

to the judicialization of pharmaceutical politics, which describes the playing out of politics of access to essential medicines in the courts (see Biehl and Petryna 2011).¹⁹ I situate these in relation to a third, everyday use of *trial* to describe any kind of problem, difficulty, or trouble, in the sense of the structure of constitutive crisis under which both the Euro-American R&D-driven pharmaceutical industry and the Indian generic industry operate. Taken together, the HPV and Gleevec cases become emblematic of and signify a broader political terrain in their own right, and are therefore events that function beyond themselves.²⁰ They demand conceptualization that goes beyond just pointing to the contingency of their own happening, and allow for a thicker insight into the structural trajectories informing the legislative moment of 2005 while also signifying this moment as a site for the theorization of value, politics, and knowledge. But what do these terms mean, and what are these structural trajectories? I next discuss how I analyze value, politics, and knowledge in this book. This involves disaggregating them into multiple registers through which they operate, and thinking about the articulations and contradictions between these registers.

Elements of Pharmocracy (2): Theorizing Value, Politics, and Knowledge

This book traces the hegemonic structures and operations of pharmocracy. One of the nuances of Gramsci's notion of hegemony is that while it refers to a state of (naturalized or legitimated) domination, it is fluid. Hegemonies can be established, contested, overturned, or reconfigured. Battles over hegemony constitute politics, while politics comes to be the means of establishing hegemony. I argue that the establishment of regimes of value becomes a means through which hegemonies can be naturalized or reconfigured, such that value itself becomes the ground upon which further politics plays out. Value and politics become mutually constituting and reinforcing. Further, questions of knowledge often come to be at stake or mediate various articulations of value and politics. Yet none of value, politics, or knowledge is a singular thing, and each requires disaggregation and conceptualization in its own right.

Certain elements of value, politics, and knowledge have emerged as constitutive to contemporary global biomedical economies as they have materialized in India. I consider value in four registers: as an abstraction that has material consequences; as surplus value for capital; in terms of norms and ethics; and as an antinomy, something that is in contradictory relationship

to itself. This in turn leads me to think of five sites through which value in all of its registers comes to be explicitly articulated through and as politics: (1) the speculative value of financial capital (chapter 1); (2) the bioethical value that underlies the establishment of good clinical practice for biomedical experimentation (chapter 2); (3) the constitutional values that underlie modes of judicial interpretations of intellectual property law in India (chapter 3); (4) philanthropic values that rationalize corporate monopoly (chapters 4); and (5) postcolonial values that contest Euro-American corporate and state hegemony through both market and state intervention (chapter 5).

Additionally, I consider politics in terms of six emergent forms of and spaces for representation:

- 1 the conjuncture of policy harmonization as creating openings for flows of global capital and for political mobilizations of global civil society around access to essential medicines and against unethical clinical trials (as summarized in this chapter and elaborated through the HPV and Gleevec cases in chapters 2 and 3);
- 2 logics of financialized capital and the spaces of crisis that they create, leading to structural contradictions requiring political re-configuration of multiple sorts, including more intense forms and strategies of financialization (chapter 1);
- 3 civil society advocacy as activated and mobilized through scandal (chapter 2);
- 4 judicialization and the fight to make patents incentivize the public good (chapter 3);
- 5 competing forms of social responsibility, as articulated through corporate philanthropy and as demanded of the state (chapter 4); and
- 6 corporate alliance making with civil society groups for access to medicines in the context of imperialist geopolitics (chapter 5).

Some of these political forms establish hegemonic modes and relations of production, while others contest this hegemony.

Finally, I think through the ways in which articulations between value and politics are mediated by knowledge, which itself is neither pure nor static. Rather, knowledge gets appropriated into different domains and to various ends, rendered instrumental, serviceable, or commodified as it moves across domains and geographies. In other words, knowledge can be mobilized in a variety of ways to configure value, politics, and their relationships; in the

process, forms of knowledge can themselves be coproduced with those of value and politics. Some of the manifestations and mobilizations of knowledge that concern me the most in this book are

- 1 the actual kinds of scientific and medical knowledge required in drug discovery and development, ranging from the organic synthetic chemistry required in much small-molecule drug manufacture to the pharmacological knowledge that goes into establishing drug dosage, the clinical knowledge involved in establishing safety and efficacy profiles in clinical trials, and the knowledge of cellular and molecular mechanism required in ventures of rational drug development of which Gleevec is exemplary;
- 2 the epidemiological knowledge that underlies public health interventions, or broader population-based targeting of therapeutic markets;
- 3 various kinds of anticipatory knowledge that operate in different domains, ranging from financial markets to clinical research to patent law; and
- 4 knowledge as process and strategy of making meaning, modalities of reasoning and interpretation that operate in particular situations or domains with more or less authority.

But further, knowledge matters not just when it explicitly becomes valuable or political (or renders particular articulations of value and politics), but also when value and politics manifest through erasing, silencing, or obscuring knowledge, or in situations in which knowledge operates through uncertainty or indeterminacy.

What results, then, is a more complex, elaborated, and differentiated structure of pharmocracy, something that looks like figure 1.1.

Value

The most important abstraction that this book is concerned with is value. In order to elaborate how I think about value, I find it particularly useful to turn to the way in which Karl Marx analytically conceptualized it in relation to labor and capital. Marx insisted that any proper understanding of capital has to come from beginning the analysis with the question of value.²¹ And for capital, value has no meaning unless it is surplus value. For money to be capital, it must have the potential for generating surplus within it as it circulates in processes of commodity exchange. In relation to the situation of European (especially English) industrial capitalism that Marx was writing

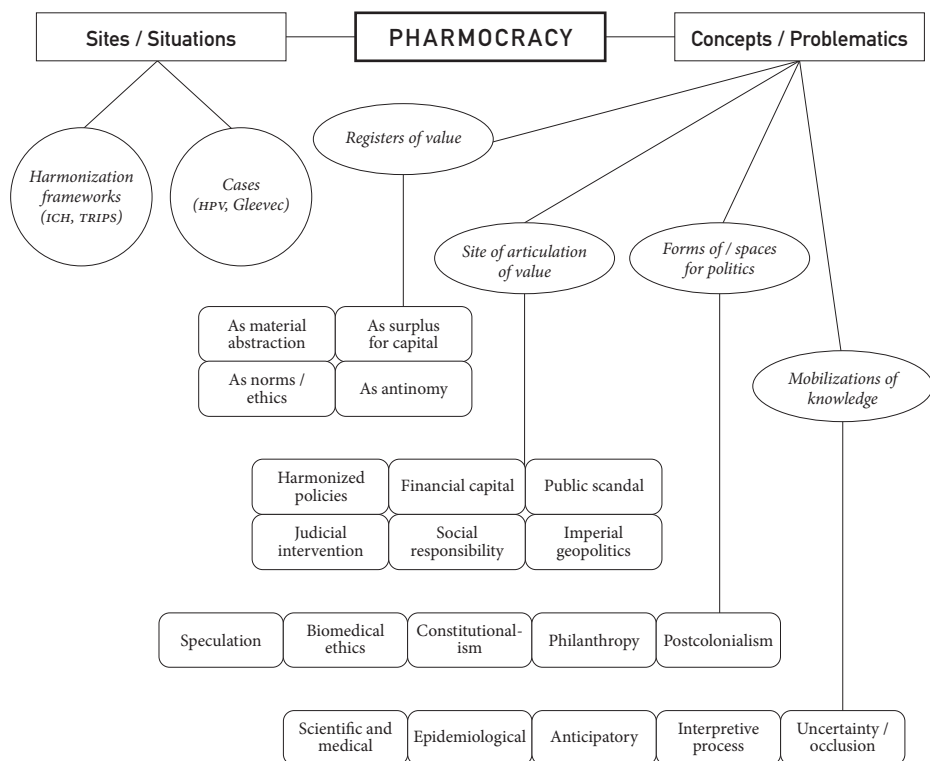


FIGURE I.1

about, this potential comes from what he called labor power—the potential for the worker to generate more labor than that rendered adequate by wage. The question of whether and to what extent the labor theory of value is applicable to all places and times is of less interest to me than the methodological insight it provides into an analysis of how capital generates value through an exploitation of bodily potential, even as the generation of value becomes an end in itself.²² Further, value is that which allows the commodity, which is always the product of specific and concrete human labor, to figure as abstract labor. At the core of Marx’s critique of political economy is his insistence that value is an abstraction device.

Therefore, on the one hand, value is simply an attribute (something that a commodity has: its utility, its beauty, its ability to be worn or eaten; something that money has: its ability to circulate itself, to mediate and measure other kinds of circulations, to quantitatively express circulation itself). But on the other hand, value itself performs the various materializations and

abstractions of those things that it is simply supposed to represent. To quote Marx:

In the circulation M-C-M both the money and the commodity function only as different modes of existence of value itself, the money as its general mode of existence, the commodity as its particular or, so to speak, disguised mode. It is constantly changing from one form into the other, without becoming lost in this movement; it thus becomes transformed into an *automatic subject*. If we pin down the specific forms of appearance assumed in turn by *self-valorizing value* in the course of *its life*, we reach the following elucidation: capital is money, capital is commodities. In truth, however, *value is the subject [i.e., the independently acting agent]* of a process in which, while constantly assuming the form of money and commodities, it . . . *valorizes itself independently*. For the movement in the course of which it adds surplus-value is its own movement, its valorization is therefore self-valorization. . . . *By virtue of being value, it has acquired the occult ability to add value to itself.* (Marx [1976] 1867, 255, emphases added)²³

This definition of capital in terms of self-valorizing value is significant, but is not the point at which Marx's explanation runs out. Rather it signifies, in Spivak's terms, "the possibility of an indeterminacy" (1985, 78). The ability to "add value to itself" is precisely that which renders capitalist value appropriative—of labor (turning it into surplus), but also, in other situations, of health (turning it into surplus), or of ethics (turning it into surplus). It is also that which renders the generation of capitalist value political, a politics that plays out through both the consolidation and the contestation of modes and relations of power and production. Hence an ethnographic elucidation of these relations and of their consolidation and contestation allows us to work backward toward a conceptualization of the capitalist value form itself.

How does this relate to health? The most literal answer to this question has been provided by Joseph Dumit (2012a, 2012b), who developed the notion of surplus health as an analogy to Marxian surplus labor.²⁴ This refers to the market value that pharmaceutical capital gains from the potential for future illness of those who might one day consume drugs, which includes anyone with the buying power to constitute a market for therapeutics and crucially excludes those without. Empirically, Dumit (2012a) studied the growth of pharmaceutical marketing in the United States in the second half of the twentieth century and its imbrication with the growth of clinical trials, a trajectory that has resulted in the progressive growth of prescription rates

in the country with no signs of stopping. Analytically, he substituted Marxian labor-related keywords with health-related keywords in volume 1 of *Capital* (Dumit 2012b).²⁵ In the process, Dumit generated a “health theory of value” that is literally analogous to Marxian labor theory, showing how value creates health that is appropriate to and appropriable by capital, alienated from embodied healthiness. Value thus is that which allows the symptom, which is always the product of specific and concrete human health, to figure as abstract health.²⁶ Even as health itself comes to be at stake, so too does labor, as biomedical economies engender both multiplications and divisions of labor, seen especially in the various proliferations and dislocations of experimental subjectivity in clinical trials.²⁷

There is a further tangle here, because value is never just about surplus; it also refers to the ethical and the normative. Often, pharmaceutical corporate capital is contested by taking recourse to seemingly opposed value systems grounded in ethics and morality: for instance, by an insistence on the ethical conduct of clinical trials and human-subject experimentation based on principles of good clinical practice; or by demands for equitable and broad access to essential medicines for people who do not have the purchasing capacity to buy them on the market; or by attempts to hold states accountable to their responsibility to ensure the health and care of their populations. In other words, one could envisage a value that is not just defining of capital but (in its ethical registers) also an alternative normative framework to capital. And yet corporations are perfectly capable of enfolding these concerns into their own value-generating enterprises.²⁸ Hence, these latter forms of value are never entirely outside the fold of capital but are always appropriable by it. Ethics can be potentially opposed to surplus value but also deeply tangled within its logics.

There are enmeshed conceptual relationships between the ethical and the norm as well, given that the norm also inflects in two ways, implying either the normative or the normal (Hacking 1990). To the extent that the normal is normative in a given situation, ethics is the norm; to the extent that the normal falls short of the normative in a given situation, ethics is precisely not the norm but an improvement upon it. And so, the ethical can come to be the grounds for political contestation around the norm itself. One saw this transpire in the Gleevec case, as Novartis’s lawyers argued for the product patent, among other things, on grounds that this drug was patented in forty other countries. Hence, they claimed that granting a patent on the drug was the normal thing to do, and that the Indian Patent Office’s denial was unethical, preventing as it did a legitimate monopoly that had already been established

in other jurisdictional contexts. The opposition, on the other hand, argued for an ethics based in normativity, claiming that what was normal had no bearing on what was appropriate, which was adhering to the standard of invention as established under Indian law with its public health flexibilities that prevented pharmaceutical evergreening. If the former position established the authority of the norm by taking recourse to a patent claim that had already been held valid in multiple other contexts, then the latter did so by taking recourse to legislative history that rendered the normative constitutional ordering of how invention was to be understood in India as a higher standard to be met than normal standards of patentability prevalent in other countries.

What is at stake, through and through, are the antinomies of value in its multiple registers. An antinomy is a contradiction between two beliefs or conclusions that are in themselves reasonable. Resolution or consensus is often impossible; what is at stake is living within the mutual incompatibility. Value, in the contested, conjoined, multiply jointed senses of market/surplus value and ethical/normative value, precisely because of its inherent indeterminacy, constitutes the terrain of politics. My investments therefore do not lie in defining what value really is, and certainly do not correspond in any straightforward way to what people say or believe value really is. I am not interested in finding an ontology of value that manages a transhistorical reconciliation of its contradictory manifestations, nor am I attempting an elucidation of cosmologies of value that describe the ways in which actors resolve these contradictions for themselves.²⁹ Rather, I stay attentive to the articulations and antinomies of value as it is rendered political.

Politics

Without a doubt, global pharmaceutical politics has come to be deeply contested, often with polarized positions around a range of issues. I have already introduced the polarization around global harmonization, which is projected as being about ethics and innovation by its cheerleaders and about the hegemony of multinational corporate capital by its detractors. But beyond this, there are all sorts of situated alliances across adversarial positions, just as there are major disagreements among actors who are otherwise in positions of structural solidarity.

Even among those who oppose the appropriation of health by capital, there is a range of different positions. There are those who respond to the problem of unethical clinical trials by adopting an antisience position toward clinical research, while others insist upon the importance of clinical research for

public health even as they oppose the ways in which it has been institutionalized; there are those who decry the conduct of clinical research on the poor and vulnerable, just as others believe that any genuinely progressive public health practice must include research on more marginal populations within its ambit; there are those who believe that civil society has the right and the responsibility to shape public health agendas, while others who believe in the paramount importance of scientific autonomy free from such dictation; there are those who believe that access to medicines cannot be achieved without a pragmatic engagement with the multinational pharmaceutical industry, including the provision of incentives, while others insist that genuine transformation in political economies of health cannot happen as long as one is wedded to privileging the institutional capacities of the most powerful corporate players; there are huge disagreements around specific mechanisms of enabling access, or around the relationship between pharmaceutical access and primary health infrastructure development.

Of course, there are deep divisions among capitalist interests as well, especially between Euro-American innovator industries involved in R&D and Indian companies who have primarily been involved in reverse engineering generic drugs; but even those divisions are fluid as Indian companies strategically align themselves in certain instances with multinational pharmaceutical corporations, just as the latter seek out national generic competitors as potential targets of acquisition. Different kinds of clinical trials brokers act in concert when it comes to driving regulatory harmonization even as they compete with each other to construct market terrains according to their perception of strategic interest.

The state too is an inherently conflicted actor. If capital is defined by its incessant drive toward surplus, then the state in its liberal democratic form is caught within its own fundamental antinomy, accountable both to the interests of local, national, and global capital on the one hand and on the other to its citizens. What this division means and how its different representative functions get activated becomes an important empirical question.³⁰ Political orientation toward the state on the part of both corporate and civil society interests is immediate and constant, in a context in which what the state is, which arms of it are activated, and how it emerges as a differentiated entity that is often acting at odds with itself all come to be at stake and contested. This is so even—perhaps especially—as the place of the state as a primary institution of governance comes to be in question with the growth of parastatal, non-governmental, multilateral, or corporate governance regimes.

Part of the task of conceptualizing politics then is empirical, tracking and mapping the content of heterogeneous positions, strategic alliances, and situated articulations in relation to different biomedical domains. But further, this book focuses on different forms of and spaces for politics in the context of health. Similarly to my engagement with value, my attempt here is not to generate some authoritative definition of the political as much as it is to show the situated intersection and interaction of particular modalities of politics that emerge within certain economic and governance structures and out of specific historical conjunctures.

This book considers the constitution of the forms of and spaces for politics as health comes to be appropriated by capital. I think of constitution in two mutually reinforcing but opposing senses. The first is in terms of the ways in which these forms and spaces are constituted. This speaks to an active sense of constituting, of putting in place. Constituted entities are not static or given; they are almost by definition historically enacted, culturally endowed, in formation, even as they are emplaced and located. This is a concern with emergent forms of and spaces for politics (Fischer 1980, 2003). At the same time, there is a sense of the constitutional as related to the constitutive—that which is inherent to or defining of a political order. This refers to institutionalized codes, legal and normative, that get held up as defining prescribed codes of action and governance; taking the form perhaps of a Constitution (with a capital C), a foundational (often national-state) document that goes beyond prescription to signifying the ethos of “a people” (Ackerman 1991). But it could also imply constitution with a small c; the multiple sites of regulation and governance within which rules and norms come to be enshrined (Jasanoff 2003, 2011).

Hence, this book locates its analysis within a fundamental tension that exists between the variant trajectories of the materialization of value and the normative consolidation of the appropriation of health by capital; but also within the tension that exists between the content of a politics around health and the forms and spaces of its emergent and constitutive articulations, which are at once unsettled and deeply normed, constantly contested but also variously constrained and naturalized. What is at stake here is not simply the generation of a catalog of different emergent political forms, but rather the question of relationships between different constitutive and emergent forms of and spaces for politics. Which ones get activated, and which are suppressed, contested, and denaturalized? Which imaginaries fall out and lose salience? Which ones sediment to become the grounds upon which

naturalized assumptions get made?³¹ Imbricated in these forms of and spaces for politics is a third register of the constitutional, referring to health, to the body and its overall well-being.³²

If a conceptualization of value has implications for an understanding of the reconfigurations of health as it gets appropriated by global capital, then I argue that tracing these forms of and spaces for politics in the context of value-laden health is equally consequential for a conceptualization of democracy. It is useful to think here of two important modalities of theorizing the democratic. One considers it in terms of rational communicative action with the eventual goal of consensus, going beyond goal-directed strategic action for one's own benefit (for instance, Habermas 1984, 1985). Another conceptualizes it in more organic terms, as the expression of popular sentiments and actions that can never be completely constrained or represented by the macropolitical form of the state (for instance, Chatterjee 2004, 2011). My own stakes in the democratic go beyond both formulations. The Habermasian ideal of rational communicative action as the means and consensus as the ends of an ideal democratic situation is, certainly in an Indian context, an empirical absurdity, and Chatterjee provides a more productively realist formulation.³³ But there are empirical limits to this formulation as well, because it locates the site of the political outside formal structures of the law, outside corporatized modes and relations of production. Hence, the sites of the political come to be rendered outside structures of representative power or hegemonic modes of production. Chatterjee's theorization of democracy occurs largely within what he calls political society; capital itself, or law itself, or civil society itself, get evacuated of empirical and explanatory thickness.³⁴

This book traces political struggles for ethical clinical trials or access to medicines that occur resolutely within civil society (and indeed, are involved in constructing domains of civil society across scales, as seen with global civil society movements for access to medicines); follows the law as it comes to be the site for the instantiation of judicial sensibilities that have cultural and historical specificity and resonance; and conceptualizes capital in its most corporatized, monopolized, financialized forms, containing its own sectoral, national, and situational sensibilities. Hence, it theorizes democracy not in terms of what Chatterjee calls the politics of the governed, but rather in terms of the politics of governance. Chatterjee locates democratic politics within the realm of popular reason; this book correspondingly does so within representative domains that see the constitution and contestation of public reason

(Jasanoff 2013). Representative politics are not just ideological constructs of liberal political philosophy; they speak to political forms and spaces that are central to the configuration of contemporary democracy in ways that demand empirical attention in their own right.³⁵

Knowledge

Questions of value and politics, of global hegemonies and their contestations, often come to be at stake around questions of knowledge. When, how, and on whose terms does knowledge come to matter in the articulations of value and politics in global biomedicine? Biomedicine is, among other things, a knowledge-producing activity, even as it produces artifacts, institutional structures, and subjective states around something called health. The centrality of knowledge production to biomedical research and production has perhaps become more explicit throughout the second half of the twentieth century, through the growth of evidence-based medicine (Timmermans and Berg 2003). But knowledge practices are consequential not just internally to the practice of biomedicine. As part of its very rationale and practice, biomedicine interacts with regimes of value shaped by representative forms of politics. Clinical research for instance might be a constitutive part of the apparatus of evidence-based medicine, but it is equally and immediately also about the experimental subjection of humans (and animals) and therefore about the apparatus of ethical norms and regulatory frameworks under which such subjection can occur. Intellectual property is integral to many practices of drug discovery and development, increasingly globally, but it also concerns philosophical and legal questions of what constitutes invention and which jurisdictional frameworks apply in deciding the answers to such questions.

And so my interest in knowledge is not as something that can be purified and thought of in its own terms, but rather as something that is coproduced with and mobilized in relation to value and politics.³⁶ Sheila Jasanoff (2004) describes coproduction in terms of the mutually determining ways in which scientific knowledge and social order come to be produced. Following Jasanoff, my attempt is to understand the coproduction of knowledge with value and politics in a context in which health comes to be appropriated by capital in ways that put democracy at stake. One cannot think of knowledge in global biomedicine devoid of value and politics; one cannot contemplate the stakes of changing modes and relations of knowledge production in biomedicine without considering its stakes for democracy. Value and politics do not emerge, as it were, after the fact, but are conjoined with it.

I attend to such coproduction by looking at how knowledge comes to be mobilized across domains and geographies in global biomedicine. For instance, when the HPV vaccine, produced in the West, travels to India to be incorporated into its national immunization program on the basis of clinical trials that have been conducted in a number of countries but not in India, what kinds of knowledge about vaccine response or cervical cancer epidemiology are assumed to be portable across territorial and demographic contexts, and by whom? How and when are such assumptions naturalized or challenged? When Gleevec's patent denial is contested in India in spite of it being accepted largely without question in many other countries, what kinds of legal interpretations of invention come to operate in different jurisdictional and legislative contexts? Mobilizations of knowledge are not just transnational, but also operate across domains: of science, law, and policy; of laboratory, clinic, and public health; of experiment, therapy, and epidemiology; of university and industry; of manufacturing and financial capital. During such mobilizations, the representative function of knowledge is not consequent to some absolute truth-value, but rather is a result of its serviceability.³⁷

As in my conceptualization of politics, I think here both with and against Michel Foucault, who has provided some of the most important theorizations of the relationship between knowledge and power throughout his work (but most explicitly in essays and interviews collected and published as *Power/Knowledge* [Foucault 1980]).³⁸ Through an analysis of knowledge, Foucault was able to open up different ways of conceptualizing power. Simply put, Foucault went beyond an analysis that simply read power and politics as ideological corruptions of the truth of science. He recast the question of the influence of power on truth into one that was about the “interweaving effects of power and knowledge” (Foucault 1980, 109). Thus, he was able to ask new questions about the nature of the practice of knowledge production itself, of how such practice was interwoven with the emergence of institutional forms and structures that would regulate social conduct. But Foucault's investment in the conceptualization of knowledge was as truth, especially as he articulated the problematic of *Power/Knowledge*.³⁹ How might other concerns with knowledge develop in relation to the situation of highly capitalized biomedicine? Specifically, I am interested in the question of knowledge as being a problem of translation across domains and locales.⁴⁰

A concern with the translations and translocations of knowledge speaks directly to its articulations with value and politics. Which (and whose) representations mobilize knowledge, across which domains, and through what kinds of norms and authority? When (and in what ways) does knowledge

come to legitimize or be rendered legitimate by different regimes of value, such as those that promise capital accumulation and appreciation, or mandate ethical clinical practice, or activate foundational constitutional imaginaries, philanthropic ideals, or nationalist sentiments, and through which forms of and spaces for politics? Answering these questions involves attending to the kinds of work that count as valuable knowledge production in contemporary biomedicine—for instance, experimentation, innovation, anticipation, speculation, interpretation, or advocacy—and to the embodied representational forms that knowledge takes as it comes to be mobilized (of the innovator who promises therapies, the industrialist who promises economic growth and national self-sufficiency, the speculator who promises returns on investment, the volunteer who becomes the subject of clinical experimentation, the judge who promises an appropriate interpretation of the law, the activist who fights for social or distributive justice). This speaks both to the labor of biomedicine and to what Michael Fischer (2013) has called its peopling. At stake here is a knowledge-for-itself: all the immediately value-laden, representative political forms that knowledge takes in global biomedicine as it concerns experimentation, innovation, corporate strategy, financial speculation, technocratic expertise, legal interpretation, or civil society advocacy.⁴¹

This is directly relevant to understanding the ways in which hegemony operates. For Gramsci, understanding representation involved understanding the place of knowledge in culture, society, and politics in deeply situated ways.⁴² Gramsci was interested in how the hegemonic organization of coercion and consent was a function of the intellectual authority of dominant groups, and conversely in what kinds of intellectual work were necessary to oppose and transform existing hegemonic orders. The work of knowledge that I trace operates in both directions: toward the consolidation and the contestation of capitalized health. But the kinds of knowledge practices involved in specific forms of hegemonic consolidation or contestation are extremely particular, located within historical, institutional, societal, cultural, and personal investments, and demand empirical attention. Even the question of who counts as a significant intellectual in a given situation becomes deeply fraught and consequential. For instance, I show how it is the financial analyst who disproportionately authorizes what constitutes innovation in the context of the Euro-American pharmaceutical industry (chapter 1), even as high court and Supreme Court judges do so in India (chapter 3); how technocratic clinical research brokers and feminist civil society advocates clash over what constitutes the definitions and priorities of public health, even as those

very questions are debated within disciplinary public health journals and forums (chapter 2). What is at stake is not just whose knowledge is right in some absolute, factual sense, but whose knowledge comes to count as valuable and authoritative, where, and through what kinds of mechanisms.

This book thinks through the situated trajectories of global pharmaceutical policy harmonization in India and the cases of HPV and Gleevec while analyzing the conceptual problematics of value, politics, and knowledge. Chapter 1, “Speculative Values: Pharmaceutical Crisis and Financialized Capital,” explains the nature of speculative, financialized, multinational pharmaceutical capital. It focuses primarily on the logics that drive the Euro-American, R&D-driven pharmaceutical industry, to argue how an industry that is captured by capital is one that, structurally and constitutively, comes to be in crisis. I show how this crisis extends globally, implicating other national industries as well as consumers and patients in both the First World and the Third. Chapter 2, “Bioethical Values: HPV Vaccines, Public Scandal, and Experimental Subjectivity,” elaborates a politics of civil society advocacy as it develops through the public scandal around the HPV vaccine studies. This raises questions not just about relationships between health, value, and politics, but also of the configuration of epidemiological knowledge and technocratic forms of governance within these relationships. Chapter 3, “Constitutional Values: The Trials of Gleevec and Judicialized Politics,” illustrates judicialization as it is played out in the Indian courts. It elaborates the legal history of Gleevec in India between 2005 and 2013 to think about the place of the law and judicial governance in articulations of health, value, knowledge, and politics. Chapter 4, “Philanthropic Values: Corporate Social Responsibility and Monopoly in the Pharmocracy,” offers a critique of monopoly capital. It describes the incorporation of ethical and normative commitments into the value-generating activities of the multinational R&D-driven pharmaceutical industry through discourses of innovation and materialized through practices of corporate social responsibility. I focus specifically on Novartis’s drug donation program, the Gleevec International Patient Assistance Program, and the way in which it was established and run on the ground in India. In addition to imbrications of different registers of value (market and ethical), one sees here complex articulations of experimental and therapeutic biomedical economies. Chapter 5, “Postcolonial Values: Nationalist Industries in Pharmaceutical Empire,” identifies Indian free market capitalism as it intersects with global geopolitical configurations and strategies. I provide an account of India’s oldest surviving pharmaceutical company, Cipla, which has become a leading player in the opposition to WTO-mandated product

patent regimes and hence an ally of global civil society groups fighting for access to medicines. Cipla's history reveals a record of consistent action in its own market interests, and an attempt to define a market terrain in terms of those interests; but it also reflects certain explicit nationalist and (more recently) global humanitarian sentiments, in ways that open up questions about the postcolonial and ethical investments of these market actors. I then think through the global geopolitical landscape that structures these different ethical incorporations in antagonistic and power-laden ways. The conclusion is an attempt to think through the implications of this analysis for considering the future trajectories of politics engaging global biomedicine and global capital.

At the end of each chapter is a postscript that spells out the chapter's concerns to pharmocracy as a politically salient concept. It marks the site of questions concerning the nature of the political as it emerges in and through domains of health that are appropriated by global capital. These postscripts do not provide answers or explanations; they are meant as a reminder that the real challenge here—empirically, conceptually, and politically—is to remain attentive to how pharmocratic regimes put both health and democracy at stake.

Situating Pharmocracy

It is important to locate the analysis of pharmocracy in this book in relation to the specificities of place, history, and event that constitute its empirical substance. The task here is not to provide some sort of comprehensive explanation of what value or politics or knowledge is in some definitive sense as much as it is to multiply the situations from which its various articulations can be seen. Each situated perspective from which this book is written—of speculative, financialized, multinational pharmaceutical capital, of public scandal, of judicialization and the Indian courts, of monopoly capital, of Indian free market capitalism, and of global geopolitics—affords a locus for observing articulations of value, politics, and knowledge.⁴³

This book is immediately concerned with a very particular situation in place and time, post-2005 India, in the domain of a specific industrial sector (pharmaceuticals), and with politics concerning health. On the face of it, the story that I am about to tell could be seen as one of a pharmaceutical industry acting and developing in the cause of more innovation and greater ethical consciousness. But it could equally be seen as one of the expanding domain of global capital and of multinational corporate hegemony, resulting