ince 2018, 39). Though the argument and analysis is located in English imperial ambitions in America, as is the quote above, Ince's work gives us important insight into the morality of accumulation. In the *Second Treatise*, Ince shows us, Locke begins with the theological idea that God's command is for the earth to be used for the benefit of mankind, and arrives at the necessity for accumulation that constructs seventeenth-century colonial capitalist action as legitimate and morally lauded (Ince 2018, 48). Though there is not enough space here to fully pick apart Locke's theory of private property, a concept that is used to prop up the moral necessity of accumulation is 'waste'.

A closer look shows Locke to be deeply disturbed by the idea of the waste of earthly material. For him, enclosing and improving the material is efficient and fulfilling of God's purpose (Ince 2018, 49). Thus, though Locke did not consider Native Americans to be 'irrational' or 'stupid', and was aware of their complex systems of barter and gift, he also clearly believed that their use of the 'commons' was a waste. Rather, for Locke, Native Americans would benefit in material terms if their territories were enclosed and improved by English colonists, or in other words that even if there was a loss, they would be more than compensated (Ince

2018, 50-56). For Locke, the moral necessity of accumulation also meant that there needed to be a way to store the build-up without it returning to the waste of the commons. Money, and the imperative of money's expansion, returns as a function in the same way that the enclosing of land does: for the achievement of divine purpose (Ince 2018, 52-3). In this understanding, the accumulation of property, with money as its natural extension, is nothing short of following God's command. Thus, it can be seen how the African peoples of South Africa, sitting on (and so wasting) the gold and diamond mines of the country, must be dispossessed and placed in submission for the purposes of God's will. In reference to Wolfe's quote above, the native South Africans provided both the land and the labour, the latter of which was demanded in ferocious amounts resulting in the production of racial capitalism that is both local to South Africa, and also located within a global history of morally justified colonialism. Indeed, the link of the moral logics of accumulation and expansion to racial capitalism and the rise of segregation become clear as a particularly English kind of colonialism. Connecting accumulation to later British imperialism and colonialism and the more contemporaneous imperialism of the U.S.A, Harvey writes,

> *The American bourgeoisie has, in short, rediscovered what the British bourgeoisie discovered in the last three decades of the nineteenth century, that, as Arendt has it, 'the original sin of simple robbery' which made possible the original accumulation of capital 'had eventually to be repeated lest the motor of accumulation suddenly die down'.*
>
> Harvey 2003, 182

This repetition, Harvey argues, occurs through a process he calls 'accumulation by dispossession'. Describing the current moment of U.S. imperialism and the proliferation of neoliberalism across the world, 'accumulation by dispossession' is the new form of 'primitive accumulation'.

An Eerie Coincidence

Neoliberalism is not easily defined. As a doctrine of political economy, its origins date back to the late 1930s, taking birth in a largely isolate and ignored collection of thinkers such a Milton Friedman. It was Margaret Thatcher and Ronald Reagan, who in the 1970s, turned to neoliberalism for answers to the economics difficulties of their time. By moving away from the welfare state towards conscious support for the 'supply-side' conditions of capital accumulation, Thatcher and Reagan triggered an almost overnight policy framework change for the World Bank and the IMF. The emphasis was placed on the the privatisation and liberalisation of the market, effectively creating a new set of commons to be enclosed by state policies (Harvey 2003, 158). Through this, entirely new processes of accumulation by dispossession have emerged. A primary vehicle for accumulation by dispossession has revealed itself to be the forcing open of markets throughout the world by imperialistic and institutional pressures from the IMF and the WTO. These pressures are in turn given power through the backing of the U.S., and to a lesser degree Europe, for the purpose of sanctioning countries who remain even vaguely protectionist (Harvey 2003, 181). The expansion of the intellectual property rights regime in the WTO negotiations, leading to the TRIPS agreement, and the weaponisation of the regime by the pharmaceutical industry are a striking example of accumulation by dispossession and demonstrative of the new levels of abstraction to which

the moral justification of private property have been taken. This will be discussed in further detail in the chapter three. As I have shown in previous sections, the material conditions of epidemics are vital to understanding their spread and systems of power in a society.

> *In an eerie coincidence of global proportions, AIDS and neoliberalism share a common chronology and impact. AIDS and the industry that has grown up to manage, control, and capitalize on the disease is deeply implicated in neoliberalization efforts at multiple scales, even more so as biopolitical concerns are increasingly a focus of government at the international, national, and civil society levels.*
>
> Decoteau 2013, 136

In South Africa's case, foreign investment and interference (as Legassick and Hemson 1976, and Alexander 1985 have so eloquently argued) have always had a major role to play in the political economy of the country[4] and disease. As Tutu called HIV/AIDS 'the new apartheid', he called the international political-economic system 'global apartheid' (Bond 2001, xi). A striking example is the World Bank's treatment of access to water. Through the privatisation of water, in which consumers paid for the water they used rather than receiving it as a free and natural resource, South Africans were increasingly excluded from accessing water. With less revenue for the companies and subsequently higher prices, water steadily became less

[4] The apartheid state had already adopted the doctrine of neoliberalism and begun its implementation long before the ANC came to power in 1994. This meant that structural adjustment programmes, unlike in the rest of Africa and the Third World, were unnecessary, thus giving South Africa a history of neoliberalism that differs greatly from others (Decoteau 2013, 9).

affordable to low-income South Africans. One devastating outcome was the necessity of turning to other water supplies, triggering a cholera epidemic (Harvey 2003; Bond 2001).

II

Matter out of Place

In *Agenda for an Anthropology of Pharmaceutical Practice*, Mark Nichter and Nancy Vuckovic call for a broadening of the scope of research for a number of pharmaceutical issues. The first one they address is the idea of "medications as vehicles of ideology". For Nichter and Vuckovic, medications "link the physical body to the social body and the body politic" (Nichter and Vuckovic 1994, 1509-10). By taking seriously this link, the case for a morality of branded and generic ARVs becomes more clear. As branded medicines then bring with them the moral world of Big Pharma, what do generics represent? Mary Douglas helps us here with the seminal text *Purity and Danger* (1966). Douglas writes,

> *...the old definition of dirt as matter out of place [is] a very suggestive approach. It implies two conditions: a set of ordered relations and a contravention of that order. Dirt, then, is never a unique, isolated event. Where there is dirt there is system. Dirt is the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements…it is a relative idea. Shoes are not dirty in themselves, but it is dirty to place them on the dining-table…In short, our*

pollution behaviour is the reaction which condemns an object or idea likely to confuse or contradict cherished classifications.

Douglas 1966, 34-6

A study in symbology, Douglas (1966) brings understandings from so-called 'primitive' cultures into the 'enlightened' West, arguing that there really is no difference: there are only systems and that which threatens the system. In the case of Big Pharma, I have laid down the theoretical framework for the argument that their moral logic of accumulation is is embedded into branded ARVs. With Douglas's understanding of disorder as dirty and dirt as 'matter out of place' (i.e. out of place in a particular system), we are able to theorise generic ARVs. In the moral world of Big Pharma, that which does not go to an extreme of accumulation and expansion is the enemy. Framed in this way, it becomes more understandable why generics are so threatening to Big Pharma. Perhaps it is not simply that their monopoly is challenged, but also because of the moderation that comes from cheaper, more accessible medications.

Before we can explore the scope of Douglas's work, three primary criticisms must be acknowledged: first, that by assuming a direct causality between society's structure and its classifications of purity and impurity, a homogenising effect takes place; second, sociobiological workings of the disgust sensation are not accounted for; and third, definitions of purity and impurity have been drawn from Christian traditions despite being universalised by Douglas (Duschinsky 2016, 6). Within the context of an attempt to theorise mechanisms of disgust and hygiene, Douglas falls short, particularly because her starting point are non-Western ontologies such as the Hindus (Douglass 1966). In later years Douglas admitted, "the only universalistic about purity is the tendency to use it as a weapon or tool" (Douglas 1997

as quoted in Duschinsky 2016). Indeed, this is what makes Douglas's work so applicable to branded and generic ARVs in Big Pharma's moral world. In the fifty-three years since *Purity and Danger*'s publication, the scope of the work has expanded far beyond symbolic and religious anthropology. Douglas's ideas have been applied to puns in the English class system (Herzfeld 2016); the psychology of fainting and vomiting (Gilchrist and Ditto 2016); and Shakespeare's works (Firestone and Lyne 2016) to name only a few. Particularly relevant is Williams' (2016) work on political activists as 'dirty'. It provides a vital insight into how images of pollution mark those against the established order (Williams 2016, 70). This is especially interesting in the discussion of generics producers as 'pirates'. By using Douglas's work, understanding the systematic offensive against generics becomes clearer. Generics are not oppositional in the sense that they are anti-capitalist. Generics producers are still of capital, yet within the context of Big Pharma's moral world, they are moderate capital and thus 'wasteful' (in Locke's definition).

Discussion and Analysis

This chapter is an attempt at moral world building. Here I will argue that, for Big Pharma, accumulation by dispossession is nothing less than a moral imperative. Branded medicines, then, especially in the context of HIV/AIDS, come through and with a morality of accumulation and expansion at all costs (of lives) and refer us back to "the bloodstained body of the drug" (Martin 2006, 284). In this chapter I intend to lay out how intellectual property, specifically patents, and their institutionalisation as a regime has been used as a vehicle for Big Pharma's morality through the metaphor of 'piracy'. I draw largely from Drahos and Braithwaite's (2002) excellent work *Information Feudalism: Who Owns the Knowledge Economy?* to draw attention to particular histories, fears, and policies that point to a moral logic of accumulation.

Piracy as Pretext

The moral fear around 'wasting' material resources if land does not become private property, as theorised by Locke, has been replaced in the debate of branded versus generic medicine with the metaphor of 'piracy'. For Big Pharma, intellectual property protects them as 'inventors' and their narrative of the history of IP is something like a fairy tale: "The patent was a contract between the state and the inventor in which the inventor disclosed their invention to the world in return for a limited period of monopoly. Once the knowledge was made public, everybody could make the invention to which the knowledge related. In this way the story has a happy ending. The inventor benefited and so did society." (Drahos and Braithwaite 2002, 42). Of course, what the historical record actually shows about patents is

that it has always been accompanied by "a ruthless trade morality" (Drahos and Braithwaite 2002, 35), or a logic of accumulation.

In February of 1998, represented by the South African Pharmaceutical Manufacturer's Association (PMA), thirty-nine Big Pharma companies sued the South African government in the High Court of Pretoria. This came a year after the introduction of the Medicines and Related Substances Control Amendment Act (Medicines Act): an Act that had provisions for the import of generic HIV/AIDS medicines to treat an increasingly devastating HIV/AIDS epidemic in South Africa. For Big Pharma, this provision was a blatant violation of the World Trade Organisation's (WTO) patent protections. Backed by the U.S. government, South Africa was threatened with trade sanctions and the removal of aid if they did not revoke the Act's generics provisions (Owen 2013, 262). For the country only just emerging from the apartheid era, the Medicines Act was important to the reworking of a deeply unequal and racially segregated public health system. The import of generics would help achieve lower drug costs and greater access to essential medicines. This trial became the global symbol for defence of "the public health exception". The exception allowed for specific procedures in the international legislation that governed intellectual property in the instance of a "national emergency or other circumstances of extreme urgency," including a "public health crisis" (Fassin 2007, 67).

For Big Pharma, the provision for importing generics was nothing short of theft or 'piracy'. Indeed, since the 1980s, the discursive construction of generics producers as 'pirates' and 'thieves' (Owen 2013; Drahos and Braithwaite 2002) was an important aspect of their lobbying for the globalisation of the intellectual property rights framework through the

medium of TRIPS. Intellectual property rights, argue Drahos and Braithwaite (2002) have been used as tools of censorship and monopoly from the very beginning. Copyright first appears in 1557 in England as a kind of printing privilege granted by Queen Mary to the Stationers, a craft guild. Over time, the Stationers became an extension of the state, with the powers of search and seizure. The Stationers spend a lot of time destroying printing presses and jailing those whose printers are not part of their guild, as well as fighting a perceived 'piracy' that they have created themselves through a brutal monopoly (Drahos and Braithwaite 2002, 29-30).

Drahos and Braithwaite (2002) connect the metaphor of piracy used by Big Pharma to the real acts of piracy that helped Queen Elizabeth I's England to flourish and the North American colonies to grow. Famous pirates made their name during this time such as Captain John Avery and William Kidd, part of which meant the slaughter of those on the coasts of the Red Sea, Persian Gulf, or the Coast of Malabar. Indeed, it was "universal pirate opinion that it was no sin for Christians to rob heathens" (Drahos and Braithwaite 2002). Later, the rhetoric of piracy was used throughout British colonial rule in diverse ways: from using the so-called 'piracy' of Malays and others in Southeast Asia as ground for military interference, to a drawn out and brutal offensive against Anglo-American pirates who threatened the shipping lanes necessary to Britain's hegemony. "Corpses dangled in chains in British ports around the world 'as a Spectacle for the Warning of others'" (Drahos and Braithwaite 2002, 24) and indeed the practice of 'as a Spectacle for the Warning of others' has continued in much more abstract ways, such as trade sanctions, warning lists, and political bullying. The rhetoric of piracy in the intellectual property rights regime that surrounds biomedicine and technology has a popular association with a history of savagery, desperation, and illegality,

and a lesser known association with the weaponised metaphors of economic and political gain. Or in other words, expansion and accumulation. It is fascinating to see the reuse of metaphors from the time of primitive accumulation (the seventeenth century) in the time of accumulation of dispossession. As 'piracy' lends Big Pharma a powerful metaphor of good (Big Pharma) versus evil (generics producers) (Owen 2013; Drahos and Braithwaite 2002), an acute sense of morality begins to take shape.

One of my informants (Informant A) works as a campaigner against the patent laws choking people's access to medicine in South Africa. They told me,

> *I don't think that people are actually aware of the greed that pharmaceuticals have. I think it also goes back to the political understanding of everything that's at play. I think that generally there isn't actually awareness of how they're playing the system and how they're actually using the system to sort of, to make more profit, to really put people's lives on the line. I think we just look at them as these inventors and yes, they do great work by inventing, like, all these drugs, all this life-saving medicine and stuff, but I also think they wield their power, obviously their financial power that they can actually contribute to and influence key decisions in government…it's not in the public eye, you know, that there is medicine that can actually save you, to save you from dying but some pharmaceutical decides that they won't make it available in some specific country and then you can't access it. People think, "Oh well, there's no cure, there's nothing that can actually save me."*

They conceptualise Big Pharma as tricksters, saying “Pharmaceuticals still get new tricks to trick the system”. In general, when a pharmaceutical corporation develops a medicine, it places patents not just on the medicine itself but on every compound in the medicine, the dosage methods, the processes of producing it. Some information is also held back and protected under trade-secret law. Brand name identity is thus preserved under trade mark law and the written information surrounding the compound is protected by copyright, ensuring that this wall of intellectual property lasts longer than the length of any single patent (Drahos and Braithwaite 2002, 6). Manipulation of this system happens constantly to ensure generics producers are excluded from the market. Informant A tells me about a tactic that is used by Big Pharma to keep generics out of market for as long as possible called ‘Evergreening’: “where pharmaceutical companies will develop a drug that would be given a twenty-year patent and in that process, maybe fifteen years down the line of the patent, they’ll tweak, or rather just change a small molecule within the drug, or package it in a different way and they will apply for another patent to extend their monopoly for another plus years.”. The ‘piracy’ of generics medicines producers could arguably then be of any compound, process, or dosage method of any medicine, rendering Big Pharma as the ultimate monopoly over medicines (Boldrin and Levine 2008). By framing generics as ‘pirates’ and their own ever-expansion as ‘protection from theft’, Big Pharma presents its use of the intellectual property rights system as morally necessary.

Behaviours of Accumulation and Extraction

Primitive accumulation’s seizing of land for property has become more abstract during accumulation as dispossession. Here, the accumulation of intellectual property is simply one

aspect of a larger project of neoliberalisation. In this section I will outline the behaviours of accumulation and expansion that are evident in the globalisation of the intellectual property regime. I have already argued that these behaviours are self-justified as working against 'piracy'. The rhetoric of 'piracy' makes expansion a moral imperative and the processes of making this imperative come to life connect back to racial capitalism. This will be explored in the following section.

TRIPS as an agreement is about more than patents: it sets minimum standards in copyright, trade marks, geographical indications, industrial designs, and lay-out designs of integrated circuits. It was the first stage in ensuring that the morality of expansion reproduces globally as the intellectual property standards in TRIPS obligate all members of the WTO (Drahos and Braithwaite 2002, 10). For Big Pharma, TRIPS will ensure the enclosure of biotechnology through patents and trade secret law. It also functions as an important vehicle for accumulation by dispossession through the forcing open of world markets, exactly like India: a country labelled as a notorious 'pirate' for making generics a fundamental part of their national pharmaceutical industry. Indeed, as a combination of a market-opener and a globalisation of the morality of accumulation, TRIPS can be seen as a cog in the engine wheels of "the motor of accumulation" (Harvey 2003, 182).

TRIPS has been effective since 1995 and was negotiated during the Uruguay Round of the General Agreement on Tariffs and Trade (GATT). Those missing from the important negotiation meetings and tables are easily identifiable: African, Asian, South American countries were repeatedly denied entry into spheres in which they might have the power to object and derail TRIPS. Alongside this came a system of coercion and blindsiding in which

Third World countries were threatened through trade sanctions, and were also unprepared for the level of capital that had been sunk into intellectual property lawyers and infrastructure. India was the last stand against TRIPS. When finally having to sign during the Final Act of Marrakesh in April 1994, a number of Indian parliamentarians and members of the judiciary delivered rousing speeches about the recolonisation of India (Drahos and Braithwaite 2002, 146). However, the Indian pharmaceutical industry, along with every other member of the WTO was now forced to play by intellectual property rules set in Washington and New York (Drahos and Braithwaite 2002). In the aptly named *TRIPS Was Never Enough*, Sell says, "Despite the fact that a TRIPS advocate triumphantly exclaimed, "we got 95% of what we wanted," that 5% has always mattered, and 95% was never enough. While many countries believed that they were negotiating a ceiling on intellectual property rules, they quickly discovered they actually had negotiated only a floor." (Sell 2011, 448). After TRIPS came TRIPS-plus, U.S.-plus, and ACTA-plus, making TRIPS look like a walk in the park in comparison to the stringency that these initiatives have brought (Sell 2011, 448). TRIPS-plus in particular targets the import of generic medicines and the logics of expansion and accumulation present themselves again.

A crucial aspect of primitive accumulation, accumulation by dispossession, and racial capitalism is extraction. Within the context of pharmaceutical intellectual property practice and TRIPS, three important kinds of extraction take place: the forcing open of markets through the obligation of building intellectual property infrastructure (Drahos and Braithwaite 2002); the theft from the collective knowledge of indigenous peoples (Olufunmilayo 2006; Drahos and Braithwaite 2002); and the outsourcing of clinical trials to

the Third World while producing drugs for a Western market (Drahos and Braithwaite 2002; Fassin 2007; Lurie and Wolfe 1997; Angell 1997).

Minds and Bodies for Extraction

In the world of intellectual property, those who hold the webs of patents, patent lawyers, and the capital to keep it all spinning, are lords of the knowledge economy and thus, knowledge exporters. Those who are knowledge poor, like South Africa and other Third World countries, are also knowledge importers (Drahos and Braithwaite 2002). TRIPS ensures that not only will knowledge poor countries have to standardise themselves to Western intellectual property rights, but they will have to pay dearly for the privilege. The message of the discourse around piracy has been that governments of other countries are stealing from the minds of U.S. inventors by not following patent protection. This narrative is connected with larger processes of the world order. In the 1950s, pharmaceutical corporations, particularly Pfizer International, made sweeping overseas sales figures. Due to recently independent post-colonial nations trying to rebuild themselves politically and economically, national pharmaceutical industries were nascent or non-existent. Drugs had to be imported and Pfizer profited. Countries like India and China were at first long-term prospects of profit. As their national pharmaceutical industries grew, they quickly became dangers to an established global system of branded medicine, one rooted in colonialism and imperialism (Drahos and Braithwaite 2002). The avid extension and proliferation of the intellectual property regime, particularly in regards to pharmaceuticals, can thus be seen as a legal disciplinary mechanism for those countries daring to circumvent Big Pharma. By pouring resources into an infrastructure to support intellectual property rights, (Drahos and Braithwaite 2002) lower

income countries (primarily post-colonies) are being pulled away from investing in basic human rights needs, such as access to medicines. Here we see Harvey's accumulation by dispossession clearly.

Though Harvey is less particular about the racial aspect of the extraction, Alexander, Legassick and Hemson, Tutu, and even Mbeki make very clear that there is a power imbalance between extractors and those extracted from. Drahos and Braithwaite (2002) point to the ways in which racist narratives of the 'East' were mobilised for the movement of the U.S. government to put in place sanctions against Asian countries who did not yet follow patent protection laws in the 1980s and 1990s, forcing them to behave. Indeed, this example of a racial and imperial attitude seems to form a stubborn undercurrent not just through TRIPS but through Big Pharma's more specific practices in the Third World. For example, Western intellectual property rights did not recognise the rights of indigenous peoples. By the time evidence proved individual pharmaceutical corporations were stealing indigenous peoples' collective knowledge, TRIPS had been set into stone (Drahos and Braithwaite 2002, 71). Unethical clinical trials are another striking example. Lurie and Wolfe (1997) describe the deaths of hundreds of infants in the Third World who were needlessly unethically infected in trials of interventions to reduce perinatal transmission of HIV. Even trials that are 'ethical', however, are often conducted within vulnerable populations in Third World countries, creating a cheap clinical trial pool for pharmaceutical corporations to test drugs on (Fassin 2007; Lurie and Wolfe 1997; Angell 1997). Informant C, a doctor, tells me they feel that there have been so many conspiracy theories about the HIV/AIDS crisis in South Africa that they feel almost reluctant saying what they think out loud. Yet when I ask about their opinion of Big Pharma's role in Africa, they tell me with a sigh:

> *South Africa and Africa is like, what's the word? a testing ground. I hate saying that but I sometimes do feel. I hate saying that because it's putting the conspiracy theories, the cynicism into something. I guess, that it's my feeling: it's subjective rather than objective. When I say conspiracy theory, I mean it's something that you don't want to believe is happening but you know that there is probably truth in it.*

Their hesitation comes with high stakes: the only reason their partner is able to get treatment for skin cancer is due to access to a clinical trial. Otherwise, the treatment costs R95, 000 every three weeks for two years. "They are doing some good work out there," they tell me. Big Pharma's moral location in South Africa is nebulous and uneven, as is the 'global apartheid' of neoliberalism. Indeed, their practices follow the same logic of racial capitalism: the bodies of colonial subjects that propped up the Empire have become the bodies of post-colonial subjects who prop up a much more diffuse, abstract corporate Empire. The lines between conspiracy and controversy are just as thin across the world as they are in South Africa.

When it came to HIV/AIDS, then, is it any wonder that Mbeki's AIDS denialism was so ardent? In the story of HIV/AIDS in South Africa, and its larger history of medicine, the lines between controversy, conspiracy, and colonialism are incredibly thin. After the end of apartheid, reports detailed a litany of health violations by the apartheid government. Beginning with the systematic underfunding of health care in bantustans, the list of crimes described is deplorable: the avoidance of punishment for doctors who covered up torture;

refusing emergency medical care to doctors, or breaking patient confidentiality to report to the security forces; non-consensually injecting women with controversial contraceptive Depo-Provera; and the actions of Dr. Wouter Basson or "Dr. Death". Basson was a key member of the chemical and biological warfare program of the apartheid government, and though never convicted, he was accused of poisoning anti-apartheid activists, producing cholera and anthrax, and injecting salmonella and botulism into chocolates (Decoteau 2013, 88-9). Some claimed that Mbeki had said that the CIA were behind the spread of HIV/AIDS, since it served the pharmaceutical companies. Journalists ridiculed Mbeki but it was later revealed that there was a very real link between the CIA and the South African military intelligence under apartheid and during the international embargo (Fassin 2007, 295).

A doctor (Informant B) who worked through the height of the HIV/AIDS crisis told me in reference to HIV/AIDS medicine, "As long as Big Pharma is making money off HIV/AIDS, there's no reason to find a cure." Describing the helplessness of watching people die every day due to no treatment, they tell me that they are glad there are generic ARVs available and that the government has made HIV/AIDS treatment so accessible. However, they remain unconvinced about the efficacy of some generics, feeling that branded ARVs are proven to work. In fact, they are suspicious of the corporatisation of generic medicines within the health insurance system of MedicalAid in South Africa. Deals have been struck between MedicalAid and generics companies so only particular generic ARVs can be given to patients. Yet Big Pharma also produces generics, and the doctor tells me of their wariness of 'stock-outs': when generic ARVs run out in clinics and doctors are forced to prescribe branded ARVs. "It's very convenient," they say to me.

Piracy and Disorder

Informant C tells me that they cannot reconcile the worth of lives and Big Pharma's drive for profit. "I just think, it's all *lives,*" they tell me with emphasis. Informant D, a nurse in an HIV clinic treating sex workers, says the same to me. Indeed, this too was my question at the start of my research. Douglas's work gives insight into understanding the systematic policy-building around generics. "The only universalistic about purity is the tendency to use it as a weapon or tool" (Douglas 1997 as quoted in Duschinsky 2016), ring true with the weaponisation of 'piracy' as shown in earlier sections. The 'pirate' becomes a stand in for generics, and so a symbol of theft and disorder that interferes with the 'natural' order of capitalist accumulation and expansion, one that is inherently racialised. India, for example, was labeled as a 'pirate'. In fact, in the 1960s India had both one of the poorest populations and the highest drug prices in the world. Big Pharma were aiming their prices at the small but burgeoning class of Indians who could afford Western prices. Thus, developing affordable drugs through a national pharmaceutical industry became a priority for India (Drahos and Braithwaite 2002, 66). By actually building an industry around medicines of 'moderation', India remains an important enemy for Big Pharma. The South African case of the PMA v. Pretoria that I referred to earlier, was instrumental in beginning a change in rhetoric around generics producers from 'pirates' to 'heroes' with Pretoria's win (Owen 2013). However, this is only in the public sphere. In the corporate sphere (that leaks into the public), managing and suppressing the production of generics is a central aspect of TRIPS-plus and U.S.-plus. In a moral world that advocates for maximum accumulation, generics as symbolically 'moderate' forms of accumulation are "matter out of place" (Douglas 1966, 40). Thus, it becomes easier to understand the relationship between the drive for profit through branded medicines, and

greater access to essential medicines through generics. Within the HIV/AIDS crisis in South Africa, then, branded and generic ARVs fit into a deep history of inequality centred around racial capitalism, segregation, and apartheid. Generic ARVs thus become matter out of place and representative of disorder in a context where the racial capitalist order has seeped into every sector of society.

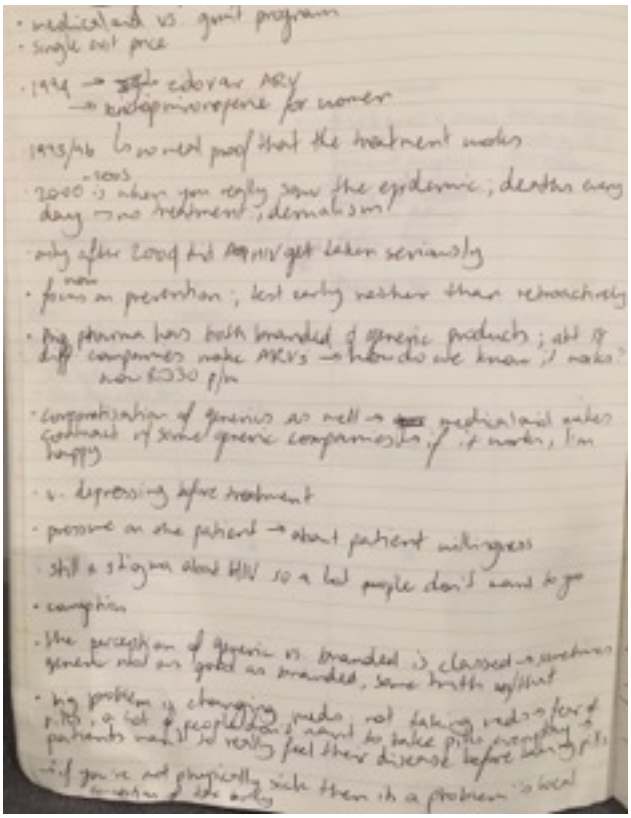
Conclusion

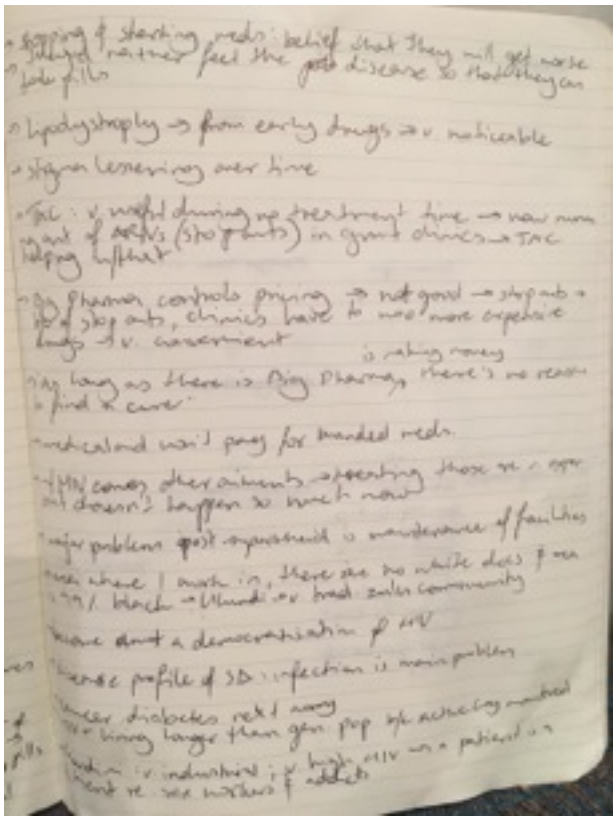
There is so much more to say. The holes in this work are glaring and can only be resolved with long-term ethnographic fieldwork. Histories and moralities of exploitation and resistance are jagged, complex, and not generalisable. A weakness in this work has been the necessity to generalise at times due to short-term fieldwork and limited scope, as well as not having the space to explore methods of resistance. In the process of writing, I have found it necessary to remind myself that intellectual property, neoliberalism, racial capitalism, and imperialism are not leviathan. There are important ways of resisting, such as the judicalisation of healthcare, and grassroots activism that I have unfortunately not been able to delve into as a way of rounding out my argument.

Despite this, I hope to have convinced the reader that Big Pharma's corporate action and expansion is also moral action and expansion. Branded drugs so become moral bodies of accumulation and expansion. Generics, not in opposition, but in disorder, become bodies of moderation. I began this essay by asking 'why do we not yet have access to medicines?' and an answer slowly begins to emerge: capital and its inequalities reproduce themselves like Hydras. In South Africa, the presence of capitalist moderation through publicly available generic ARVs is remarkable if uneven. Neville Alexander may not necessarily be proud yet, but it is a start.

Appendix

A. Image of interview notes from Informant B as example. All interviews were between fifty minutes and one and a half hours. All interviews were recorded except for Informant B's due to a failure with the recording device.





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