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# **Big Pharma, social movements, international labour and the internet: critical perspectives on coordination.**

Stephen Little and Margaret Grieco

## **Abstract:**

There is a new political space within the dynamics of global organization. The technological needs of globalised capitalism have spawned a new information communication technology which has the capacity to enable and enhance the globalising of labour and social movements. The all-encompassing attribute of web infrastructure permits the ready clustering of similarly placed marginal or vulnerable groups into globally organised labour and social movements. Social movements of health product consumers are now visible with web technology enabling such consumers to readily research and interrogate scientific, medical and commercial product data bases. The challenge to Big Pharma has gained a critical edge from these dynamics. The labour movement has an important role to play in relaying and working with the messages of the vulnerable and oppressed in the area of health and in the challenge to Big Pharma – and the evidence is that labour has already begun to embrace this role. This article discusses this new ground of the development of solidarity through new relations of communication in the arena of the battle between global health and corporate profit.

## **1 Introduction: The new political space - information communication technology and the globalising of social and labour movements**

There is a new political space within the dynamics of global organization. The technological needs of globalised capitalism have spawned a new information communication technology which has the capacity to enable and enhance the globalising of labour and social movements. The all-encompassing attribute of web infrastructure permits the ready clustering of similarly placed marginal or vulnerable groups into globally organised labour and social movements.

Social movements of health product consumers are now visible with web technology enabling such consumers to readily research and interrogate scientific, medical and commercial product data bases. This emerging space presents an organisational challenge to both the corporations and the labour movement. In response the labour movement has taken its active part in challenging the restrictions on access to critical medication posed by the commercial strategies of so-called 'Big Pharma'. Significantly John J. Sweeney, President of the AFL-CIO addressed the Working Families Economic Forum to argue that

“The AIDS pandemic devastates sub-Saharan Africa but the global trading system protects patents over patients. The drug companies keep desperate countries from getting the medicine they need for their people.”<sup>1</sup>

Whereas much of the discussion of the globalisation of technology has focused on the globalisation of capital and the "flattening" agenda of a uniform global business model, a diligent scan of the new distributed technology environment demonstrates excluded areas and excluded groups increasingly finding their own routes and action space within the globalising social discourse.<sup>2</sup>

With the development of highly distributed global information technology, there has been a collective development of public communicative skill building upon the consumer movements of the seventies such as the National Campaign for Firework Safety and "fair trade" producer movements of the eighties<sup>3</sup>. Indeed, the global labour movement is increasingly engaging with the fair trade movement in addressing the issue of African child labour in the production of chocolate.<sup>4</sup> Within the world of business, information and communication technologies (ICTs) have been developed to enable the close management of distributed resources and distributed action necessary to the management of a global economy.<sup>5</sup> The real time global monitoring of distributed activity transforms traditional

principal/agent relationships: head offices can readily track in real time every detail of action within out-located and out-sourced production and service activities. The remote is directly monitorable and trust relations between principal and agent are no longer a substantial issue: this real time remote control of distributed resources is a new institutional business competence.

Critically, however, the remote is equally able to monitor the centre: the traditional panopticon relationship<sup>6</sup> of the powerful monitoring the less resourced, which has been described in its electronic form above, is in fact readily reversible. The remote is not simply able to shadow and monitor the centre and the leadership which has historically been situated there - power is locational - but also able to globalize its record of leadership's activity and its interactivity with the remote. This article describes the context of links between peripheral and core workforces built by grass-roots activists, frequently by-passing the established union hierarchies and at times conjoining with them to challenge the power of capital. Historically, discourse was situated in local relations of power and such local relations of power necessarily distorted voice and record<sup>7</sup>: the advent of a global discourse form which is able to transcend local relations of power invites a revisiting of old theories.

## **2 History in evidence - a new social business**

The relationship between new information technologies, globalisation and social exclusion has become a focus for discussion amongst the major social theorists of the contemporary period<sup>8</sup>. Most take the shape of the technology and its social organisation within a neo-liberal economic framework as unproblematic: the "big design" of high technology systems

determines the audience and the terms of access to a global discourse. The developed economies dominate the direction of development in these technologies.

However, the issue is more complicated for within the new connectivities and adjacencies delivered by these same technologies, small, collective, distributed design is providing a voice for those traditionally left outside the formal hierarchy of distribution. High technology - in a literal sense in the case of satellite based communication - is providing the last crucial link in connectivity. Global access is provided by a technology originally associated with top down surveillance and the Cold War military history of the space race and satellite development. However, paradoxically and precisely because of this technology, the wired world can now be joined to the unwired world in a way which removes the significance of spatial separation,<sup>9</sup> and alters the existing contours of power through highly distributed access to the information infrastructure critical to the functioning of the emerging global economy.<sup>10</sup>

The internet has become a strong communication home for social, political and labour movements<sup>11</sup> who use this space to communicate with memberships both permanent and fleeting - 'open source memberships'.<sup>12</sup> These mirror the networks of open source software production - and are able to shadow strong societal interests with weak ethical values such as Big Pharma.<sup>13</sup> This diffusion of skills and sensibilities along with the necessary access to infrastructure has allowed for the creation of a reverse panopticon. Formerly peripheral locations can shadow the developments at the "centre" and can develop a capability set of their own that can be electronically inserted into the broader pattern. The pioneers of these approaches were the inheritors of earlier forms of connectivity and resistance. The UK dock workers who launched internet campaigns in support of the Liverpool dispute of the mid-1990s<sup>14</sup> built on a long history of international collaboration between waterside workers. The international conduct of this dispute also demonstrated a new dimension of the grass-roots

challenge to hierarchical union organisation, with the local organisation by-passing the national level.<sup>15</sup> The strategy of the Liverpool dockers was foreshadowed by social and labour movement strategies in South Africa in the context of the anti-apartheid struggle. Rachleff provides an archive of the linkages utilised by South African workers at the end of that decade to mobilise support from other Volkswagen workers in both Germany and Latin America<sup>16</sup>. Experience of the long struggle against apartheid informed this communication strategy of linking the local with the international, albeit in the pre-internet environment.

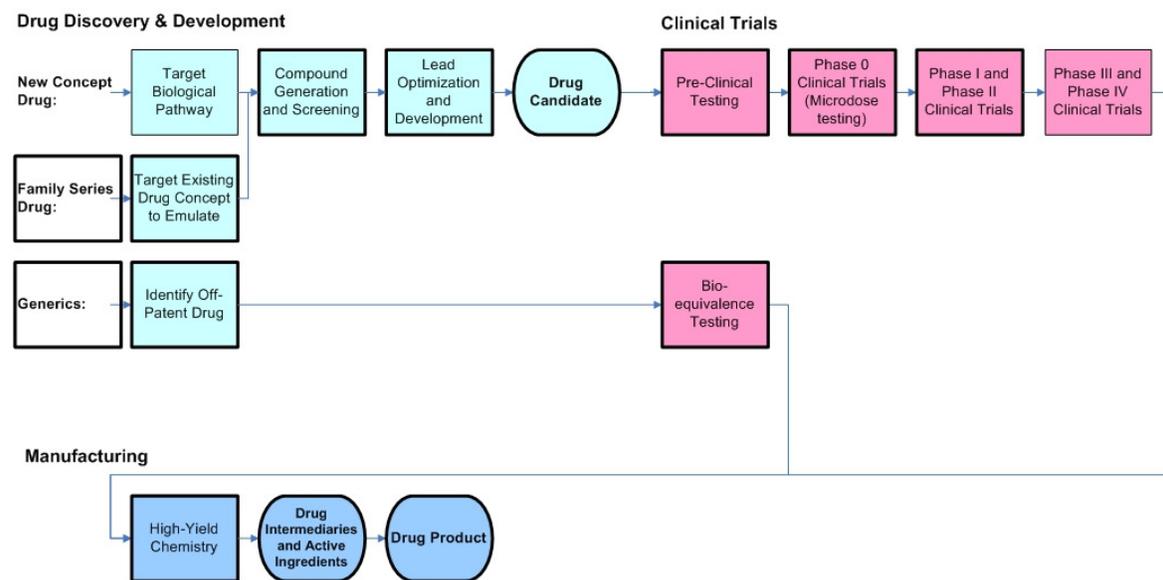
Consumer movements shaped out of the consumption by society of goods and services produced by *transnational* systems have become equally adept in the use of transnational technologies. Increasingly these consumer movements are visibly on a par with industry itself in the use of these technologies. Most intense user interest resides on the life-saving technology provided by the pharmaceutical sector. Pressures on Big Pharma from wide-based social movements of the vulnerable, coupled with the actions of the labour movement are having their effect.<sup>17</sup> The concessions made by pharmaceutical companies over the pricing of AIDS drugs in Africa represent a triumph of political pressure over legally defined intellectual property rights which undermined the logic of existing company strategies.

Before exploring the structure of these social and labour movements, it is important to take stock of the business pressures faced by Big Pharma itself. The global pharmaceutical industry offers a striking example of a breakdown of established models of research, development and cost recovery. Drug design and development takes place in a highly regulated environment. The high cost of drug development must be recovered during a time-frame constrained by licensing agreements while in most countries governments represent the largest customer and are interested in lowering the cost of acquiring new drugs.

The established production chain of the industry has been transformed by technical change, with impacts at the highest level - that of regulation - through the World Trade Organisation-inspired convergence of national approval processes for pharmaceuticals, to the core levels of the drug discovery process itself. Small innovative biotechnology companies beyond the established pharma production chain are looked to for the key to a new paradigm of drug development, one which might include the agricultural production of pharmaceutical compounds via genetically modified plants or animals. The advent of combinatorial chemistry, dependent on computer technology for both mathematical modelling and automated synthesis of molecules means that vast libraries of potentially useful compounds have been created. Specialist companies now offer these to the major pharma players. The laboratory testing of these compounds has become a major bottleneck. At the other end of the drug development process, contract research organizations (CROs) offer the infrastructure for the clinical testing of drugs prior to licensing for medical use. These trials may be conducted in low-cost locations in developing countries and on populations who may not be regarded as a market for the potential product. The business ethics of this stage of the process have increasingly become an area for internet-based campaigns concerned at both the conditions of testing, and the lack of relevance of many of the drugs to the immediate problems of the test populations.<sup>18</sup> The issue of safe testing on human subjects is necessarily an industrial relations issue. Tighter safeguards in the developed world have consequences for test employees in developing countries. Such gaps in safety provision are increasingly the business of global unions.

For every 5,000 to 10,000 compounds screened by the testing process, only some 250 will become lead candidates for clinical trials.<sup>19</sup> Of these as few as five drugs will enter clinical testing, with only one likely to achieve approval for use at the end of the three phases of

clinical trial. Much of the protected licensed period will have elapsed before this drug is sold into a market in which governmental and private medical insurers are becoming increasingly concerned about cost inflation. Once the protection expires, other cheaper manufacturing locations are able to produce generic substitutes for the original proprietary product.



Source: V. Wadhwa, B. Rissing, G. Gereffi, J. Trumbour, and P. Engardio, "The Globalization of Innovation – Pharmaceuticals" (2008) at [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=1143472](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1143472)

The high attrition rates at every stage and the need for the recovery of vast costs means that companies are searching for increasingly elusive "blockbuster" products. There are failures in use and controversies over value, efficacy and cost. The world wide vice president of GlaxoSmithKline (GSK) was reported as claiming that most drugs work on less than fifty percent of patients for a variety of reasons.<sup>20</sup> In this context, strategies for reducing the costs of such uncertainties are sought. These strategies include the involvement of low cost manufacturers to accommodate the generic market and extend product lifecycles and

profitability beyond the period of patent protection. Brand identities are also used to maintain the value of a drug in the face of generic substitutes. AstraZeneca developed Nexium as a variant of its successful Losec ulcer drug, worth \$6 billion in sales in 2001 to allow the extension of patent protection to cover this “new” product.<sup>21</sup>

These pressures are behind the emergence of global electronically-facilitated pharma production networks. These networks are challenging older integrated single company chains. However, the global electronic technology that enables increasingly flexible responses to the complex technical and institutional environments of Big Pharma also facilitates the emergence of more transparent meta-governance forms.<sup>22</sup> Stakeholders now include governments, regulators and the ultimate end-users of the products. With the advent of globalised information technology, the drug development process is increasingly forced to accommodate the concerns of the ultimate stakeholders - the users of the drugs and those with the conditions and diseases targeted by global drug manufacture. This context allows access and voice for labour from both within the production network itself and in the wider healthcare universe. This voice has already been raised on behalf of the end users. This is clearly evident in the way in which campaign activists have shadowed the activities of Big Pharma with devastating results for existing drug development strategies. Not least in this narrative are the activities of the South African union movement.

An African AIDS portal has been established with the sponsorship of the South African Government. In turn, the South African Treatment Action Campaign (TAC) targets government policies as part of a Civil Society Coalition on HIV/AIDS, which also involves the Congress of South African Unions (COSATU), the South African Council of Churches (SACC) and the SA Non-Governmental Coalition (SANGOCO).<sup>23</sup> These debates which are voiced in the affected regions of Africa by labour and society combined have their counterpart

in the United States. Foreshadowing the African social movement on AIDS was Act Up which represents the U.S. AIDS activists who demonstrated physically against pharmaceutical companies in the 1980s, and continue to monitor events there. The struggle has been archived on line and provides resources for the wider social movements challenging Big Pharma.<sup>24</sup>

Other related AIDS issue campaigns mirror, connect and interact with the challenge to "Big Pharma" - both rape crisis intervention and the responsibilities of employers for the well-being of their employees are the target of other on-line campaigns.<sup>25</sup> This broad sweeping social campaign around AIDS is greatly facilitated by the technology of hyper-links.

The result is that the strong position of the pharmaceutical companies, based on enforceable intellectual property regulations, has been neutralized by essentially political demands for affordable access to the necessary drugs. A major concession was made in April 2001, when pharmaceutical companies withdrew a court bid to stop South Africa from importing and producing cheap versions of patented AIDS drugs.

While the model of intellectual property favoured by Big Pharma is being promulgated as a global standard through TRIPS (trade-related aspects of intellectual property rights) agreements and the WTO, the arguments driven by the AIDS crisis are being applied to a wider context. At the centre, the use of drugs is also being monitored in this way. For example, the advertising claims by AstraZeneca on the increased efficacy of Nexium over its predecessor Losec, now available in generic form, are being monitored and challenged on-line.<sup>26</sup> On 13 October 2002 a television broadcast on the anti-depressant Seroxat used the BBC web site to elicit responses to the programme from users of the drug. These were incorporated into an article in the *International Journal of Risk and Safety in Medicine* available on-line in pdf format.<sup>27</sup> A follow-up programme "Seroxat: e-mails from the edge",

broadcast on 11 May 2003 was promoted by the Seroxat Users Group web site. By the second broadcast the British Medical Journal web site was carrying a review of the programme attempting to broaden the issue to selective serotonin re-uptake inhibitors (SSRIs) in general as a class of drugs with problems that outweighed their benefits.<sup>28</sup> A third and fourth programme followed broadcast on 21 September 2004 and 29 January 2007 respectively. These challenged the effectiveness of drug regulation and the basis of clinical trials purporting to demonstrate the suitability of Seroxat for young patients.

The transcripts of the programmes were placed on the BBC website, along with responses from the manufacturer. Such multiple dissemination - combining national broadcaster and non-governmental activists - has added a meta-regulation by the wider stakeholder community to the governmental regulation of Big Pharma's activities. The significance of this for Big Pharma can be seen in the results of a PricewaterhouseCooper survey of the attitudes of consumers to pharmaceutical companies.<sup>29</sup> Seventy-eight percent of consumers reported that when making drug treatment decisions they would consider the reputation of a company in relation to its development of safe and affordable drugs for unmet needs.

### **3 Reshaping and responding: the new realization of capital**

In this story of reshaping and response, two main challenges to Big Pharma in respect of the control of the supply and price of AIDS treatment stand out, and both are to be found in the developing world. The first is in South Africa where the activities of social movements of AIDS sufferers, in conjunction with the labour movement, resulted in a defeat for Big Pharma. The networks developed in the struggle against apartheid have been utilised in new

post-apartheid struggles, both in industry in the case of the VW workers and in wider campaigns against neo-liberal public policies.

- The AIDS war began in South Africa. At the Durban world conference (2000) African sufferers denounced "medical apartheid" and called for universal access to anti-viral drugs. Most AIDS victims are in the South, the medicines in the North. In Pretoria, on 19 April, (2001), 39 pharmaceutical companies that were suing the South African government took stock of the damage done to their image by their defiant defence of their patents and suddenly dropped proceedings. Their aim had been to show that South Africa's laws, designed to ensure an affordable supply of drugs to the country, contravened the TRIPS (trade-related aspects of intellectual property rights) agreements negotiated under the auspices of the World Trade Organisation (WTO).<sup>30</sup>

The second is found in the challenge to Big Pharma from the government of a developing nation, Brazil. Brazil has not only successfully challenged the patent rights of Big Pharma but it has gained a place in transporting these benefits to other developing countries.

- \* Because of Brazil's success pioneering AIDS treatment at home, it will oversee many details of these programs. That includes a transfer of technical knowledge in manufacturing generic antiretrovirals and overseeing their use in countries whose populace lacks adequate health care. The programs are part of President Bush's effort to spearhead AIDS treatment to the hardest-hit nations of Africa and the Caribbean through his recently approved five-year, \$15 billion Emergency Plan for AIDS Relief. For Brazilians, the joint agreement is the sweetest victory to date in the ongoing global effort to provide universal access to AIDS care and antiretrovirals to some 30 million people living in Africa and other developing regions.

Until now, the US has been strongly allied with Big Pharma in a tooth-and-nail fight with Brazilian officials to prevent generic competition in the AIDS drug arena. After failing to negotiate drug discounts from multinational patent holders, Brazil, Thailand and Cuba opted to manufacture generics.

At stake for Big Pharma wasn't really the tiny AIDS market in Africa—which represents only 1% of the billion-dollar AIDS market—but the larger patent system. Makers of new products or processes are now guaranteed a 20-year market monopoly under a WTO Agreement on Trade Related Aspects of Intellectual Property and Public Health, or TRIPS-s. US trade officials feared that softening TRIPS' rules for lifesaving HIV medicines in a pandemic would usher in generic competition for other products.

Undeterred, Brazil fought back, arguing that Article 68 of Brazil's 1997 patent law allowed it to make generics to address its national emergency. These drugs—made

only for its national AIDS program, not for export—do not break patents. In 1990, Brazil, the second-most populous country in the Western Hemisphere, had an exploding AIDS epidemic—average survival time was less than six months after a clinical diagnosis. Most citizens lacked access to HIV tests and drugs. In 1993, the private Brazilian company Microbiologics began making generic AZT, and in 1994, the state did the same, providing AZT free through its public health system. AZT prices fell dramatically. By 1997, the government was making ddC and d4T and within two years, other nucleosides were available. In 2000, indinavir was added, then nevirapine.

Brazil's estimated savings on these last two drugs was \$80 million, or 30% of total drug costs for the year. By the time of the US WTO challenge in 2001, AIDS drug prices had fallen domestically by 70%. So had AIDS deaths. The health system had saved \$677 million, and freed up hospital beds. Armed with such positive, cost-effective results, Brazil was cast as a fiery David against the Goliath of greedy big pharma.

Four months after filing the complaint, the US dropped it. Brazil continued to up the ante, threatening compulsory licensing to negotiate sharp 40% and 65% discounts on patented antiretrovirals from Switzerland's Roche and US-based Merck. Then in November, Brazil helped broker a victory for developing countries at the 142-nation WTO Ministerial Conference in Doha, Qatar. A new ruling guaranteed poorer nations facing national emergencies the right to practice parallel importing or issue compulsory licenses to import or make generic drugs.<sup>31</sup>

Part of the reshaping and response story is clearly that Big Pharma and big governments supporting Big Pharma such as the United States have become aware of the vitality of the negative image they have invited by permitting the development of institutional structures which preclude the world's poor having access to necessary treatment. Depriving the poor of any chance of treatment in the worship of commerce raises very primary issues of social justice: and issues of social injustice which the collective of the vulnerable act to change and to subvert. Documentaries on the smuggling of AIDS treatment drugs over Latin American borders by the families of dying children are on view in the heartlands of wealth and viewers join in the journey of struggle for health to the death of a child: global information technologies replicate and amplify and retain in clear sight the consequences of high

profitabilities and also the failure or success of labour's own action in tackling such profitabilities.

Just as unions are aware of the ability of capital to organise globally in respect of labour and resources, there is a growing awareness in business that the end user has the ability to organize globally in respect of product markets. The advent of the AIDS crisis in both developing and developed countries during the 1980s led to campaigns and actions which have effectively achieved the political neutralisation of intellectual property rights. The proposition that private intellectual property can be created simply through the description of natural material, including sequences of the human genome, has met similar resistance. The potential innovation of traditional medicinal compounds from plants and the genetic modification of other plants as a means of drug production have become problematic. At a time when Western drug companies are challenging the legitimacy of generic drug production in India, the acquisition of patents covering the strain of wheat developed by traditional means for the production of chapatis has become an embarrassment for Monsanto.<sup>32</sup> This may have been a step too far in the promotion of a hegemonic domain based on North American understanding, and indeed the San people of South Africa obtained a significant legal victory in ensuring their rights to profit in the sales of a slimming drug known to them indigenously and now moving into commercial production.<sup>33</sup>

While traditional indigenous 'remedies' are brought within the global commercial pharmaceutical ambit, wider consumer resistance to technologies such as Genetic Modification have problematised potential "sunrise industries" within the global economy.<sup>34</sup> However, the opening up of governance and metagovernance of the life science universe has had positive results for both the established industry and wider stakeholders. The rapid formulation and coordination of a global response to disease was demonstrated by the highly

distributed discourse around the 2003 SARS outbreak. The CDC Atlanta and the World Health Organisation provided information on the progress of Sudden Acute Respiratory Syndrome.<sup>35</sup>

An overview of the threat and progress could be seen at the Globalchange site.<sup>36</sup> Both the US Department of Defense Global Emerging Infections Surveillance and Response System and APEC (Asia Pacific Economic Cooperation) web sites monitoring current threats.<sup>37</sup> A world SARS map is available from the Indian company maptell.com<sup>38</sup> and the measures in place in, for example Singapore and Australia, could be compared with those in other countries.<sup>39</sup> Through these global tools, the space, organization and management of a disease's treatment and containment can be monitored and compared from any point. The subsequent appearance of avian influenza was dealt with on the basis developed around SARS at both national<sup>40</sup> and international levels.<sup>41</sup>

The level of global networking around the SARS outbreak in terms of alert and containment raises the issue of the appropriate structures for research and development into treatment regimes and products. To outpace treatment for highly infectious disease in a world of rapid global disease transmission raises global governance issues: and these are clearly health, safety and welfare issues for labour. There is a parallel to be drawn between the concept of a potential open networked model of drug development and the challenge to conventional proprietary software development from open systems development in information systems. The collective development and free exchange of software - the bazaar - has been contrasted with the top-down creation of the expensive proprietary application - the cathedral.<sup>42</sup> The Liverpool dock dispute provides an example of the application of this collective philosophy by labour to blend electronic and traditional forms of communication in order to create a global network in support of a local struggle.<sup>43</sup> Information technology is an essential

foundation of current drug development with its dependence on the combinatorial chemistry described earlier, but information technology creates new and immediate conditions for the surveillance of the drug industry by the end users - and for the conjoining of labour, citizen and consumer in this challenge.

#### 4: Vulnerability of centrality

- \* “Phanzi, Pfizer, Phanzi!” “Get out, Pfizer, go!” At rallies they sing the old liberation songs, replacing the names of apartheid leaders with those of multinational pharmaceutical companies. On the streets they chant demands, no longer for the vote or a living wage or freedom, but for fluconazole and cotrimoxazole and nevirapine. Their leaders and organizers might well be human rights lawyers and healthcare professionals, but most of the foot soldiers of the Treatment Action Campaign (TAC) - which has spearheaded the campaign for affordable medicine for HIV-related illnesses in South Africa - are ordinary South African men and women, HIV-positive but too poor to afford the drugs needed to keep them alive.<sup>44</sup>
- BIG Tobacco, Big Banking—and now Big Pharma? It seems fanciful to speculate after 2007 in which Pfizer reported worldwide sales revenues of \$45 billion, that America's mighty pharmaceutical giants might find themselves vulnerable to the political attacks that have tormented some of America's other large industries. Yet the parallels mount. Like the tobacco firms and investment banks before them, drugs firms face a dynamic, grassroots movement, centred on the states and driven by powerful economics, that bypasses their well-financed defences in Washington, DC. Disarmed of their lobbyists and friends in Congress, they appear to have no compelling answer to these attacks. And their billions of dollars in profits, of course, are precisely what makes them such tempting targets.<sup>45</sup>

The directness of communication and the randomness of much of the new communication adjacencies remove the historical buffers - tightening the loose couplings within the system.<sup>46</sup>

As a result, hierarchical control over the management of self-presentation has been loosened. and alternative paradigms have spread quickly. And not only within the world of developing countries, for within the U.S.A. state health systems are following the lead of individuals who have sourced their pharmaceuticals from low-cost Canadian providers via the Internet in the face of opposition from the federal government. The determination of image and identity is

now more widely spread in its authorship: the resources of the traditional press and the organs of government are no longer the critical elements in the shaping of public form and face but are matched and often overtaken by the interactivity and 'mass' gossip of the World Wide Web. This situation is well understood by both social and labour movements. The Institute for Global Communications (IGC), founded in 1987, claims to be "...the world's first computer network dedicated to environmental preservation and sustainability." It now uses the Internet to link activist sites covering issues of race, gender, conflict and environment<sup>47</sup> while Labourstart provides links to coverage of global issues, from union recognition disputes in Australasia to the assassination of union officials in Latin America.<sup>48</sup>

Creative flexibility is required in the rebutting and re-shaping of negative images by those who stand to lose on the public display screen. Text and images and video clips are harnessed in the recontextualisation<sup>49</sup> of the "damaging." Similarly, those communities who have historically been negatively portrayed harness the technology en masse to recontextualise their own histories and space in place, organization and management. History is rewritten, past steps are recalled and distributed archives form new territory on the globalised kaleidoscope. The health behaviours of the poor are relayed and replayed with due weight on the barriers to wellbeing shaped in the frame of profit - the 'sickness' career of the young boy dying of AIDS due to lack of access to medication, despite the high level of organisation of his kin network in its effort to source drugs for him, is very visible indeed.

An example of the strength of this process of global visibility can be found in the post-Hutton Inquiry environment in Britain.<sup>50</sup> Cabinet papers normally kept secret for thirty years were posted on the internet during the enquiry, along with the full transcripts of the evidence given.<sup>51</sup> This opening up of the political process via internet presentation permitted the global external audience to make their own assessments of the relationship of judgement to the detail

of the evidence. The narrow legal interpretation of Lord Hutton was subject to a broader political judgement, just as the narrow interpretation of intellectual property by Big Pharma was compromised by wider political mobilisation. Through the technology the centre becomes the focal point of the reverse panopticon: through this transparency it becomes vulnerable and has to adjust and tailor its responses.

The same reverse surveillance is confronting the assumption of governments. An adjustment to distributed metagovernance is necessary when, for example, George Washington University offers an on-line archive of government documents obtained under Freedom of Information legislation<sup>52</sup> and the Global Policy Forum and the Institute for Public Accuracy attempt to redress the mainstream media's treatment of government assertions.<sup>53</sup> The labour movement is confronted with similar challenges from a technology which is essential to its internal organisation and management, to the communication and coordination of members and activists and to the effectiveness of its relationships with social movements and the wider public. Traditional and established patterns of communication and control are challenged, and wider and more global definitions of identity and interest became possible and more relevant: the local is less privileged than it was historically in the construction of solidarity.

In the case of Big Pharma and global risks of disease, the visibility of profits and the transparency of the geography of access to treatment are charted and rendered immediate by virtue of social mobilization of the new information technology creating a new and unique vulnerability for those located at the centre of power and wealth. One reaction from the industry has been the publication of ethical codes on company web-sites – a counter to

accusations of uncaring profiteering, but also a self-imposed benchmark for future potential critics.<sup>54</sup>

Elsewhere, however, pharmaceutical companies have aligned with campaigns and pressure groups where these coincide with their interests. For example, the adoption of Roche's Herceptin for the treatment of advanced breast cancer followed campaigns in several jurisdictions. The manufacturer became involved directly in one campaign through the canvassing of patients to elicit their support for the use of the drug for early stage cancers, expanding the potential market, but also exposing a wider range of patients to the significant side effects on the basis of limited clinical experience.<sup>55</sup>

## **5 Conclusion: the new structure of global challenges**

The patterning of business and government is undergoing transformation in the context of new globalised information communication technology. The use of the very same technology by social and labour movements generates further changes in the pattern of communication and power.. Transparency and ease of information access produce a new structure of global challenges. The interactivity of the new information world has generated challenges at many levels. Suppressing information is now problematic while electronic interaction creates new grounds and technologies for surveillance.

The social struggles described here show that those marginalised within the body of "organised" or co-opted labour and the marginalised within the wider society are making use of the opportunities provided by the new transparency and accountability in both developing and developed countries. In the latter, youth politics is turning away from conventional expressions to wider and internationally networked issues. The contest between restricting

and revealing information has become in the modern period a more complex battle; we now have a ringside view of the reverse surveillance of the emerging surveillance state in its "war on terror" coupled with the open metagovernance of the global corporation. Open policy responses are demanded by these new phenomena in a context in which analysis can be no simple matter. What can be in no doubt is that with the interface between new information communication technology and social and labour movements in the struggle with big pharma, we have a new pedagogy of the oppressed.<sup>56</sup> The labour movement has an important role to play in relaying and working with the messages of the vulnerable and oppressed in the area of health and in the challenge to Big Pharma. From COSATU's actions in South Africa to the AFL-CIO's condemnations of Big Pharma globally, the evidence is that labour has already begun to embrace this role.

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### Notes

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<sup>1</sup> See [http://www.ourfuture.org/onmessage/other\\_contributors/sweeney\\_1\\_31\\_02.cfm](http://www.ourfuture.org/onmessage/other_contributors/sweeney_1_31_02.cfm)

<sup>2</sup> See Little and Grieco, 2004; Little and Clegg, 2005.

<sup>3</sup> See <http://www.angelfire.com/co3/NCFS/campaign.html> and <http://www.european-fair-trade-association.org/Efta/index.php>.

<sup>4</sup> See <http://www.globalexchange.org/campaigns/fairtrade/cocoa/>

<sup>5</sup> See Holmes, Hosking and Grieco, 2002; Little, 2004

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- <sup>6</sup> See Foucault, 1979
- <sup>7</sup> See Habermas, 1987
- <sup>8</sup> See Castells, 1996, 1997, 2000; Giddens, 1999, Ohmae, 1995.
- <sup>9</sup> See the Amazonian SELF project at <http://www.self.org/brazil2.asp>
- <sup>10</sup> See Little, 2004
- <sup>11</sup> See Bailey, 2006, Hogan and Nolan, 2006, Lee, 2006
- <sup>12</sup> See Freeman and Rogers, 2003
- <sup>13</sup> See Beaumont, 2006, Hogan and Greene, 2002
- <sup>14</sup> See Carter et al, 2003; Bailey, 2006
- <sup>15</sup> See Hogan, 2006
- <sup>16</sup> See Rachleff, 2001. Also, *Labournet Germany* on the South African VW workers at <http://www.labournet.de/branchen/auto/vw/sa/index.html> and on a Mexican VW strike at <http://www.labournet.de/branchen/auto/vw/mx/index.html>
- <sup>17</sup> The power of organised labour to relay the messages of the vulnerable transmitted through new information communication technology forms is critical in the challenge to big pharma. See <http://www.cosatu.org.za/docs/2000/hivbook.htm>. For a case study, go to [http://squat.net/cia/gp/docs/fighting\\_pharma.rtf](http://squat.net/cia/gp/docs/fighting_pharma.rtf)
- <sup>18</sup> See <http://www.commondreams.org/headlines03/0903-11.htm> and <http://www.global-campaign.org/bigpharma.htm>
- <sup>19</sup> For the debate on this situation from within the industry see [http://www.forbes.com/asap/2002/1007/054\\_print.html](http://www.forbes.com/asap/2002/1007/054_print.html) and Bernard S. (2002) 'The Drug Drought' *Pharmaceutical Executive* 1 November 2002 at <http://www.pharmexec.com/pharmexec/article/articleDetail.jsp?id=50753>
- <sup>20</sup> See Connor, 2003
- <sup>21</sup> Omeprazole is a proton pump inhibitor (PPI) which inhibits the production of stomach acid. In order to renew protection a single isomer variant, esomeprazole, which is in fact the active version of the molecule, was marketed in 2002 as Nexium. However, the protection on this molecule relies upon a weaker process patent which allows its separation, the actual molecule is not protected as it exists in the original drug. See Robin (2005) and [http://www.worstpills.org/results.cfm?drug\\_id=475](http://www.worstpills.org/results.cfm?drug_id=475)
- <sup>22</sup> See Grieco, Little and Macdonald, 2003
- <sup>23</sup> See African resources at <http://www.afrol.com/categories/health>, <http://www.afroaidsinfo.org/> and <http://www.sacc.org.za/news06/Congress.html>. The consequences of African action are described at <http://www.brookings.edu/views/articles/florini/200309.htm> and criticism of South African government policy <http://www.tac.org.za/>
- <sup>24</sup> Actup sites can be seen at <http://www.actupny.org/> and <http://www.actupny.org/reports/milano.html>.
- <sup>25</sup> See <http://www.speakout.org.za/medical/main.html> and <http://www.treat-your-workers.org/>.
- <sup>26</sup> See <http://www.pahealthsystems.com/message20357.html>.
- <sup>27</sup> See <http://www.socialaudit.org.uk/5111-006.htm>) and the on-line International Journal of Risk and Safety in Medicine article in pdf format at <http://www.socialaudit.org.uk/IJRSM-161-169.pdf>
- <sup>28</sup> See <http://bmj.bmjournals.com/cgi/content/full/325/7369/910>.
- <sup>29</sup> See Jack, 2007

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- <sup>30</sup> See <http://www.amfar.org/cgi-bin/iowa/td/feature/record.html?record=100>
- <sup>31</sup> See <http://www.aegis.com/pubs/amfar/2003/AM031004.html>.
- <sup>32</sup> See Ramesh, 2004
- <sup>33</sup> See [http://www.raceandhistory.com/cgi-bin/forum/webbbs\\_config.pl/noframes/read/537](http://www.raceandhistory.com/cgi-bin/forum/webbbs_config.pl/noframes/read/537).
- <sup>34</sup> See <http://www.which.net/campaigns/food/gm/index.html>.
- <sup>35</sup> See CDC at <http://www.cdc.gov/ncidod/sars/> and the WHO at <http://www.who.int/csr/sars/en/>. There is a German language site at <http://www.pneumokokken.info/index.php/sars.htm>.
- <sup>36</sup> See <http://www.globalchange.com/sars.htm>.
- <sup>37</sup> See U.S. DoD at <http://www.geis.fhp.osd.mil/> and APEC at [http://www.apecsec.org.sg/apec/apec\\_groups/som\\_special\\_task\\_groups/health\\_task\\_force/apec\\_information\\_on.html](http://www.apecsec.org.sg/apec/apec_groups/som_special_task_groups/health_task_force/apec_information_on.html)
- <sup>38</sup> See <http://www.maptell.com/maps/webmap/world/worldsars.htm>
- <sup>39</sup> For example, Singapore at <http://www.sars.gov.sg/>, Taiwan at <http://sars.doh.gov.tw/> and Australia at <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Health+Alerts-1>.
- <sup>40</sup> See for example the CDC's internal response at <http://www.cdc.gov/flu/avian/> and the U.S. State Department's external information at [http://usinfo.state.gov/gi/global\\_issues/bird\\_flu.html](http://usinfo.state.gov/gi/global_issues/bird_flu.html)
- <sup>41</sup> See the integrated resources at <http://avianflu.futurehs.com/> and the WHO [http://www.who.int/csr/disease/avian\\_influenza/country/cases\\_table\\_2006\\_05\\_12/en/index.html](http://www.who.int/csr/disease/avian_influenza/country/cases_table_2006_05_12/en/index.html) and OIE (Office International des Epizooties) [http://www.oie.int/eng/en\\_index.htm](http://www.oie.int/eng/en_index.htm)
- <sup>42</sup> See Raymond, 2001
- <sup>43</sup> See Carter et al, 2003
- <sup>44</sup> See <http://www.thenation.com/docprint.mhtml?i=20010514&s=gevisser>.
- <sup>45</sup> See <http://www.accessmed-msf.org/prod/publications.asp?scntid=145200315797&contenttype=PARA&>.
- <sup>46</sup> See Perrow, 1984
- <sup>47</sup> See <http://www.igc.org/html/aboutigc.html>
- <sup>48</sup> See <http://www.labourstart.org>
- <sup>49</sup> See Metz, 1996
- <sup>50</sup> See Hutton, 2004
- <sup>51</sup> See <http://www.the-hutton-inquiry.org.uk/content/evidence.htm> for this material.
- <sup>52</sup> See <http://www.gwu.edu/~nsarchiv/>.
- <sup>53</sup> See the Global Policy Forum at <http://www.globalpolicy.org/> and the Institute for Public Accuracy at <http://www.accuracy.org/>.
- <sup>54</sup> See <http://www.dusapharma.com/pdf/DusaCode.pdf> for a medium-size company, and <http://www.gsk.com/about/corp-gov/Employee-Guide-2004.pdf> for a major multinational
- <sup>55</sup> See Boseley, 2006
- <sup>56</sup> See Freire, 1972

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