# A Generic Solution?

## Pharmaceuticals and the Politics of the Similar in Mexico

**by Cori Hayden**

In 1997 and 1998 the Mexican government encouraged the introduction of generic drugs into Mexico, Latin America's biggest and fastest-growing pharmaceutical market. In contrast to the situation in Brazil, where anti-retrovirals and HIV/AIDS treatment have been the centerpiece of a powerful state-led generics "revolution," in Mexico the move to cheaper, copied medicines has made its strongest mark in the private sector. The rapidly growing pharmaceutical chain Farmacias Similares, whose populist nationalism ("Mexican Products to Help Those Who Have the Least"), affiliated laboratories, political movements, health clinics, and motto—"The Same But Cheaper"—have begun to transform the face of health care provision in that country, raises important questions about whether the emergence of a market for generic medicines does in fact signal the reassertion of "the public" in and for Mexican public health. How does the copied pharmaceutical configure a particular set of political practices and discourses launched in the name of the (Mexican) public interest?

In 1997 and 1998, medication shortages and spiraling drug costs prompted Mexican government agencies, health activists, and companies to take action against a looming pharmaceutical and health crisis. Their response was to initiate moves that would facilitate the manufacture and consumption of generic drugs—a term that, in this context, refers to cheaper, legal copies of brand-name drugs—well beyond their long-standing circulation in the public sector's medical system. These efforts have sparked intense political, regulatory, and public relations battles within the country. Despite the fact that the copies at stake in the Mexican move toward generics are *legal* (that is, the drugs involved are no longer under patent protection), their emergence has provoked fierce opposition from U.S. and European drug companies, whose commercial monopolies in that country are deliberately being broken or, certainly, targeted by the introduction and promotion of cheaper, copied drugs.

Efforts to promote generic drugs in Mexico are part of a powerful set of developments in international pharmaceutical politics in which activist and state mobilizations over access to pharmaceuticals—particularly HIV/AIDS medications—have become a powerful site for the reassertion of the national "public interest" or the "public good" as counterweights to globalized intellectual property regimes. Brazil offers perhaps the best-known example of such a reassertion; its program to provide universal access to free HIV prevention and treatment stands as a beacon for many health activists and policy makers seeking to reassert nation-states' abilities to prioritize public health over pharmaceutical profits (Biehl 2004 and 2006).[1] Concern over pharmaceutical pricing and access to essential medications has, moreover, sparked a significant concession to "national public health" within the World Trade Organization (WTO), one of the primary institutions that currently enforces globalized intellectual property regimes and the pharmaceutical patents protected therein. The WTO's 2001 Doha Declaration on the TRIPS Agreement and Public Health grants nations the right to override patents (that is, to contract with generics producers to manufacture cheaper versions of a given drug) in the case of public health emergencies.[2]

The right, threat, and ability to produce and to consume generic drugs are the keys to these reassertions of national pharmaceutical sovereignty. Generics promise so much for a politics of access precisely because they are public—because they circulate beyond or outside the patent. For many observers and participants in the politics of public health, including several of my interlocutors in Mexico, there is indeed

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1. João Biehl's (2004) work on this question in Brazil highlights the degree to which the nature of the "state" spearheading this pharmaceutical revolution must itself be an object of inquiry; Biehl highlights Fernando Henrique Cardoso's efforts in 1996 to transform an ailing (and somewhat protectionist) Brazilian welfare state into an "activist" state with dynamic relations to global capital.
2. http://www.wto.org/English/thewto_e/minist_e/min01_e/mindecl_trips_e.htm (accessed October 18, 2006).

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a natural alignment between generic drugs and a *política pública*: a statist, public politics where health is concerned.

It is with these arguments and developments in mind that I ask whether the emergence of a market for generic medicines in Mexico signals the reassertion of "the public" in and for Mexican public health—or, to frame my query in a more open-ended way, how does the copied pharmaceutical configure or anchor a particular set of political practices and discourses launched in the name of the (Mexican) public interest? In my efforts to answer these questions, I focus on one of the most visible actors in the circulation of cheaper, copied pharmaceuticals in Mexico: the rapidly growing pharmacy chain Farmacias Similares (Similar Pharmacies), a privately owned Mexican company the proprietor of which also owns a small generics lab. The centrality of this pharmacy chain to Mexico's emergent generics marketplace provokes and organizes my ethnographic and theoretical interventions here. To make a simple but necessary opening argument, what we might call (in an ethnographically open-ended sense) "pharmaceutical publics" are not everywhere the same, for, despite initial appearances, Farmacias Similares is implicated in the ongoing privatization of the provision of health care in Mexico.

This observation opens up areas of inquiry that speak to some lacunae in the growing body of work in the anthropology of pharmaceuticals (Petryna, Lakoff, and Kleinman 2006; Biehl 2004; see also van der Geest, Whyte, and Hardon 1996; Nichter 1996) and an anthropology of intellectual property and publics more broadly. First, the saga of Farmacias Similares draws our attention not primarily to Big Pharma but to what we might call nonhegemonic or "Little Pharma"—small domestic generics labs, pharmacy chains, and other actors and institutions that are distinct from the inhabitants of our understanding of international pharmaceutical politics (most prominently, multinational corporations, nation-states, and self-organizing civil society). Second, the generics wars in Mexico draw our attention to seemingly unspectacular and resolutely undertheorized dimensions of intellectual property, for what is at stake in these contests is not the high-profile threat of patent-busting through compulsory licensing (that is, the move to override corporate patents on drugs) that surrounds many campaigns for access to HIV/AIDS medications. Rather, the action is taking place within the domain of the legal copy (i.e., the public domain), which turns out to be a highly stratified, densely populated, and extremely complex zone. To engage in a spatialization that will, as this account unfolds, necessarily come undone, this "space" outside or beyond the patent is my ethnographic terrain.

This construction of my site of inquiry both reflects and extends a shift in critical legal activism and anthropological studies of intellectual property. Rather than being viewed as a "residual" category in relation to private property, the public domain has become a key site of activist intervention—something to build and protect—and the subject of increasing critical inquiry and scrutiny (SARAI 2001). The generics question in Mexico thus leads me to a third and broader set of questions regarding the recent emergence of public-ness as the solution to the presumed excesses of privatization and corresponding restrictions on access in a wide range of arenas, including the politics of access to pharmaceuticals.

Public-domain activism has emerged out of an arena that might seem at first glance far removed from the question of access to medicines. It has developed around discussions of the information "commons" (Boyle 1996; Lessig 2004) in the realm of digital media and the Internet and the open-source movement in software research and development, which seek to demonstrate that research, development, and distribution can be more effective if kept "in the public domain" rather than placed under the restrictive terms of corporate copyright (see Kelty 2002 and 2004; http://www.opensource.org). The language and principles of open source and "open access"—which index everything from distributed processes of "innovation" to mechanisms which both enable and enforce broad access to the products of such innovation—are now being imported into the life sciences with remarkable speed.[3]

The question of access to essential medicines—a staple of World Health Organization (WHO) public health interventions since 1978—is now also being reformatted in many institutional, policy, and activist contexts in the idioms of open access and public research and development (see Hubbard and Love 2005).[4] Among many examples, both the World Intellectual Property Organization (WIPO) and the WHO have recently affirmed that efforts to improve access to pharmaceuticals could benefit from "open" or public pharmaceutical research and development models that do not rely solely or primarily on patents.[5] The open-source analogy has also been deployed in U.S. national and state debates on pharmaceutical pricing and Medicare (Kucinich 2003).[6] Generic

3. Examples include the transformation of bioscience publishing (and, potentially, the political and symbolic economies of research funding, peer review, and advertising) through new public domain mechanisms such as the Public Library of Science, the proliferation of open-access bioinformatics databases (such as the SNPs consortium), and the initiatives grouped under the rubric of Biological Innovation for Open Society (http://www.bios.net/daisy/bios/home.html).

4. The question of access to essential medicines has been significantly transformed in several ways since its institutionalization by the WHO in the late 1970s. In the wake of HIV/AIDS epidemics, the question of access has become inseparable from political challenges to the liberalized trade and intellectual property regimes that have transformed global economic and social relations since the late 1980s (see van der Geest and Whyte 1988, 146–60).

5. See the 2003 WHO report "Intellectual Property Rights, Innovation, and Public Health" (May 12, 2003) at http://www.who.int/intellectual-property/documents/thereport/en/.

6. In this context, Dennis Kucinich's proposal of "public patents" would ostensibly bring costs down by turning pharmaceutical research over to a network of publicly funded government labs and forcing drug companies to compete in their commercialization, as they currently do for generics in the United States. Kucinich is clear about the source of his inspiration. The proposal, he argues, would "improve the quality of R & D by using an 'open source' system that makes data and findings publicly available. This will allow us to tap the collective genius of the world community of scientists. . . . If smart people across the world can

drugs, which have already proven key to enhanced access in many contexts because they circulate beyond or outside the patent, serve as the foundational case for these proposals, many of which seek to go several steps farther by imagining the reengineering of the entire infrastructure and political economy of pharmaceutical research (Hubbard and Love 2003).[7]

While potentially sympathetic to the political goals of such projects, critical legal scholarship, social theory, and work in the anthropology of intellectual property are in a position to raise pointed questions about the romantic assumptions animating such presumably hopeful and liberatory visions of digital, bio-, and pharma publics. Chief among the assumptions warranting reflection is what I would call a kind of "commons nostalgia" (see also Coombe and Herman 2004).[8] The public domain or the information commons is invoked as a utopian space, free of the ostensibly "contaminating" influence of private property. Indeed, it is often defined simply (and unhelpfully) as property's opposite (for discussion, see Boyle 1996; Coombe 1998; Coombe and Herman 2004). A long tradition of social theory, whether expressed in the political terms of the "public sphere" of Jürgen Habermas (1998) or the more juridically inflected notion of the "public domain" that we find in Anglo-American property law, has made amply clear that the public and the private are much more permeable to each other than such a definition would allow. Specifically, we might argue that the formulation of a territorialized space outside or beyond the patent is the overdetermined product of the epistemology of capitalism itself. Thus many of us find ourselves arguing that public and private are mutually constitutive (see Warner 2002; Hayden 2003; Kelty 2002; Sunder Rajan 2006).[9]

The question of the generic in Mexico is important and useful to these discussions because it unravels and reworks received vocabularies on the relationship between public and private in distinctive and vivid ways. The Similares phenomenon pushes our terms of engagement beyond a liberal political imagination in which these struggles over the "proper" relation among production, innovation, rewards, and access are described solely or entirely in terms of the relationship between public and private. As I hope to show, the trajectory of Farmacias Similares also requires attention to inflections of publicness that seep beyond this liberal frame—specifically, *populism*—if we are to understand contemporary pharmaceutical politics in Mexico and perhaps elsewhere. "The" generics question, in all of its specificities, requires that we bring several conversations to bear on each other—intellectual-property-focused engagements with the public domain and Latin Americanist work on questions of the state, the popular, and populism—if we are to understand what is being made other to "the patent" and how the copied pharmaceutical can configure the political field itself.

In the larger project of which this essay is a part, the Similares phenomenon and the questions of populism and the popular provide a critical resource for rethinking the romantic and arguably limited notions of the public domain that animate contemporary efforts to reimagine political and "moral" economies of production, circulation, and distribution. The discussion to follow lays the groundwork for such an analysis by presenting, in three successive frames or "takes," some of the contradictory processes taking shape in the name of the copied pharmaceutical in Mexico.

## Take 1: The Health of the Nation

A vigorous national generics market began to take form in Mexico in the late 1990s, generating an extraordinary amount of conflict, proliferation of categories, and debate. As with Brazil, the question of AIDS/HIV drugs has certainly played its part, but the epidemic is much smaller in Mexico and has not been the driving force for the shift to generics.[10] There are other crucial differences between the two nations that are worth mentioning briefly, since Brazil is arguably the world's flagship example of what a generics revolution might look like. Brazil's much-discussed efforts to make antiretrovirals universally available have been the project and product of what João Biehl (2004) calls an "activist state," a key aspect of which has been the government's ongoing commitment to supporting a domestic biomedical and pharmaceutical industry. It is this commitment, among other things, that has enabled the Brazilian government to make credible threats to reverse-engineer patented drugs should transnational firms

do this for computers, can we not do it for the sake of public health?" (Kucinich 2003; see also Cukier 2003).

7. Thus, in a discussion of their proposed research and development "treaty" seeking to promote state-sponsored, "open" drug development in developing nations, Hubbard and Love write, "From the success and competitive efficiency of the generics industry it is clear that patents are not required to ensure an equitable supply of drugs at marginal-cost prices" (2004, 220).

8. In the now robust public-domain movement that has taken root among North American legal scholars and activists, we hear powerful calls to keep everything from images, software, and "meaning" to medicines, the human genome, and traditional knowledge "in the public domain." Such calls are invariably cast in the language of a fight against a new "enclosure" movement in which insides and outsides—even fences—provide the operative language for decrying the exclusions of private property claims and for promoting the inclusionary, democratic possibilities of the commons and the public (see, e.g., Boyle 2003 and Lessig 2004; see also SARAI 2001 for a much more critical and wide-ranging discussion of the public domain and Mitchell 2004 for a discussion of the notion of capitalism's "outside" as a discursive effect).

9. Sunder Rajan demonstrates the point in his discussion of how "public domains" in genetic sequence information can be constructed precisely as a way to enable private appropriation (2006, 56). In their "Romance of the Public Domain," Anupam Chander and Madhavi Sunder (2004) pithily remark that the public and the private are not other to each other but "made for each other."

10. UN AIDS statistics indicate that at the end of 2003 Brazil had roughly 660,000 people living with HIV/AIDS out of a population of over 186 million and Mexico had 160,000 people living with HIV/AIDS out of a total population of 106 million (see http://www.globalhealthreporting.org/countries.asp [accessed January 14, 2005]).

not lower their prices sufficiently. (Such unlicensed "copying" does indeed require infrastructure, know-how, and capital.) Brazil's combination of pharmaceutical research and development infrastructure and political will anchors a consequential contrast with Mexico: Mexican researchers within and outside the pharmaceutical industry often lament a longstanding lack of coordinated state support for a domestic drug industry, and, in contrast to the situation in Brazil, Mexico's close economic "integration" with the United States has made a trade war (actual or threatened) over compulsory licensing unthinkable.

The generics wars in Mexico have therefore played out in other terms altogether. The struggle here has focused on introducing to a broad consuming public an affordable pharmacopoeia of copied antibiotics, analgesics, digestive aids, antiparasiticals, and other drugs no longer under patent protection. From the point of view of an anthropology of pharmaceuticals that focuses on high-profile struggles to "break" or otherwise contest pharmaceutical patents, the nature of these medicines could render the Mexican generics question decidedly uninteresting, for there is nothing technically illegal about them. But, as will become apparent, a strictly legal or juridical understanding of these commodities does little to predict or explain their political volatility, the potential for struggles over their *licitness*, or their relevance to broader discussions of the politics of intellectual property. The action lies precisely in the complex and consequential stratifications that obtain within the domain of the legal copy.

If Mexico's generics market is relatively prosaic in its range of potential products, it is possessed of extraordinary reach and potential value. Mexico has recently taken the honors as Latin America's leading pharmaceutical market, with total sales in 2003 estimated at US$8.2 billion (Espicom 2003). It is important to note that there has been a domestic generics industry in Mexico since the 1950s, made up of companies that have primarily imported their raw materials (the active substances which form the basis of a pharmaceutical), packaged them in consumable form, and sold them to the public-health sector, including the Instituto Mexicano de Seguro Social (IMSS), which offers health care and free medications to roughly half of Mexico's population.[11] In 1983 and 1984, in concert with the WHO's campaigns to broaden access to essential medicines in developing nations (see van der Geest and Whyte 1988; Whyte, van der Geest, and Hardon 2002), the Mexican Ministry of Health made the country's first effort to establish a generics-based public-health policy when it established a *cuadro básico*—a basic pharmacopoeia of medicines that would be prescribed in IMSS and the other public-sector health institutions. Precisely because the point of this exercise was to lower the cost of medications in the public sector, the majority of these drugs were and remain generics. IMSS and its sibling institutions were the lifeblood of the small generics manufacturing and packaging industry in Mexico for roughly 40 years, from the 1950s until the 1990s.

In late 1997 and early 1998 generic drugs began their somewhat complicated journey out of the social-security/public-health system and into the broader reach of consumers through (private) pharmacies. Thus, we might usefully begin by contemplating the *depublicization* of generics—or, rather, their move out of the captive market of the public sector and into the public sphere of the marketplace. This move was precipitated in large part by a crisis in Mexico's social-security system in which, as in many other nations (the United States included), the cost of medicines has been a crucial factor. From 1994 to 1997, with many people still reeling from the effects of the peso devaluation in 1994, annual drug prices increased by 141% and the price of analgesics in particular by 231% (Espicom 2003). At the same time, newspaper reports noted that IMSS was regularly out of at least 100 of the 500 medicines in its *cuadro básico*, with more than 150 often running very low (Cruz 1997*a* and 1997*b*). Patients were therefore directed to private pharmacies, where patented products were on offer at significantly higher cost. The Ministry of Health thus made a deliberate policy decision to encourage a broader market in generics.

As did Argentina more recently (precisely in the midst of its own economic crisis in 2002), the Mexican government went straight for the jugular: physicians' prescription practices. As the Mexican pharmaco-economist Raúl Molina Salazar described the strategy to me, "When you get doctors to stop prescribing by brand name, you have already broken monopolies" (interview, April 2004). Argentine economists describe the same philosophy as a challenge to "deregulationist (neoliberal) prescription policies" (Tobar and Godoy Garraza 2003; see also Lakoff 2005). A reform in the Mexican health law that took effect on January 1, 1998, required doctors working in the public sector to prescribe the active substance of a drug, rather than simply a brand name. Thus technically doctors cannot prescribe Claritin™; they must prescribe *loradatina* (the active substance on which the drug is based) and, if they choose, the brand name of the patented "original." Many doctors have told me that they continue to prescribe by brand name only; this is particularly the case among those working in the private sector, to whom the prescription decree does not technically apply. It is this fact that prompts public-health officials, domestic companies, and generics aficionados to call for the creation of a "culture of the generic" (this to combat what several colleagues told me is a Mexican "culture of the brand," in which the foreign-made and expensive is seen as naturally superior).

But of course another necessary element to reconfiguring the domestic pharmaceutical market is supply. Into the opening provided by the Ministry of Health in 1998 stepped Víctor

11. The public-sector health institutions are the IMSS (for those with regular work), the Instituto de Seguridad y Seguro Social para Trabajadares del Estado (ISSSTE) (for state employees), the military, the state-run oil industry (Pemex), and the Ministry of Health, which administers hospitals for the 40–50% of the population not covered by any of the above (i.e., those without regular employment). Many people with the means to do so opt for private care.

Figure 1. Farmacias Similares.

González Torres. As do most good pharmaceutical magnates, González Torres lays claim to a pharma-family legacy. He is, among other things, the great-grandson of the founder of Laboratorios Best, a company established in the 1950s that manufactured generics for sale to IMSS and the other public-sector health services.[12] After he took over leadership of Laboratorios Best, he founded transport and packaging companies for Best products. In 1997 he announced the opening of the first branch of his new pharmacy chain, Farmacias Similares—a chain that would distribute only copied drugs, either made in-house (by Laboratorios Best) or purchased from other generics companies, both Mexican and foreign (fig. 1).

The name González Torres chose for his pharmacy chain is worth dwelling on. The idea of a "generic" drug (*medicamento genérico*) had very little purchase in the public consciousness in Mexico in 1997. Pharmaceuticals were known, prescribed, and purchased in pharmacies primarily by brand name, and the alternatives were simply the cheaper medications "that IMSS gives you." Given the low visibility of the idea of the generic, González Torres chose "the similar" as the commercial and almost colloquial place-marker for this new class of product: "Ask your doctor to prescribe the economical brands popularly known as *similares*," one of his early leaflets urges. This casual reference to the popular *similares* overlooks the fact that the "similar" has specific regulatory-technical meanings as well. The idea of a "similar" drug is not unique to Mexico, and indeed this term (and its relation to the generic) is subject to multiple definitions in the international public-health literature and in various national health policies in Latin America; these definitions signal, among other things, the degree of difference or sameness of these copied products relative to the branded "originals" (see Homedes and Ugalde 2005).

The potential ambiguity contained in the commercial name has been mediated by Farmacias Similares' decidedly unambiguous motto: "The Same But Cheaper!" (*¡Lo mismo pero más barato!*). Cheaper indeed: the drugs produced and sold under the Similares name are up to 75% cheaper than their branded counterparts. Among the chain's inventory of over 350 medicines are the most widely prescribed categories of pharmaceuticals in Mexico, including antibiotics, antiparasiticals, and hypertension medicines. A leading brand-name or patented hypertension medicine, for example, sells for 300 pesos a month (roughly US$30); Similares sells a version of the drug for 30 pesos, or US$3. The chain's ubiquitous mascot is the aptly named Dr. Simi, whose image adorns flags, pharmacy storefronts, coffee mugs, and calendars and who appears live, Mickey Mouse–style, at pharmacy openings, medical symposia, press conferences, and in the Alameda Central on sunny Sundays. Dr. Simi cuts a cheerily avuncular figure meant, we might presume, to convince would-be consumers that they are in good hands with Similares (fig. 2).

Such reassurances about the quality of the similar do not come easily either to Farmacias Similares or to the office of the Ministry of Health, whose change in prescription laws helped facilitate Dr. Simi's emergence. The opening of a broader generics market was not looked upon at all kindly by the transnational pharmaceutical industry (represented in Mexico prominently by companies such as Novartis, Merck, and Roche), which in 1997 had dominion over roughly 90% of the Mexican pharmaceutical market (by 2003 the figure was 87%) (see González Amador 1997; Espicom 2003). The threat that a shift in prescription practice presumably posed (and still poses) to this market share quickly became evident in the media battle that ignited in the later 1990s. While the

12. The González Torres family is illustrious on more fronts than one: Víctor's brother is the founder of the Green Party of Mexico, and another sibling was the founder of a competing pharmacy chain, Farmacias del Ahorro (Discount Pharmacies or, literally, "Pharmacies of Savings").

Figure 2. Dr. Simi.

Ministry of Health's office initiated a public education campaign on the importance of the creation of a market for generics, the transnational pharmaceutical industry—led by its representative Mexican trade organization—responded in an equally full-scale campaign warning the public about the poor quality of generics, the threat they posed to health, and the danger this new policy presented for physicians' freedom to prescribe with "patients' best interests" in view.

Directed first at the government's prescription decree, these attacks soon had Farmacias Similares in their sights as well. The U.S.-based Pharmaceutical Research and Manufacturers Association (PhRMA) registered a complaint via the U.S. Trade Representative's Office that the claim "the same but cheaper" trespassed on the distinctiveness conveyed by corporate trademarks. The Mexican pharmaceutical industry organization, the Cámara Nacional de Industria Farmaceútica (Canifarma), whose members include transnational companies with manufacturing plants in Mexico, registered a formal complaint with the Office of Consumer Protection in Mexico. Canifarma complained that the claims of Similares—"the same but cheaper" and the charmingly modest "We don't have everything, but what we have is much cheaper!" (*¡No tenemos todo pero lo que hay es muchisimo más barato!*)—"misled the public." The Office of Consumer Protection agreed and promptly fined Similares (Cruz 2000*a*), and several branches of the chain were closed down temporarily.

Far from being cowed, González Torres has, it would seem, courted such challenges. In fact, the Similares project was launched in 1997 precisely as a battle against the foreign companies that had "the health of the Mexican population" (at least in the form of pharmaceuticals—a notably narrow definition of health) in their hands. This situation, Similares publicity suggested, did not work in the best interests of the nation's health or the national economy. Farmacias Similares thus pitched itself from the start as much more than a distribution chain: it described itself as an engine for the promotion of the national interest, self-sufficiency, and the health of the Mexican population, particularly "those who have the least." This is not an insignificant demographic in a country in which, in 2005 under President Vicente Fox, unemployment was higher than it had been in seven years. Cheaper medicines produced by *national* companies and available at a low price to all—this has been the health-care revolution promised by Farmacias Similares.

Similares has also taken the fight with transnational firms into even more contentious territory, attempting in 2002 and 2003 to enter or at least gesture toward the compulsory-licensing fray. A serious shortcoming of a revolution in pharmaceuticals access based on respecting patents is that one can sell copies only of medicines that have been on the Mexican market for at least 20 years. A stunning number of products fit the bill, to be sure, including cyclosporin, Advil, Claritin, aspirin, and hundreds more. But in domains where novel and even experimental therapies are of enormous importance, such as cancer and HIV/AIDS, the Similares revolution runs into a significant block. Hence an attempt in 2002 and 2003 to mobilize AIDS and cancer activists, legislators, and various other allies (among them the Green Party of Mexico) in a struggle to change Mexico's patent law. The legislative proposal that this alliance succeeded in bringing up for a vote in the Cámara de Diputados recommended that the length of patents be reduced by half (that is, to 10 years) in the case of "essential medicines," the definition of which remained relatively open. But, in the face of threats from Merck and other members of the U.S.-based PhRMA to withdraw all investments from Mexico should this proposal go forward, the legislation failed to clear the Cámara in the summer of 2003 (Sánchez 2003).

With this unsuccessful but highly publicized measure, as well as his related marketing strategies and political claims, González Torres linked his pharmacy chain's entry into the market with internationally and locally resonant idioms of national(ist) battles for pharmaceutical sovereignty. Specifically invoking the language of the WTO's Doha Declaration, González Torres has led a spirited, populist nationalist defense of both Mexico's economy and the health of its "poorest" citizens. The specter of the patent (and the high prices that accompany the patented drug) and a readily perceived clash between transnational and national interests provided the proprietor of Farmacias Similares the ground for this first iteration of a pharmaceutical public interest.

## Take 2: Quality, or The Technics and Politics of the Similar

> *¿Te curaste o te sientes similar?* ("Are you better, or do you feel similar?"—an anti-Similares slogan [Mari-Carmen Gutierrez, interview, February 25, 2004])

The matters of market share and the ability of intellectual property (the patent and the brand) to both build and "protect" markets are clearly central points of contention in the transnational-corporations–Similares wars. But the relationship of intellectual property to this struggle takes a very particular form here. As mentioned previously, in contrast to the well-known international battles over the pricing of antiretrovirals, the fight over generics in Mexico is *not* primarily about the prospect of patent infringement. Perhaps counterintuitively, this has not insulated Mexican generics companies and distribution chains from corporate and U.S. government accusations of "piracy," which is the transnational industry's big stick, routinely backed up by the U.S. Trade Representative's Office and the threat of trade sanctions. In this case, in which the copied drugs are legal, the concept of piracy takes the form of accusations of "illicit" trading on the distinctiveness and value of corporate brand names. (This might lead us to wonder, with apologies to Walter Benjamin, whether "stealing Merck's aura" is actionable. Some representatives of Big Pharma clearly think so.)

Accusations of piracy surface in industry objections to the "unfair advantage" enjoyed by generics companies that piggyback onto existing products and existing demand, bearing none of the research and development costs shouldered by the big companies that patent new drugs. But this is precisely what is *supposed* to happen at the end of the patent: the reversion of an innovation to "the public domain" after a determined period of time is precisely the bargain embedded in (neo)liberal intellectual property protection. On its own terms, the end of the patent transforms protected "innovations" into freely copiable, public material; it is this transformation which grounds the manufacture of generic medicines in Mexico.

As we might surmise from its choice of name, the chemists, public relations officers, and physicians working for Similares actually (and rather cheerily) cede the work and the trope of "innovation" to the bigger companies and insist that such labor, for which larger transnationals are uniquely well-suited, is sorely needed. Significantly, this is not the only way to frame an enterprise based on freely copied material. Unlike open-source software developers or even the Brazilian manufacturers of (unlicensed) copies of Apple computers who insisted that it takes a great deal of innovative labor to reverse-engineer a Macintosh, Similares associates are not asking us to change our notions of who may claim dominion over the prized category of innovation (da Costa Marques 2005).[13] Theirs is a more modest effort, it would seem: to convince Mexicans (and their political representatives) that it is possible for a national enterprise to manufacture quality medicines at prices that place "health"—again, in the specific form of pharmaceutical products—within the reach of a broad and increasingly impoverished public. In this formulation, the crucial point of entry and contest is not "innovation" per se but the closely related trope and hotly contested biochemical fact of "quality."

In their 2002 article "The Economy of Qualities," the sociologists of science, technology, and economy Michel Callon, Cécile Méadel, and Vololona Rabeharisoa offer a highly germane call to attend to "quality" as an ethnographic invitation rather than a noncontroversial statement about the objective properties of products (see also Callon 1998).[14] The point is important and highly charged. Where pharmaceuticals are concerned, one might presume that ensuring "quality" would be a nonnegotiable and indeed moral obligation of both manufacturers and state regulators. But Callon, Méadel, and Rabeharisoa's move to unpack the notion of quality by turning it into a verb ("qualification") that invites ethnographic scrutiny is no less relevant or important in this context. As we shall see, the notion of quality itself is hardly transparent here; contested processes of qualification are at the heart of struggles over the viability of generics. As a key tool in pharmaceutical industry efforts to discredit and block the move toward a broader market in generics, "quality" has been used to redefine and restrict the *licitness* of copies that are, after all, *legal*.[15] The notion of quality has thus become the technical-political tool for differentiating generics from themselves and thus, as ever, from their patented counterparts.

When the Mexican Ministry of Health established a new policy on "generics" in 1997, definitions were very much at issue, and they remain so. The chief chemist of Laboratorios Best (interview, Mexico City, February 24, 2004) said, "There is no such thing as a *medicamento similar* in the health regulations. The category of the similar *does not exist.*" According to Fermin Valenzuela, a UNAM pharmacology professor and consultant to the Ministry of Health (quoted in Cruz 1997*a*), "As of right now [1997] there is not one product in this country that we can call generic in the terms established by

13. The Brazilian science studies scholar Ivan da Costa Marques (2005) has written about the manufacture by a Brazilian firm of (unlicensed) copies of Apple Macintosh computers in the 1980s. Apple, accusing the company of piracy, sought an injunction and damages. The Brazilians countered that the innovative labor required to reverse-engineer these computers should be recognized and validated.

14. Callon et al. ask how products are "qualified," even by consumers themselves (2002, 198–99). In the case of generic drugs, regulatory norms play an enormous though not ultimately authoritative role in such processes (these researchers' concern is more with individual consumers' transformation into decision makers).

15. See Roitman (2005) on what can be at stake in drawing lines between the (il)licit and the (il)legal.

Table 1. Toward an Unauthorized Pharmaceutical Taxonomy in Mexico

| Term | Definition | Example |
|---|---|---|
| Brand-name original | The "originator" holding the initial patent | Advil (ibuprofen) |
| Generic medicine[a] | Same compound, no brand name. Not proven to be bioequivalent. | Ibuprofeno, distributed by IMSS |
| Branded generic[a] | Same compound, branded by generics manufacturer. Not proven to be bioequivalent. | Bestafen, an ibuprofen made and commercialized by Laboratorios Best |
| Interchangeable generic[a] | Same compound, bioequivalent. | Ibuprofeno, manufactured by Químíca y Farmacia, S.A. de C.V. |
| Similar[b] | A non-bioequivalent copy (but see "generic medicine" and "branded generic") | Bestafen |
| Similares | The commercial name of a pharmacy chain | – |

[a]Regulatory category recognized in Mexican health norms.
[b]As defined by a World Bank panel cited in Homedes and Ugalde (2005). This category does not exist in Mexican health regulations.

the new law." In the relevant regulations and norms and in my interviews in 2004 and 2005 with Mexican physicians, chemists in charge of producing these products, people who work in the pharmaceutical industry, and a range of consumers, patients, and other interested parties, a rather fragmented and ever-growing classificatory system routinely emerged. I am not alone, nor are my interlocutors, in finding the terms in circulation remarkably difficult to "fix." In a fascinating 2005 study published in the *Bulletin of the World Health Organization*, the University of Texas medical anthropologists Núria Homedes and Antonio Ugalde point to the difficulties they encountered while attempting to conduct a Latin American regional survey on generic and other kinds of pharmaceuticals. Noting the highly variable use of terms such as "generics," "brand names," "similars," and "copies" and the often variable relations between them, they reported that neither "local" classifications nor the definitions produced by a panel of experts convened by the World Bank for their survey proved helpful in generating the desired field of commensurability (Homedes and Ugalde 2005, 35, 67).

Homedes and Ugalde lamented what they called "high levels of confusion" among their expert respondents (they meant in Latin America) (2005, 67). Framing the problem differently, I would argue that their findings suggest something quite interesting and useful about contemporary pharmaceutical landscapes in Latin America and beyond. First, they help us to dispense with a commonsense notion (possible to entertain from a U.S. point of view) that "the generics question" can be reduced to a simple opposition between the original (brand-name) and the copy (generic). As we shall see, this opposition is difficult to entertain in Mexico and elsewhere. Second, they show that the multiplicities that emerge in lieu of this tidy binary do not simply point to a confusion in which a number of different names erroneously circulate for the same thing. Both "sameness" and being a "copy" are remarkably plural concepts, with a highly elastic capacity for being made different from themselves.

Among the terms imposed by the Ministry of Health in the 1997 law regarding the prescription of generic medicines was a list of conditions that a copied drug must meet in order to be registered and thus authorized for sale as a generic in Mexico. Originally, regulatory provisions spoke of generic medicines (*medicamentos genéricos*), those packaged for the public sector and labeled only with the name of the active substance, and branded generics (*genéricos de marca*), those labeled with a generics company's own brand name for sale to the wider public through pharmacy chains, such as Laboratorios Best's own-brand ibuprofen, Bestafen. These generics could be called "the same" as the original in that they contain the same active substance at the same concentration as their patented counterparts (Homedes and Ugalde [2005] call this "pharmaceutical equivalence").

Yet, with transnational industry pressures running high, another category emerged: the interchangeable generic (*genérico intercambiable*), which is not only pharmaceutically equivalent to the branded original (that is, based on the same active substance) but also "therapeutically equivalent" or "bioequivalent." In other words, the drug must be absorbed by living tissue in the same way and at the same rate as the original. Bioequivalence is expensive to prove. Costs run to approximately $100,000 per product, as this standard requires clinical trials in at least 24 healthy patients over three months, similar to what the FDA requires for generics on sale in the U.S. marketplace (Patricia Facci, interview, Mexico City, 2005). In Mexico, generics and interchangeable generics are different products (table 1); in the United States, all generics must be bioequivalent, and therefore the distinction is not made.

Where does "the similar" enter this picture? Homedes and Ugalde (2005, 65) provide the World Bank experts' definition, which reflects business-intelligence language for the pharmaceutical sector and PhRMA's own language: "A similar drug (or a copy) is a pharmaceutical product that is off-patent but for which there is no proof of bioequivalence." This categorization relies on another, in which generics—in industry terminology, "true generics"—are *by definition* bioequivalent to the patented original (again, as is the case in the United States). In this World Bank-industry-recognized taxonomy,

there can or should be no such thing as a non-bioequivalent generic. Potentially confounding our efforts at clarity, this is a kind of product that happens to be widely distributed in Mexico. Though this taxonomy may be lacking in descriptive power, it has undeniable normative force. The Mexican Ministry of Health's regulatory goal, supported by transnational industry associations, is to phase out all non-bioequivalent copies, making the "generic" and "the interchangeable generic" synonymous as they are in the United States and bringing the World Bank's definition into correspondence with an actual marketplace. Indeed, in 2005, the Mexican government issued a reform in Article 376 of the General Health Law making the interchangeable-generic designation mandatory for drugs to be sold as generics. In regulatory terms, then, the Mexican government is moving closer to reducing the multiplicity of current classifications.

The emergence and growing hegemony of the interchangeable-generic designation has, perhaps not surprisingly, been met with considerable skepticism by many Latin American pharmaceutical actors. This is certainly the case in Argentina, where a robust domestic industry has thrived for 50 years on the basis of unlicensed copies of drugs often still under patent (strictly illegal according to the U.S. government and PhRMA and utterly licit according to Argentine policy makers and pharmaceutical companies; see Lakoff 2004).[16] Argentine physicians, health economists, and the director of a government program that distributes free medicines to the poor told me in a series of interviews in 2006 in Buenos Aires that the interchangeable-generic designation might best be considered a transnational industry maneuver to keep smaller, less well-capitalized domestic companies out of the market for as long as possible. The quality of Argentine copies, several of my interlocutors argued, has been proven repeatedly without the contrived and expensive threshold of bioequivalence.

The chief chemist of Laboratorios Best presented precisely this argument to me in an interview in the spring of 2004. In her office in Mexico City, she explained her company's objections to bioequivalence and the interchangeable generic as a new standard:

> But listen: you know that this medicine has been sold [in the public sector] for fifty years. It's not just in one clinic: it's millions of people to whom absolutely nothing [bad] has happened. And why are you [Mexican regulators with transnational firms behind them] *now* asking me for this proof of "quality"? Because you know it's very expensive, and you suppose that the national laboratories don't have the economic power to carry them out. But surprise! The national labs are doing it, and they are demonstrating to the transnationals that they meet the proof perfectly well. So there can't be any doubt any more.

But presumably there remains the potential for doubt as long as there is a category of "interchangeable generic" on the menu. This label adorns a small but growing number of the products on the shelves of Farmacias Similares and other chains that now sell generics to the general public. Indeed, determined not to lose out on the question of "quality," González Torres has decided to support the interchangeable-generic designation and move toward stocking as many such products as possible.

As the stratifications of legitimate and illegitimate copies have become more complex, the interchangeable generic has surged to the top of the heap while the diffuse category of "the similar" has plunged to the bottom. This is not the best of news for the Similares enterprise. Its pursuit of legitimacy has become more complicated now that the brand Similar has become, as their director of public relations says, "like Kleenex." The anthropologist and legal scholar Rosemary Coombe has drawn our attention to the phenomenon of "genericide," the ("legal") death of a brand when it becomes so well known that it becomes (like Kleenex) a stand-in for the entire class of products to which it refers (Coombe 1998, 79–82; see also Lury 2004). This is not good for the purveyors of these brands, because they can no longer enforce their exclusive claims to the use of their names in the public sphere. Similarly, the Similar brand has, it seems, gone generic. It has been absorbed into the public sphere and is associated regularly—in the press, by folks in the street, by doctors, by pharmaceutical company representatives, and by many other people—with *all* medicines that are "copies" of patented products. While this might not seem a dissonant or even disagreeable fate for a company that traffics in the generic, Farmacias Similares is not very different from the makers of Kleenex or of Claritin, for that matter, in its desire to control the use and associations of the Similares trademark. Complaining about the pirates that plague them (such as small corner pharmacies that sell *medicamentos similares* or the storefront in a small town outside of Toluca, a few hours from Mexico City, sporting the hand-painted sign "Farmacias Simylares"), Similares officials are engaged in a serious battle for control over the domain of the copy.

Similares associates might indeed find reasons to regret their initial inspiration regarding commercial names, as they now find themselves trying at every turn to differentiate the Similar brand from the idea of the *merely* similar, insisting in interviews and in public symposia that *there is no such thing* as a "similar" medicine. (They are absolutely correct in regulatory terms.) When I mentioned to one commentator familiar with the Mexican pharmaceutical industry that it seemed that the company had become trapped by its name, he responded, "Trapped, no. They've hanged themselves with their own rope" (Gerardo Bada, interview, March 9, 2004). This just might be an adequate assessment. While the good

16. This long-standing practice has provoked efforts by PhRMA and the U.S. Trade Representative's office to punish the nation with trade sanctions and other measures. For details see the Washington, D.C.-based Center for the Project on Technology's web site, http://www.cptech.org/ip/health/c/argentina/argentinatimeline.html.

folks at Simimex (another of González Torres's enterprises) diffuse with extraordinary vigor the image of Dr. Simi as a purveyor of quality goods, from condoms to toothbrushes to medicines and beyond, his namesake enterprise faces the unenviable task of insisting that the main product it sells, under an increasingly well-known name, does not actually exist. It is a commercial name—the name of the pharmacy chain—but the chain does not produce or sell "similar" medicines. As the chief chemist of Laboratorios Best noted with some exasperation when I interviewed her in its corporate headquarters in 2004, "Now everyone says we sell *medicamentos similares* . . . it's not true! They're branded medicines, made by national laboratories."

In fact, Similares™ is not to be outdone (certainly, not easily) on the question of "quality." It has its own claims to make and its own tests to run. Just as it is constantly being monitored by the Ministry of Health to make sure that its products meet the new regulations, it bases its distinctiveness on its meticulous quality control. Pharmacies are, we recall, essentially distribution chains. Similares does manufacture some of its own medicines (in 2004, 50 of the roughly 300 medicines sold were produced by its own Laboratorios Best), but it buys the majority from other "labs of quality," national and otherwise. Similares associates insist that it subjects its providers to the same standards to which the Ministry of Health subjects Laboratorios Best. Indeed, ever vigilant over its suppliers (who are also Best's competitors), the head of public relations for Farmacias Similares told me that the company has succeeded in encouraging the Ministry of Health to close down more than one lab whose production standards threaten the good name of the "serious" national pharmaceutical industry (Vicente Monroy Yañez, interview, July 21, 2005). Similares is not only the regulated but also the regulator. This is of some significance as I return now to my question about the constitution of Mexican pharmaceutical "publics" organized around copied pharmaceuticals.

## Take 3: A Populist Privatization

After its rough start in the rapidly changing Mexican pharmaceutical marketplace, Farmacias Similares has become one of the fastest-growing and most visible businesses in the country: its first 7 pharmacies have multiplied to over 3,000, and in 2005 the enterprise registered over US$400 million in revenues. This development did not seem inevitable to early commentators: in 2000, newspaper articles on the ongoing struggles between the transnational pharmaceutical industry, the Ministry of Health, and Similares could note, off-handedly, that "generics had failed" (Cruz 2000*a*). Yet, after more than four years of precipitous price increases, 1999 registered the first year of a drop in pharmaceutical prices in Mexico—a drop of 30%—precisely, industry analysts note, because of the introduction of a market in cheaper, "unbranded" products (Espicom 2003). The market does seem to be shifting perceptibly in other registers as well: drugs produced by Mexican companies barely appeared on the radar of market share accountings in 1997, but by 2000 Mexican-manufactured generics and other drugs that we must now perhaps describe as "sold popularly as similars" accounted for roughly 12% of the pharmaceutical market (measured in volume) (Cruz 2000*b*). Similares is certainly not the only player here, but its role in this transformation has been important as much for what they are doing through their pharmacies as for what they are doing far beyond the mere sale of copied pharmaceuticals.

Recent work on the anthropology of pharmaceuticals has shown that the configuration of new pharmaceutical markets is a process of invoking and thus producing "populations" not simply in an epidemiological but in a political and biopolitical sense (see Biehl 2006; Petryna, Lakoff, and Kleinman 2006; Petryna 2005; Ecks 2005). Andrew Lakoff (2005) demonstrates as much in his account of efforts by a French company to introduce clinical trials on psychopharmacological drugs in Argentina in the late 1990s. These efforts required naming Argentines as a viable test population in particular clinical and epidemiological senses. These denominations, in many ways, ran counter to Argentine commitments to psychoanalytic notions of mental health and mental illness and, correspondingly, to powerful Peronist and left-leaning political understandings of the nature of the social state and the role of mental health care therein. Lakoff's analysis shows vividly that the uneasy "globalization" of test populations and efforts to create a new market for pharmaceuticals became a contest in which the "population" as source and site of politics was invoked in radically different ways.

In the Mexican context, Farmacias Similares is not a foreign drug company that develops and tests new drugs, nor has it created new illness categories as a way to produce new markets. Nonetheless, its efforts to create new pharmaceutical markets are nothing if not projects of invoking and producing a certain notion of "the people" in a decidedly political and arguably populist sense. Ernesto Laclau's (2005, 16–20, 67–128) argument that populism is a remarkably generative empty signifier is relevant here.

While the Ministry of Health and Similares presented a more or less common front in 1997 on the need for "cheaper, national brands" of drugs, the situation has since been radically altered. The ministry now issues public statements in its defense not against transnational companies (as it did in 1997) but against the attacks of Víctor González Torres, whose National Movement against Corruption (MNA) has launched an all-out attack on "corruption" in IMSS pharmaceutical purchasing practices. Refusing, as of May 2003, to continue to sell Laboratorios Best products to the public sector, González Torres dramatically offered to sell at a further 25% discount (above the already marked-down price) any medicine that patients were prescribed by IMSS but could not acquire in the still understocked public-sector pharmacies.

But price wars with the public sector are merely the tip of the iceberg. González Torres is the head of a wide-ranging set of projects which are simultaneously political, nonprofit, and

highly profitable. His increasingly well-financed presence in the Mexican public sphere takes shape in a context marked by the diversification not just of the pharmaceutical market but also of the political field. As the Mexican sociologist Gustavo Verduzco and countless other scholars have noted, a viable Mexican "civil society" began to emerge in the mid-1980s, out of a history in which the corporatist state and the Catholic Church had, since the Mexican Revolution, held a virtual monopoly on electoral politics, social assistance programs, and even "social movements" themselves (see also Escobar and Alvarez 1992 and Forment 2003).[17] Organizations that are not reducible to either state or church now increasingly engage in direct political action or address questions of social assistance, health care, and other matters of "public interest." This combination of political and social action constitutes a space that Verduzco calls *lo público*—the terrain of functionalities that have until recently largely been seen to be the province of "the state" (2003, 31, 157).

González Torres has certainly been staking explicit claims to *lo público* in both senses identified by Verduzco (and a few others as well; Verduzco's interest is precisely in "nonprofit" organizations). Consider the organization Grupo por un Pais Mejor (Group for a Better Country), which González Torres established to serve as an umbrella organization for his various projects: The group contains his generics laboratory, the rapidly expanding chain of pharmacies, and the transport and packaging firms that eliminate intermediaries in the marketing and distribution of Best medicines in Mexico. Joining the commercial entities in the group are a range of civil or civic associations including a physicians' association, the anticorruption campaign (MNA) currently waging war on IMSS, and a foundation called Fundación Best that offers a wide range of assistance programs to some of Mexico's most indigent citizens. According to González Torres, the foundation is funded by his ever-increasing sales from the Farmacias. The avuncular, life-size cartoon figure of Dr. Simi, taking a cue, it would seem, from time-honored tactics of the once-ruling party, the Partido Revolucionario Institucional (PRI), has presided over the transfer of mountains of beans, rice, clothing, housing, and other much-needed goods to the poor, the indigenous, the alcoholic, the orphaned, and the disabled. The foundation now hands out free rice in *fiestas populares* that González Torres's organizations host on Sundays in city squares from Mexico City to Oaxaca and beyond. They also receive, often in person, funding requests from community organizations in poor neighborhoods (*barrios populares*) and have responded with various forms of aid-in-kind, ranging from deliveries of basic supplies to a women's group that provides child care for women who work as domestic "help" for middle- and upper-class families to the offer of a franchise of the pharmacy as a potential source of continued revenue for organizations finding it ever more difficult to obtain state, city, or federal funds for their work.

González Torres's Fundación Best has also, crucially, established health clinics adjacent to many of the Farmacias Similares storefronts. Staffed largely by recently graduated doctors and located primarily in poor neighborhoods, these clinics now offer medical attention, usually followed by prescriptions for Similares products, for a stunningly low price of 20 pesos (US$2) to more than 1.5 million patients a year. Laboratorios Best, with the help of the foundation, has also branched out into offering discounted diagnostic tests. The foundation runs a call-in line for advice on medications and another call-in line for mental health assistance. In 2003 it took the next logical step, pioneering its own health plan (the Sistema Similar de Seguros or "el SimiSeguro" for short), for which patients pay 50–60 pesos a month and receive free medical treatment and half-price medicines. The catalog of goods and services offered by this hybrid and hydra-like organization continues to grow at a stunning rate. We might note—and I will elaborate on this below—that this movement in the name of national sovereignty and self-sufficiency is setting itself up as a direct competitor with or alternative to the state, at least where health care and social assistance are concerned.

It may not be a surprise, in this light, that González Torres/Dr. Simi attempted to run for president of Mexico in July 2006. The awkward subject in that formulation is deliberate. In pharmacy publicity and political advertising (which became increasingly inseparable in 2005 and 2006), González Torres's "Simi" semiotics began literally to fuse—in words and image—González Torres and Dr. Simi, who is (singular) running for president, demanding the resignation of the minister of health, and otherwise making claims in the register of the political.

Certainly, the corporate flag, corporate hymn, weekly press conferences, ever-increasing attacks on prominent political figures, and embattled family connections to embattled political parties suggest that González Torres–Dr. Simi might have been well-suited for a stint as (something like) president. Superficial qualifications and resonances notwithstanding, González Torres's candidacy foundered when no party would accept him as its own. He ran a write-in campaign instead, the results of which were minor in numbers and certainly paled in comparison with the close results between left-leaning candidate Andrés Manuel López Obrador of the Revolutionary Democratic Party (PRD) and the conservative Felipe Calderón of the National Action Party (PAN). Calderón was declared the winner in September 2006 by the judicial tribunal charged with evaluating PRD calls for a recount. But López Obrador (or AMLO, as he is often called) has, it would seem, taken González Torres's gesture of creating a similar social state in an intriguing direction. He continues to resist the legitimacy of Calderón's designation as president-elect and declared in September 2006 that he would run an "alternate"

17. The emergence of "civil society" in Mexico is often dated to the massive 1986 earthquake in Mexico City and the intense grassroots organizing that emerged in the absence of a credible and competent state response.

or "parallel" government from the street, complete with a call for people to direct their taxes away from Calderón's government to the PRD's state-in-the-street.[18]

We might ask whether López Obrador's calls for a parallel or alternative state and González Torres's efforts to erect a Similar social assistance and health care infrastructure have anything in common. At the very least, both moves point us to the powerful and deep resonance that notions of the similar, the substitute, the alternative, or the same *with an important difference* have had as idioms of populist politics and as ways of calling into being "a people" in Mexico and elsewhere (see Laclau 2005, 43–47). In fact, the similar and the substitute have been idioms simultaneously of politics and mass access to commodities in Mexico since the early twentieth century. Import-substitution industrialization, the national development strategy adopted by many Latin American states from the 1930s to the 1960s, offers a vivid example, configuring national popular politics through targeted industrialization, "protectionism," and the production of goods which could replace or serve as substitutes for foreign imports (García Canclini 2003).

Where pharmaceuticals are concerned, an import-substitution-like moment reemerged in Mexico in the early 1970s, when the government's assertions of national sovereignty were configured precisely around pharmaceutical development and distribution. President Luís Echeverría, in office from 1970 to 1976, engaged in what we might call a kind of "pharmaceutical nationalism" with a series of measures designed to jump-start the long-faltering domestic industry (operating in a context in which 80% of the pharmaceutical market was controlled by foreign companies) (Hayden 2003 and n.d.; see Soto Laveaga 2003). Echeverría's populist initiatives included rescinding the pharmaceutical patent law and mandating that all companies in the country be at least 51% Mexican-owned (Sherwood 1991, 168–69). Although these efforts were quickly reversed in the succeeding administration, the Mexican physician Xavier Lozoya, a prominent player in public-sector pharmaceutical research and development, argues that they were an important part of an attempt to chart a "*tercer vía* (third way)"—a key salvo in a growing *tercermundista* (Third Worldist) politics in Latin America, in which the newly denominated Third World would chart its own economic and political path, "neither U.S. nor U.S.S.R." (interview, April 9, 2004).

## The Other Third Way: The State as Market?

The Similares enterprise—proceeding under the mantle of a nationalist fight against "transnational greed" and champion of social justice and domestic self-sufficiency—thus directly taps into a rich historical legacy in which the "national" substitute has served (ostensibly) to create a people by reconfiguring domestic markets. Yet, given that it emerges from the private sector, González Torres's politics of similarity would seem to depart significantly from these state-based moves to foment national(ist) production and consumption. In González Torres's hands, the legacy of Echeverría's *tercer vía* is radically transformed, looking much more like that other Third Way: the capitalism-friendly "alternative" to neoliberal development that has been articulated by the British sociologist Anthony Giddens (2000). As the anthropologist John Gledhill (2001) notes, Giddens's Third Way was not just the recipe for Tony Blair's New Labour and for the Clinton administration in the United States. Giddens made the case that his vision had particular relevance to Latin America, and indeed many of its tenets have found favor in Vicente Fox's Mexico (Gledhill 2001). Insofar as this Third Way emphasizes a familiar litany of "social citizenship," a strengthened voluntary sector, and "responsible capitalism," it seems that Giddens could take some lessons from González Torres on how to set these principles in motion. González Torres's social-political-health movement is one in which the private sector, a growing web of "civil society" organizations *of his own making*, and the explicit reconfiguration of "citizens" as consumers—particularly, poor citizen/consumers—are powerfully called upon to do the work that some agents of "the state" in Mexico are still attempting to do.[19] As we might glean from this pharmaceutical magnate's self-description—"I'm Che Guevara in a Mercedes!"—the *Similares* movement is indisputably a businessman's revolution, executed by an enterprise laying claim to a social-nationalist (not to be confused with socialist) conscience. The distinction is clearly one that matters: at regular, lavish breakfasts it hosts in Mexico City, Similares associates assure more than 500 political figures and business people that this politics of broadened access to medicines is *not* a communist or socialist strategy. To prove the point, González Torres's foundation exhorts them at every turn to "*¡ayuda mucho y gana más!*" (help a lot and earn more!).

To what degree, then, does the Similares project constitute a familiar attack on "the state" from the point of view of "the market"? Certainly, the Seguro Social in Mexico, along with social security and pension systems across Latin America (not to mention the United States), has weathered decades of shrinking state support and increasing political attacks on its legitimacy, with "privatization" looming large as the alternative (see Schwegler 2004). Powerful battles are therefore in progress between those who champion "the state" and those who champion the " not-state" as the distributive agent that can best organize the provision of health care and the care

18. See http://www.prd.org.mx/ierd/coy121/amlola.httm; http://www.amlo.org.mx/ (accessed October 27, 2006).

19. The former mayor of Mexico City, Andrés Manuel López Obrador, and Mexico City's Secretary of Health, Asa Cristina Laurel, made a left-leaning, inclusive social and health policy a hallmark of their administration. (López Obrador left office in order to run for president in 2006; Laurel has remained in place.)

of "the poor" and, perhaps more precisely, manage a fragmented, dispersed market of disenfranchised consumer-patients.[20]

The constituency for González Torres's entrée into the increasingly decentralized and privatized "public" terrain of social assistance and the provision of health care is precisely the segment of the population without regular or formal employment. This constituency includes those without the resources to pay for private doctors and those excluded from IMSS by virtue of working in the "informal" labor market. This "unorganized market," in the words of my colleague Raquel Pêgo, has been created through a powerful combination of factors: widespread economic hardship, the far from universal coverage offered by the public-sector health services, the continued scarcity of medicines therein, and decades of accusations and resentments over presumed exclusions, elitism, and patronage that have surrounded membership in IMSS (interview, 2005; Schwegler 2004).

But significantly, it is not only Dr. Simi who has explicitly sought to address and indeed to call into being this excluded pharmaceutical populace. The federal government has offered its own response with the controversial Seguro Popular (Popular Security). Established in 2005, this health plan was designed by Vicente Fox's minister of health (Julio Frenk Mora) as the government's own answer to the question of how to organize the biomedically disenfranchised. It calls upon families and individuals to pay into a publicly administered insurance plan the remaining costs of which are met by significant contributions on the part of states rather than the federal government. While critics note that the Seguro Popular asks poorer people to pay for services to which they already, technically speaking, have access free, the Fox administration and the plan's defenders have made a strong case for the importance of government-individual (or family) "co-responsibility" (Lara and Campos 2003).

There is, then, something a bit more complex and interesting at stake here than a straightforward attack on the state from the point of view of the market. The "state" that is under attack by González Torres—the federal government under Vicente Fox—is itself increasingly enamored of the market and the enterprising idioms and mechanisms of co-responsibility, as it too tries to court the disenfranchised and enroll the unenrolled as a market and as people.[21] Just as "citizenship" has become increasingly configured as (and through) consumption (García Canclini 2001), the government's Seguro Popular and González Torres's SimiSeguro are both reconfiguring and "extending" access to health care through consumption, co-payments, and the purchase of low-cost services.

At the same time, the "private-sector" actor launching an attack on the federal government's health policy does so through a calculated and (given the resonance of the current and widespread "turn to the left" across Latin America) brilliant appeal to the "traditional" role of the state as the provider of care for the poor. While Fox's government launches Seguro Popular in the name of individual and family responsibility, Dr. Simi—often flanked by his buxom SimiChicas (popular actresses and singers who have signed on as "spokespeople" for Similares)—routinely and loudly predicts its certain failure. Bur the diagnosis does not rest on the explicit argument that the market can perform better than the state. Rather, in full-page ads in Mexico City daily newspapers, González Torres argues that Seguro Popular is an abdication of responsibility to the poor, "who have a fundamental right to receive care from the state free of charge" (*El Universal*, December 22, 2005). Since the state is failing to meet this responsibility by asking the poorest to pay for their own care, González Torres is happy to offer his own program for guaranteeing the well-being of the Mexican population (which of course entails offering to the poor and, increasingly, the middle class the opportunity to pay for their own care). Denying accusations that he seeks to compete with the public sector, he promises a viable "complement" while he busily builds an alternative and highly lucrative health care and social assistance system.

## At the End of the Patent

This is, to be sure, far from the last word on the multiple and proliferating aspects of the Similares enterprise, its proprietor's political and commercial aspirations, and its relation to the question of social security, health, and social assistance in Mexico and across Latin America. In fact, the Similares business model now extends far beyond national boundaries. Guatemala is home to a growing number of Farmacias del Dr. Simi, with the visible and explicit backing of the Nobel Prize-winning human rights activist Rigoberta Menchú. The company has also established a presence in Costa Rica, El Salvador, Honduras, Nicaragua, Chile, Ecuador, Peru, and Argentina. With this remarkable expansion across Latin America, the nationalist Similares revolution also easily morphs, in Simi publicity, into a Bolivarian appeal to regional solidarity and pharmaceutical liberation. The rapidly expanding presence of the "pharmacies of Dr. Simi" in Latin America raises intriguing questions about how a populist privatization configured around the copied drug travels and with what effect.

But for now, I will attempt to bring this account to a temporary halt with a return to my opening questions about the configuration and content of the presumed space at the end of or outside the pharmaceutical patent. Observers of the pharmaceutical industry have noted that the late 1990s and

20. I thank Raquel Pêgo of the Latin American Institute for Research on Social Security in Mexico City for talking me through this argument.

21. For an argument that resonates here vis-à-vis governance and biotechnology in India, see Sunder Rajan's (2006, 80) discussion of "corporate governance," by which he means corporations' "taking on agential responsibility for dispensing . . . what were 'state' services" and the state is adopting "corporate strategies."

the early 2000s saw the literal end of the (20-year) patents on some of Big Pharma's best-selling drugs. In June 2006 alone, the U.S. patents on Merck's Zocor and Pfizer's Zoloft expired, thus opening the door for generic competition on these blockbuster products with an anticipated price difference between the branded original and the generic of up to 80%.[22] Nathan Greenslit, among others, has tracked the many ways in which major pharmaceutical companies reengineer or delay the end of the patent by producing what we might, in fact, call similar products. (For example, the molecule originally branded as Prozac [an antidepressant] became Sarafem [a drug to combat premenstrual syndrome] once Prozac's patent expired, essentially extending Lilly's patent on the molecule for another 20 years, though for a different use [Greenslit 2006]). Certainly, where pharmaceutical branding and marketing are concerned, there is a great deal of important action—semiotic, economic, and pharmacological—unfolding precisely around the contested, high-stakes, and movable line that separates the patent from the public domain.

Yet, very little attention has been paid to the projects, articulations, and action that define, animate, and perhaps even unravel our notions of the processes that take place at the patent's "outside" or end.[23] My goal in this essay has been to draw attention to a host of questions that have gone largely unexamined in the anthropology of pharmaceuticals and of intellectual property. My attempt has been to attend to the contours and content of this evocative "space" outside the patent—in juridical terms, the pharmaceutical public domain—and to ask whether this framing requires a reformulation. What, then, comes into view if we grant specificity to the generic?

The ongoing Similares saga has all the contest and complexity one might expect from the effort of a Mexican drug company and distribution chain to stake a claim in a marketplace dominated by transnational pharmaceutical companies—in the name of national and regional sovereignty, no less. At first glance it would seem that the emergence of this increasingly vigorous generics market forms part of a broad resurgence of a *política pública* as a challenge to globalized intellectual property regimes. But, as we have seen, the configuration of the generics question in Mexico propels us into terrain not easily described as a tug-of-war between "transnational" (private?) and "national" (public?) interests. While Víctor González Torres uses this language with great ease, the generics question in Mexico is also part of an increasingly powerful populist consumerism that complicates the picture.

To state the point bluntly, the turn to generics, as executed by Farmacias Similares, is far from a challenge to neoliberal trade regimes. Rather, it is part of a complex and ongoing privatization of health care in which the burden of medication costs is increasingly shifting toward individual consumers and particularly the poor. The implications for "public health" are certainly far from clear. Many of Dr. Simi's most determined critics will allow, grudgingly, that he is shifting the terrain of pharmaceutical awareness in ways that are indispensable to the legitimacy and viability of generics overall. Patricia Facci, president of a Mexican generics lab, considers Similares responsible for a crucial transformation in perceptions of pharmaceuticals in Mexico: "Making people aware that a drug can have a generic substitute was the big change established by Farmacias Similares" (interview, July 2005). Many other actors in pharmaceutical manufacturing, regulation, and trade with whom I spoke also moderated their suspicion of González Torres and his pharmacies with genuine admiration. A pharmacologist involved in drafting the government's regulatory norms on generics—who herself has found that Simi's hypertension medicines work well for her at a tenth of the price of the patented leading brand—granted that Dr. Simi is "intervening in an important way," offering ready access to those excluded both from costly private care and from IMSS and the rest of the social security system.

But to what does Dr. Simi offer access? If this question indexes the loaded question of "quality," it also points to the fact that the crucial product in the inventory here is, of course, the pharmaceutical. Generics-oriented health and regulatory policies both assume and help consolidate the "pharmaceuticalization" of public health in a broader sense; they do nothing to contest the increasingly narrow equation of health with the consumption of pharmaceuticals (Biehl 2006; Das and Das 2006; Lakoff 2005; Nichter 1996). In this sense, too, the move to generics does not necessarily militate against the transnational pharmaceutical industry but operates in the same terrain (indeed, transnational firms also manufacture and sell generics).

Thus, in this context, generics are compatible with both the privatization and the pharmaceuticalization of public health. This point helps continue to unravel the already imperiled notion of the pharmaceutical public domain as a natural ally of "openness" and a natural opponent of "privatization." Certainly, of the many things we might call the Simi revolution, it is definitely not a shift toward "openness" as invoked in public-domain activism or a shift toward a politics of access guaranteed by "the state" as in the idea of a *política pública*. Jaime Tortoriello, director of an IMSS research unit on plant-based pharmaceutical development in central Mexico, speaking about efforts to apply the notion of open source to biotechnology and pharmaceutical research and development, (respectfully) shot the idea down: "It is a futile dream." The openness to which he was forced to respond, he insisted, was a different one, that of *coyuntura*, open markets, and all of the vulnerabilities and exposure implied therein (Jaime

22. See "Zocor losing patent protection," June 23, 2006, CNNmoney.com. http://money.cnn.com/2006/06/23/news/companies/zoloft_zocor/index.htm?postversion=2006062315.

23. Certainly, as Dr. Simi and Victor González Torres demonstrate so clearly, Big Pharma is not the sole deployer of marketing ingenuity where pharmaceuticals are concerned, nor are Big Brands (Nike, Disney, Merck) the only interesting actors in such fields. Analyses of the workings of brand names and their capacity to differentiate products would do well to attend to Simi's particular claims on the relationship among copying, differentiation, and imitation.

Tortoriello, interview, February 17, 2004). The Similares saga demonstrates that an idiom of publicness can be compatible with privatization and the opening up of new markets. As we have seen, legal scholars, anthropologists, and social theorists have provided a set of vocabularies with which to anticipate, to some degree, such an argument.

But the lively career of the similar in Mexico also provokes questions that are more challenging. Copied pharmaceuticals are grounding political projects, marketing adventures, and a reconfigured terrain of pharmaceutical "access" in ways not readily contained by the public (domain)/private (property) divide. Instead of a presumably simple organizing contrast between the original, patented drug and the copied, generic drug, for example, we see a proliferation of categories of products, constantly redefined and "qualified" in debates over the nature and relative status of similarity, "sameness," interchangeability, and bioequivalence.

Moreover, the liberal language of intellectual property ("public" and "private") also proves less than adequate to describe the *political* languages and imaginations animated by and through the copied pharmaceutical in Mexico. This is precisely the point at which the generics question in Mexico highlights the limits of efforts to anchor liberatory projects and the question of "access" in the language of the public domain. As we have seen, the copied drug in Mexico has become an entrée into contests configured in rather different idioms. At stake here are the privatization of the popular, the configuration of the poor as a health market, and, perhaps most important, a reanimation of the political languages of antiimperialist, populist nationalism as a pharmaceutical marketing strategy. Víctor González Torres and the Similares enterprise may well be configuring new markets and distinctive articulations of pharmaceutical politics. In so doing, they require that we attend to not-necessarily-liberal political horizons and histories. These reference points pose a challenge to the post-1989 assumption of many critical legal scholars, public-domain activists, and creative-commons aficionados that the field of politics is like the field of "property" itself, divided only into that which is public and that which is private. The politics of the pharmaceutical copy in Mexico asks more of our analytic vocabularies. Dr. Simi gives us a sense of where such vocabularies—something like public/private/*popular*?—might take us.

## Comments

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Tim Mitchell's (2002) and Andrew Lakoff's (2005) recent books have shown the fecundity of cross-fertilization between science studies and postcolonial studies. Hayden's work extends and enriches that research program, which investigates the sites in which the founding categories of the modern world are put to the test. She suggests that a world focused on humans and structured by a web of interrelated great divides based on mutually exclusive categories (such as public and private, politics and economy, and state and market) is giving way to a changing cosmos of humans and nonhumans continuously producing unexpected differences.

To avoid having to explain this dramatic transition, several political and analytical strategies have been devised. Dialectics accounts for novelty by the overtaking of contradictions; the rhetoric of hybridization explains that novelty results from mixes of interdependent categories; and reference to a third way asserts the existence, beyond the territories controlled by the modern world, of unknown lands waiting to be explored. Yet none of these solutions raises the fundamental question of how new categories and differences are invented and enacted. Hayden cannot avoid it: when they no longer have legal owners, pharmaceutical molecules, because they suddenly become opaque, stimulate the creation of new social and technical classifications. How can they be qualified? How can one describe what they are able to do and to whom? Torres saw how an original business model could be made out of this indeterminacy by choosing to call his enterprise Similares and inventing a new actant/actor, Dr. Simi, to help him. Everyone understands that Dr. Simi's specialty is applied ontology: his mission is to transform well-known drugs into entities that become at once medical, political, and economic.

At the heart of this recategorization by Dr. Simi lie intellectual property and its fragile and arbitrary framings. Hayden shows that it is not because a good is no longer protected by a patent that it falls into the public domain. It goes on living its life, being qualified in contradictory ways. The molecule that escapes patenting becomes an event which propels history in unexpected directions: exclusive oppositions like those between market and nonmarket, public and private, are no longer relevant. Thanks to Dr. Simi, we are beginning to see the proliferation of the social (Strathern 1999). Hayden is right to talk about an anthropology of intellectual property. The limits of the modern world and its categories are emerging at this very moment: the end of property rights triggers unexpected changes. All that is needed is a doctor of applied ontology to take advantage of this transitional phase and imagine new configurations and differences. Hayden describes this transition with precision, showing how alternative economies and states as well as new social groups arise. She shows us the recategorization in action.

In an analysis which echoes those of Elyachar (2005) and Roitman (2005), Hayden then explains that the national and small labs which mobilize "generic" drugs and enact a people-who-wish-to-take-back-control-of-their-health (a new social group) oppose big pharmas the better to expand the empire of economics and the grip of the pharmaceutical industry on health. This point is important, but the diagnosis overrates

the ascendancy (and sustainability) of the modern world: unexpected events are said to end up being formatted to fit existing categories. This conservative vision seems not to be supported by Hayden's own analyses. Starting with the growing role of nonhumans (in this case molecules) in the making of the social, she correctly underscores the centrality of the process of their qualification and of the simultaneous construction of (emergent) social groups that become attached to them. Which goods for whom? This is the key question at the heart of the transition phase. It steers us away from the theme of boundless expansion of markets and eternally renewed control of the pharmaceutical industry over our health. The domination—for domination it is—plays out in the conception of (political) devices set up to answer this existential question and not simply in the reproduction of existing categories. This does not prevent Hayden from basically being right. To answer this question there is no reason to trust Dr. Simi more than Merck Incorporated. Could the anthropologist not, in close cooperation with the actors themselves, develop an active agnosticism and study the conception and evaluation of procedures intended to frame the exploration of possible solutions? From the (economic) inquiry into the nature and causes of the wealth of nations, should we not move toward the (anthropological) inquiry into the nature and causes of the health of emergent populations?

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Hayden's article makes a vital contribution to the anthropology of pharmaceuticals. Generic drugs have far too long been overshadowed by their celebrity twins, the patent-protected brand medicines. In global debates on access to medicines, the generic usually plays the role of the low-priced, people-friendly alternative to the high-priced brand drug. While reports on Big Pharma's branding strategies can mobilize whole protest movements, off-patent generics look benign and comfortably bland. But as Hayden rightly states, generics only *seem* so "decidedly uninteresting" because we have not yet asked the right questions about them. The way in which she weaves together Mexican politics and public-domain activism is exciting and thought-provoking, and I hope that much more work like this will be devoted to generics in the years to come.

My main suggestions revolve around the concept of "the public," which Hayden puts at the center of her argument. I agree with her that we need to define carefully what "the public" means in relation to pharmaceuticals. The generic should not be equated with a pharmaceutical public too quickly. The single most important characteristic of pharmaceutical markets is that nearly everyone who spends money on drugs has no idea about who was involved in their production and distribution, who is making profits, or how quality is secured. This applies just as much to generics as to brand medicines. All that is "public" about generics is the active ingredient; everything else is as opaque as it is for brand medicines. The various ways of constituting pharmaceutical publics can only be retraced, however, in relation to what remains *hidden.* A clearer understanding of the networks that drugs travel through, from production, distribution, prescription, and retail down to consumption, is urgently needed. To theorize the undertheorized generic, we also need to explore the dynamics of drug markets in the less public zones.

In my reading of the extensive evidence presented by Hayden, the cluster of businesses formed by Víctor González Torres in the late 1990s is not special because it *manufactures* generic drugs. Companies producing generics have existed in Mexico since the 1950s, and there are many other domestic companies which also produce generics. What is special about the "Dr. Simi" model is that it *integrates* Torres's family-owned drug manufacturing units (the Laboratorios Best) with an aggressively promoted chain of retail shops that sell only generics (the Farmacias Similares). Products from Laboratorios Best constitute only 16% of the products sold in the Farmacias (50 out of 300) and lack the brand power of Farmacias Similares. What gives Torres such a high public profile is not that he produces generics but that he sells them. It is tempting to switch between Torres the drug manufacturer. Torres the retailer, and Torres the politician, but these different roles must be kept apart to see what distinguishes Dr. Simi from others in the market.

If Torres is primarily a retailer, activists' debates on intellectual property rights, trade regimes, and national pharmaceutical sovereignty seem slightly misled by his corporate PR. What matters to Torres is that he can sell a maximum amount of drugs at prices that undercut the *retail* competition. Producing and selling only off-patent drugs is a key factor in making lower prices possible, but this is only one means to this end. Customers go to Farmacias Similares not because the medicines are off-patent (rather the opposite) but because the drugs are cheaper than in other shops.

If this is true, we must examine further where Torres/Dr. Simi's profits come from. That Farmacias Similares offers "The Same But Cheaper!" does not mean that lower prices are possible only with expired product patents. My guess is that a large chunk of the profits comes from cutting out other players in the distribution chain. It is likely that Farmacias Similares can sell generics at prices up to 75% below the price of innovator brands because it is immune to the bargaining power of retailers, stockists, and wholesalers. The limited evidence available from different countries around the world suggests that there are huge gaps between the prices charged by manufacturers and actual retail prices. These gaps allow retailers and others in the distribution chain to eat up large parts of the profits. Getting rid of them must be just as much part of Dr. Simi's recipe for success as producing off-patent drugs. We can also assume that a retail chain as large as

Farmacias Similares has enormous bargaining power with regard to other manufacturers of generics, forcing them to sell their drugs to Torres at even lower prices. Such business practices are unlikely to be public knowledge.

Hayden's Mexican respondents see "a natural alignment between generic drugs and a *politica pública,*" but such a link is far from self-evident. Generic industries exist in many other countries, but a figure such as Víctor González Torres is rather unusual. According to the *Forbes* list of the world's richest people in 2006 (http://www.forbes.com/lists/2006/10/20RL.html), the top three richest Germans are Karl Albrecht, Theo Albrecht, and Adolf Merckle. The brothers Albrecht own Aldi, Germany's largest chain of discount supermarkets ("the same but cheaper" strategies are not exclusive to drug markets!). Adolf Merckle is the owner of Ratiopharm, Germany's leading generics manufacturer, and a majority stockholder of Phoenix Pharmahandel, the country's largest drug wholesaler. Despite Merckle's staggering personal wealth (estimated at US$11.5 *billion*), hardly anyone in Germany has ever heard of him. Far from running for public office, Merckle remains strategically invisible. Nor does his company, Ratiopharm, make any rabble-rousing interventions on behalf of "the people" (its motto is "Generics Bring Competition and Market Economics into the Health System"). A comparison between Torres and Merckle further confirms that what truly makes a *public* difference is not the production of generic drugs but the ubiquity of dedicated retail shops. In Germany, Ratiopharm products are sold inconspicuously in regular medicine shops (*Apotheken*) that do not flag up generics. The quandary of "genericide" noted by Hayden concerns only the brand identity of the *retailer* Farmacias Similares, not that of generic drugs from Laboratorios Best.

The apparent contradiction between producing low-priced drugs for "the people" and making high profits for private gain quickly disappears once we see more clearly the hidden sides of pharmaceutical markets. Activists for affordable drugs should be careful not to fetishize the off-patent generic as the solution to all problems. An informed *política pública* must also scrutinize how pharmaceuticals are distributed and sold.

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Shrewd entrepreneurs are always on the lookout for new business opportunities to develop new goods and services—or transform existing ones—that many of us want to buy. Víctor González Torres clearly embodies what an entrepreneur does best: putting together all the resources needed to bring new products to market. Behind the rhetorical façade is a businessman who has recognized that there is a large segment of the population that is not well served by the public and private health care systems in Mexico. Through his business ventures he has been able to fill this void while becoming very popular and rich.

Hayden's insightful ethnographic study of the phenomenal growth of Farmacias Similares provides a clear, detailed description and analysis of the way González Torres has taken advantage of new business opportunities and reinvented himself to stay on top of the market. What Hayden calls populist nationalism and a social-political-health movement is simply what we would term politically connected entrepreneurship. González Torres's brother founded an important political party in Mexico, and his nephew was a legislator who supported changes in the law governing the regulation of generic medication back in 1998. Undoubtedly, these relationships have influenced the policy changes experienced by the Mexican drug industry in the past decade.

Economic theory predicts that branded and generic drug companies will earn a higher profit if they are able to differentiate their products and charge different prices (Gabszewicz and Thisse 1979, 1980). Farmacias Similares initiated efforts to convince the public that generics—or, in this case, *similares*—were part of the same industry, hence the slogan "The Same But Cheaper." Its next marketing strategy was to differentiate its drugs from the more expensive branded products and, thereby, take advantage of price-sensitive consumers willing to abandon brand loyalty for lower-priced drugs.

One of the most interesting questions raised by Hayden is whether Mexican consumers have benefited from the wider availability of generics (i.e., whether social welfare has increased). The evidence on this issue is mixed. Danzon and Chao (2000) showed that price regulation may limit the impact of generic competition on prices. Grabowski and Vernon (1992) showed that generic entry is followed by an increase in prices of branded products, and this result was confirmed by Frank and Salkever (1997). Thus, the market growth of generics in Mexico presents a unique opportunity to inform this debate.

What insights does economic analysis provide that might help us to assess Dr. Simi's behaviour and direction? First, even though González Torres has been successful in earning what are likely to be substantial economic profits by developing new generic medications and a pharmacy chain that grows exponentially via franchising, we believe that it is unlikely that he will be able to sustain this for too long, given the competition that he is already facing in the Mexican marketplace and abroad and the political/regulatory opposition that he will continue to face in the near future.

Second, the case of Farmacias Similares proves that enjoying above-average profits and excessive rents may allow entrepreneurs to engage in behavior that may not be profit-maximizing. González Torres's foray into politics and his active participation in the development of civic organizations could be interpreted not only as altruism or a sensible business strategy but as the behavior of a businessman who is doing

extraordinarily well and is therefore able to expand his personal interests into areas totally unrelated to his main line of work. In the jargon of political economy, such behavior is often described as extracting "ego" rents.

Third, Dr. Simi will continue to expand to other markets. We are already seeing this with his entrance into other Latin American countries, where he is exporting generics through a "Bolivarian" revolution of "regional solidarity and pharmaceutical liberation" to markets that promise phenomenal growth opportunities. It would not be surprising if he were able to develop a viable strategy for entering the U.S. market in the near future, given that his business is well known among Americans who live in U.S.-Mexico border communities.

Fourth, we expect that government regulators and powerful interest groups will continue to go after Dr. Simi's business interests as long as he is a threat to others. Firms that earn economic profit tend to attract not only potential competitors but also regulators. Thus, González Torres will continue to be a target for business and political interests threatened by his success.

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Hayden makes an ingenious but sometimes hard-to-follow argument about generic pharmaceuticals, politics, and the public/private domain in Mexico. It seems to me that her emphasis on the subtle variations in branded and generic pharmaceuticals that are presented to the consumer as similar or even identical implies that the far less subtle differences between patients/consumers of drugs are of little or no relevance. Yet the individuality of patients is important, and "pharmaceutical anthropologists" have pointed out intriguing local concepts that capture ideas about pharmaceuticals' working differently for different people. These ideas are also now being studied now in pharmokinetic research. One example is the concept of compatibility: a medicine that works for one person may be useless for another. In the Philippines people call this *hiyang* (Hardon 1992). The idea of (in)compatibility also applies to other phenomena such as food, work, marriage partners, cigarettes, colors, and music. Similar observations about human beings' differential reactions to medicines (and other things) have been reported from Malaysia and Indonesia. In Indonesian Bahasa the term is *cocock* or *jodoh*. Hull (1998) applies the concept of *cocock* to the use of contraceptive implants and Nichter (2006) to cigarette smoking. Obviously, other variations in consumer identity and behavior and subsequent pharmaceutical efficacy could be considered as well.

By focusing on the elasticity of pharmaceuticals and pharmaceutical business and not regarding the "elasticity" among consumers of medicines, Hayden suggests a rather one-dimensional consumer versus a multifaceted world of drug production and marketing. I welcome her focus on processes that up to now have been largely unnoticed in the anthropology of pharmaceuticals, but I regret the disappearance of the larger context of consumers without whom the entire enterprise would be senseless.

# Reply

What are generic medicines (really) *about*? The question is raised and suggestively answered in the generous and thoughtful commentaries provided here. It seems that the generative multidimensionality of Dr. Simi/Víctor González Torres's projects, products, collectives, enterprises, and signifying practices gestures toward but may well undo familiar and potent analytic frames. I have hoped to aim more toward the latter than the former, and the respondents variously highlight their own stances. How are we to carve up, describe, analyze, and even predict the future shape of the world that Dr. Simi and Víctor González Torres present for us? The Simi saga seems to be either a project ripe for interdisciplinary teamwork (involving, perhaps, health economists, experts on consumers, and anthropologists of pharmacy networks and of intellectual property) or, in Callon's terms, a phenomenon that produces and requires the death of such disciplinary divides. The question becomes to what degree this story is assimilable to a world that we—and the disciplines—already know. What is the nature and fate of "the unexpected"?

Pagán and Puig mobilize their considerable expertise to refract the Simi saga through a language with which it seems eminently compatible—for what is Víctor González Torres if not a "shrewd entrepreneur," a businessman like (many) other businessmen (Ecks)? The Similares enterprises in all of their dimensions are highly recognizable to this analytic: for example, what I call a commercially active populist nationalism Pagán and Puig readily recognize as "politically connected entrepreneurship." Certainly there are political-party connections, as they note, but can we be so sure that we know the political when we see it? The deployment of politics as a marketing strategy and of marketing as a campaign strategy and the provision of private-sector health care that takes a highly caricatured version of "the state" as its aesthetic inspiration may also call into question conventional notions of the political. In my view, it is the simultaneity or the porosity of domains that presents the primary analytic challenge here. The wonderfully evocative notion of "ego rent" makes the case despite itself: what is there to tell us that giving away free rice and endowing a social assistance fund are not, *in addition to many other things*, behaviors "central to [Víctor González Torres's] main line of work"? The effects of this concept risk closing down precisely the questions we might

usefully ask. I would note, however, that many of Pagán and Puig's predictions are on the way to being borne out. Is business, then, the key to understanding the Simi phenomenon?

For Ecks, "the business side" does hold the key to revealing what González Torres is really doing (or, in Pagán and Puig's terms, what is to be found behind the rhetoric). Here, the incitement to uncover is generated in part by my use(s) of the notion of "the public," which for Ecks suggests (or should suggest) something open, visible, and readily examined. Ecks makes the point to draw our attention to the crucial fact that González Torres is in the pharmacy business more, perhaps, than he is in the "generics" business. And with this amplification of emphasis, the straw figure of generic-as-public (domain) recedes further into the background, to be replaced by a business like (many) other businesses. Ecks writes, "All that is 'public' about generics is the active ingredient; everything else is as opaque as it is for brand medicines." With this he has added yet another layer to the many meanings of publicness. Pointing to publicness, however, rarely lands us where we imagine; as members of the SARAI collective in New Delhi have written, publicness can just as readily serve as a source of secrets and anonymity, a place to hide. In any event, Ecks provides a highly knowledgeable and very useful spin on my account: González Torres does indeed make money by cutting out intermediaries from his packaging, transport, and distributional networks, and this is a crucial aspect of his success. With these details in view, Ecks renews a call for the kind of Appadurai-esque "biography" of pharmaceuticals that van der Geest, Whyte, and Hardon (1996) envisioned: a full accounting of each stage of the production and distribution of pharmaceuticals. Certainly, these questions are important, but do we not run the risk of assimilating unexpected sets of processes and relations to a ready-made template? This is, I would venture, a somewhat humanist version of actor-network theory in which the network is known and carved up in advance.

If not the "business side," what about the "people"? In very different ways, van der Geest and Callon urge me to allow social actors to play a more important role in this account. Van der Geest is right to point out that consumers are a crucial part of the picture and to remind us that commercial outlets, regulators, and World Bank consultants are not the only actors who engage in vernacular classificatory and qualifying work. If it eases any anxieties, I can note that I am working explicitly with the kind of "consumers" van der Geest has in mind. But again, do we know consumers when we see them? Lakoff (2004) has made the important point that the prescription pharmaceutical market itself provokes this question: in many national contexts, physicians are not mere conduits for drugs but also the chief consumers of and target audience for pharmaceutical marketing. As an analytic anchor, the unmediated consumer, is, I would argue, not as immediately available as one might hope.

On, finally, to an impassioned plea for indeterminacy: Callon sees in Dr. Simi an agent of a very evocative sort: a doctor of applied ontology who can dissolve divisions and usher in a much-hoped-for transition from an old world that deals, serially, in the economy, the consumers' perspective, and the biochemical to a world in which "new categories and differences are invented and enacted." I seem to be a fellow traveler along on this path until I argue that the "civil society" enacted under Víctor González Torres's banner is one of his own making. Callon laments that this diagnosis reinstates the old, modern world, since "unexpected events are said to end up being formatted to fit existing categories." I have, it would seem, subsumed the agency of social actors under the agency of the profit motive and thereby fallen prey to an economic argument. I am intrigued by this reading, which goes in a rather different direction than I intended. Let me pose a question in turn: if Dr. Simi is a doctor of applied ontology, does he not get to create new collectives that are simultaneously political, economic, social, and molecular? Such creativity is arguably just as "unexpected" and consequential as the figure of the patient groups who really demand things of their own accord. But the larger point of the critique revolves around the presence in my account of a language of "expanding markets"—something which takes a highly recognizable form to some commentators and is configured oddly in the eyes of others. Along with the language of publics, the language of markets carries disproportionate weight; perhaps extra care must be taken to interrupt readers' all-too-easy assumption that "markets" must be meant to trump all else. But in banishing the language altogether, do we not misleadingly purify the reconfigurations that Callon so beautifully elicits?

—Cori Hayden

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