

Let Them Eat (Genetically Re-engineered) Cake and the Little Purple Pill: A Rejoinder to Miles, Munilla and Covin

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ABSTRACT. This paper critiques a recent article in this journal in terms of its use of persuasive techniques. The central issue of the original article by Miles, Munilla and Covin and this paper is whether there should be a change in intellectual property rights to address the needs of impoverished people who are HIV positive or have full blown AIDS and the countries that do not have the means to buy AIDS medication in the absence of subsidies. This paper argues that patents are state sanctioned monopolies that worked effectively for nearly a century. However, new circumstances and a globally interdependent world represent a new environment calling for an adjustment in the conventional public policy premises underlying patents. Most of the meaning and complexity of this issue is lost to the persuasive techniques of the original article.

KEY WORDS: corporate entrepreneurship and social responsibility, innovation and ethics, innovation and public policy, pharmaceutical industry and AIDS drugs

In the December 2002 issue of this journal, Morgan Miles, Linda Munilla, and Jeffrey Covin published an interesting essay entitled “The Constant Gardener Revisited: The Effect of Blackmail on the Marketing Concept, Innovation, and Entrepreneurship.” It raises a number of issues worth discussing further. That is the purpose of this rejoinder.

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Overview

The Miles, Munilla and Covin position is that the misapplication of the marketing concept through forced social responsibility, social blackmail in their conceptual world, may unintentionally harm social welfare by dramatically reducing financial returns from innovation and corporation entrepreneurship in the pharmaceutical industry. Their thesis is that social welfare may eventually deteriorate if social blackmail is allowed and becomes an accepted business practice (Miles et al., 2002).

The essay was highly bipolar in content and tone. On one hand, it consists of a high quality, if narrow literature review of three concepts: market concept, innovation, and entrepreneurship. This part of the essay is detached, scholarly, and value neutral in tone and substance. On the other hand, the essay is also a polemic on behalf of large pharmaceutical companies in favor of their right to extract economic rent from drugs that treat AIDS and other tropical diseases in places like Africa. Their argument rests on the presumed sanctity of intellectual property rights. It is the authors' polemic that will be reviewed here. The review will be divided into two parts. First, their use of persuasive techniques will be identified and critiqued. Second, the policy substance of their argument will be critically examined.

Persuasive techniques

The authors use ten different techniques of persuasion presumably with the intent of influencing readers. These techniques are a clear departure from the usual standards of scholarship. They would not

be surprising in a printed Op–Ed piece or even contemporary print and television news stories. It is worthwhile to identify these techniques in an article published in an academic journal because it is unusual and because it suggests that for at least some scholars, the veneer of “scientific neutrality” is just that, a veneer.

Reductionism and either-or argumentation

The authors write:

Recently, the Republic of South Africa (RSA) went so far as to threaten to sanction “pirate” manufacturing and marketing of protected antiretroviral drugs in order to make them available at a price that does not reflect the cost of R&D and innovation. This policy *ignores* the long-term necessity to pay for the full cost of the drug, including the cost of R&D, all of which contribute to the treatment’s annual cost of approximately \$15,000 USD/patient (Miles et al., 2002 as found in proquest.umi.com version citing Dowell, 1999).¹

The word “ignores” reduces a complex trade-off between a patient’s and society’s capacity to pay the \$15,000 annual cost of treatment with the autonomy of large pharmaceutical companies to demand either a uniform global price and/or whatever the market will bear or, alternatively, deny access to the drug in question. The reductionism stems from the fact that finding some point between the extremes of policy is reduced to an act of “ignoring” the interests of the party with whom they identify. On behalf of the large pharmaceutical companies, the authors suggest that either you *totally* accept our position or you are *ignoring* us.

False dichotomy

False dichotomies are closely related to reductionism in that they reduce complex arguments to an either-or choice. When the authors write about “*removing* the intellectual property rights protection that allowed firms to profit from the risky investment made to develop and test sophisticated pharmaceuticals” the word “removing” suggests that *all* intellectual property (IP) protection has or will be

removed. There is no evidence presented in the article to demonstrate that *all* IP protection would be removed in finding a solution to providing AIDS and other drugs to poor countries of Africa. The authors offer a dichotomy of their own creation, which in the absence of empirical information or data, is false.

Glittering generalities

The authors quote JeanPierre Garnier, CEO of Glaxo SmithKline:

As the chief executive, I will never be embarrassed to do well by my shareholders. People have come to the realization that drugs and profits are compatible. You can’t get one without the other . . . Society wants us to develop new drugs – that’s what we’re here for. You can’t do that without generating returns for stakeholders . . . *No attempt* to discover drugs on a nonprofit basis has ever worked. (Miles et al., 2002, p. 3 quoting Clark, 2001)

If this were other than a glittering generality, the authors might have explored the question of whether *any* new drugs have been developed by state-owned enterprise in the former Soviet Union, the People’s Republic of China or Eastern Europe in the 20th century or in pre-capitalist societies. For example, the Chinese developed a vaccination for smallpox around the 10th century and Chinese (and other ethnic groups) have long relied on an herbal medical tradition predating both modern pharmaceutical firms and capitalism with its profit motive.

Emotion laden labeling

The authors use and rely heavily on the phrase “social blackmail.” It is a clever term because of its pejorative implications. “Blackmail” is a term that is far from value neutral. Counter terms might be “corporate greed”, “corporate exploitation” or, in the context of Africa, even “corporate imperialism.” A critic of the authors’ implicit advocacy of laissez faire and the invisible hand might conjure up emotionally laden terms such as referring to the invisible hand of the free market as the “invisible finger” i.e., a “clenched fist with one finger pointed upwards”

and that might carry, for a different audience, a meaning emotionally comparable to “social blackmail”. Both sets of terms might represent good pamphleteering in the tradition of the late 19th and early 20th century but they are not good scholarship.

Guilt by association

This is a favored tool of extremist politics and ideological debate in the United States where the authors live and work. The authors use the phrase “anti-globalization and AIDS activists” a number of times to characterize those who advocate “social blackmail.” While in some – perhaps many – social and intellectual circles around the world, this would be a compliment not a phrase of social opprobrium, in an academic journal any form of activism and the term anti-globalization have a negative connotation. The problem with the terms as used by the authors is that there are many scholars who might find legitimate reasons to support pressure on pharmaceutical firms to subsidize AIDS medication in Africa without being activists or anti-globalization protestors. But the authors lump them together with the anti-globalization protestors on the “streets of Seattle, London, and Washington.” (Miles et al., 2002, p. 3).

Intellectual blackmail

The author’s assert, as an implicit intellectual threat, that “profit oriented drug companies will not invest the half billion dollars and more required to research and develop effective drugs for major diseases if they cannot price them sufficiently high to recoup their investments.” The implied blackmail is this: give the drug companies what they want or they will put their billions in R&D and mass TV advertising into producing and promoting more “little purple pills” to cure the real and imagined ailments of North American consumers.

Dehumanization, reification and sanctification

Reification or giving human qualities to inanimate objects isn’t quite what the authors do but it is indirectly a persuasive characteristic used. By reducing

the tradeoff, i.e., the profits of pharmaceutical firms versus the lives that might be saved by access to AIDS treatment, to a formula that juxtaposes “social blackmail” with the “marketing concept”, they have dehumanized the issue. Consider this quote:

The social blackmail designed to force corporations to abdicate their IPR of life-saving pharmaceuticals is directly in conflict with the marketing concept premise that proper marketing relationships are mutually beneficial and create value for both the consumer and marketer (Miles et al., 2002, p. 4).

This pretty much dehumanizes the issue. While open to diverse interpretations, it might be seen that the “market concept” has more life and humanity than African AIDS victims. They continue by suggesting that if “a firm following the tenets of the marketing concept would be remiss in its obligations to shareholders if it did future work in developing antiretroviral therapy” (Miles et al., 2002, p. 4). The “marketing concept” is nearly sanctified with quasi-religious qualities, which is most inappropriate given the life and death nature of the real issue.

The dehumanization of the HIV/AIDS patients in poor countries is particularly troubling for this reader. On the right end of the political spectrum in the United States, the case for the sanctity of life is made in the context of anti-abortion. On the left end of the political spectrum, the case for the sanctity of life is made in the context of opposition to capital punishment. Are we to presume that life is sacred unless the marginal profit of large pharmaceutical firms on the *far* periphery of their market is at stake? Moreover, is the “market concept” so compelling as to waive this widespread belief in the sanctity of life. Or do the author implicitly mean to suggest that there is a hierarchy in the sanctity of life, e.g., an unborn fetus in the U.S. carries more weight than a HIV infant in Africa?

Projection and oversimplification

The authors also question “if a treatment that potentially helps millions infected with HIV has adverse consequences, such as fatal allergic reactions even for a very small proportion of patients, how will product liability be handled and who will pay for its costs?” (Miles et al., 2002, p. 3). This is a

legitimate corporate strategy and public policy question, but in the context of the authors' polemic, it also has a persuasive quality and implication. The authors' project the litigious quality of contemporary U.S. society onto Africa. Perhaps Johnny Cochran, the lead defense attorney in the O.J. Simpson murder trial and, in reality, a great critic of legal injustices to African-Americans in the United States, will extend his practice to the impoverished villages of Africa, but this is a stretch. Presumably, the pharmaceutical companies would have individual patients sign waivers of release from responsibility before receiving their AIDS drugs and national governments would sign protocols indicating that national courts could not be used for purposes of suing the suppliers who dispense the *same* AIDS drugs used in the United States and the West.

The oversimplification stems from the premise of John Le Carre's (2001) book, i.e., that the companies might, in fact, do human trials in Africa without the full knowledge or informed consent of the recipients (Miles et al., 2002, p. 3). It is not as if large U.S. companies have been fully forthcoming with the health and safety implications of their products in the past, e.g., the tobacco industry. Tort immunity for the pharmaceutical companies in such cases would be inappropriate, whether we refer to the patients in the U.S. or Africa.

Argument by repetition

Whenever an argument is weak and/or driven by emotion, it is often repeated as a mantra. Observe debates between opposing sides in the weeks before international conflict, the arguments between parents and a teenager or between a couple divorcing. It is noteworthy that the authors in their conclusion repeat their oft stated position three times in the second, third and fourth paragraphs of the conclusion. The argument is not advanced or enriched, just repeated.

Tautological reasoning

The authors claim at several points in the essay that if pharmaceutical firms are victimized (my term not the authors' term) by "social blackmail", they will

"reallocate their innovation efforts away from products they may have widespread applications in the less developed world" (Miles et al., 2002, p. 5), and this "may destroy the long-term profit potential innovation that have widespread applications in the developing world" (Miles et al., 2002, p. 2). This is tautological reasoning because if patients and countries in the developing world cannot afford AIDS drugs, does it make any difference that the pharmaceutical companies won't develop new drugs that they cannot afford? In this scenario, the potential value that pharmaceutical companies might deliver is for naught, a fantasy. Do you want to die by starvation or the denial of food due to astronomically high prices? Does the distinction really matter to the poor of Africa?

Policy critique

A policy critique of the article rests on two grounds – intellectual property rights and the concept of a civil community. This section will examine each question.

Intellectual property rights

The author's treat the intellectual property rights of pharmaceutical companies as if they were divinely sanctioned, immutable, eternal, and universal. In reality, intellectual property rights are state sanctioned monopolies to serve social goals relevant to the state at some point in time. The authors effectively summarize the goals of state sanctioned monopoly – innovation and stimulation of investment that has positive social outcomes. There has been a political and legal consensus on these and related arguments – at least in the West – for about a century.

However, the development of the AIDS crisis is something unprecedented in modern history and creates a fundamental dilemma that the authors do not effectively address. The problem is this: we humans – as a species – have the knowledge and technology to more or less address the global scourge of AIDS which not only extracts a horrendous toll on its victims and their families but in parts of Africa

(and perhaps not in the distant future in various parts of South and East Asia and Latin America) has reached such pandemic proportions that it threatens to destroy whole countries as functioning societies. When the percent of a population with AIDS climbs above 30%, there will be insufficient adults to care for the orphans of AIDS victims, educate them, care for their ordinary childhood illnesses, grow crops, and maintain public order.

The intellectual property argument seems a little disingenuous in this context. What the authors characterize as “social blackmail” is not the loss of the patent or property rights of pharmaceutical firms but only their right to use their property in certain ways in selected places, e.g., the price at which they sell their drugs in specific impoverished countries. There are many restrictions on the use of private property for the purpose of protecting the general welfare and the community. These include restrictions on the use of weapons, automobiles, and buildings. There is a difference in this context, however, because we are more experienced and familiar with the “restrictions” on the use of property than we are with the affirmative use of property. The restriction in the case of AIDS drugs is with pricing.

The pharmaceutical companies might choose from a menu of public policy options including selling their products at fixed subsidized rates in selected markets, licensing to others the right to make and sell such products, and selling at least some product at or near full price through U.S. government and other rich country purchasing programs. In each case, the pharmaceutical companies would retain the right to their intellectual property and their “pricing freedom” in that part of the world representing the richest 20% of the world with an 85% share of world income (HDR 1996: 8).

Even if pharmaceutical companies lost complete “pricing freedom” to 20% of the poorest people in the world representing only 1.4% of the world’s income (HDR 1996: 8), it would represent a trivial percent of their potential market. Over the last three decades the ratio between the richest and poorest 20% of the world’s population has grown from 30:1 to 61:1. With full “pricing freedom” avoidable death and suffering will increase. This is a clear example of where “pricing freedom” juxtaposes corporate profits and human suffering.

The revenue loss to the pharmaceutical industry hardly seems large enough to justify the authors’ response. What is at stake, implicitly, in their analysis is this: preserving the existing system of property rights is decisively more important than the inability of individual Africans or African nation-states to pay the “market price” of AIDS medication. The problem then is that the authors are not so much interested in developing a framework for analyzing a complex global issue; they are interested in constructing an ideological defense for the status quo in an industry and larger political economy that allows that industry to maximize profits on a global scale.

If the economic injustice of “social blackmail” is unbearable for the U.S./U.K. pharmaceutical industry, there are countries like India, China, and Russia which are not lacking in scientific resources and who might be financed by International Governmental Organizations to do the R&D the authors are convinced that no self-respecting pharmaceutical company would do unless they enjoy unfettered “pricing freedom” everywhere in the world.

There is a distinction between a property right, a patent, and the thing produced by the patent. Consider a counterfactual example. At the onset of modern legal systems in the West, what if some firm had been audacious enough to file a patent on air, which was granted? The rich could breathe but – sorry folks – if the poor couldn’t pay, too bad. The result would probably be rebellion that the state would rightly deem a social cost that exceeds property rights. Consider munitions used in warfare. Munitions companies spend a great deal of money on their R&D and their primary customers are happy to freely give the product away. Following the logic of this argument, perhaps pharmaceutical companies ought to reposition themselves as “defense contractors” and they could capture the full value of their R&D from the poorest 20% of the world’s population with 1.4% of global income. The U.S. government could, as vaguely suggested in President George Bush’s 2003 State of the Union address, buy AIDS drugs from U.S. pharmaceuticals and distribute them freely to countries with high concentrations of AIDS victims and who met the political criteria of the moment.

The property rights argument would be more compelling if it were applied only to “lifestyle” drugs. Designer drugs for the real and imagined

ailments of rich consumers in rich countries do not generally raise the issue of life and death. HIV/AIDS and malaria drugs do raise the issue of life and death. This distinction seems to elude the authors. Should the property rights of pharmaceutical companies take precedence over the life and humanity of millions of poor people in the Third World? The authors chose not to define the problem in such direct terms. It was apparently more comfortable to hide behind the “marketing concept” or the ideas of “entrepreneurship” and “innovation.” But after the intellectual obfuscation, what are we really talking about?

The Faustian choice for the West is whether we simply stand-by observing the collapse of whole societies – holding firm to the comfort that the “marketing concept”, “entrepreneurship”, and “intellectual property” are secure or do we rethink the basic premises of a public policy that justifies a state monopoly in the form of a patent? This is a moral and ethical question. It is also a political question in the sense that it reflects who gets what, when and how (Lasswell, 1935 republished in 1990). For whatever reason – AIDS activism, anti-globalization, a sense of humanity, religious conviction or whatever – there is an argument to be made that it is possible, perhaps even desirable, to redefine and limit the past conception of any state sanctioned monopoly. The real challenge is how it should be redefined and limited? The authors would have us believe that *any* change would have dire consequences and therefore the details are not worth considering.

In reality, the authors do not try to empirically establish whether Africa even appears on the “radar screen” of pharmaceutical companies when they develop AIDS drugs. It is likely that internal rate of return calculations are developed with the OECD markets in mind and perhaps with only the U.S. market in mind. Their financial calculations undoubtedly exclude Africa and other impoverished parts of the world. In that case, what is their loss if they sell AIDS drugs to poor countries at their variable cost or even their variable cost plus a modest rate of return? Where is the empirical evidence that R&D decisions are affected by return on investment from Africa?

Contrary to the narrow view of the authors, a widely used international business textbook by Moral, Braaten, and Walsh includes a case on Merck

& Company (Weiss and Bollier, 1994). It was presented with the challenge of addressing river blindness, formally known as onchocerciasis, that potentially affected some 85 million people living in 35 Third World countries in Africa, the Middle East, and Latin America. Merck & Company developed a drug (ivermectin) and in 1987 donated it without a return for as long as it might be needed (Sturchio, 2003; WHO/76 Press Release, October 23, 1998). Interestingly, a market for the drug did evolve in North America – the prevention of heartworm in dogs and other animals. At the same time, Merck was taking this decision, the U.S. Congress sought to encourage drug companies to conduct research on rare diseases by legislation that they would grant tax incentives to those companies (Weiss and Bollier, 1994, p. 312). This example underscores the ideological and polemical quality of the authors’ approach to these difficult questions. Why, for example, did the authors build their argument on quotes from the CEO of Glaxo and not the far-sighted and socially responsible actions of Merck?

Pharmaceutical companies like Merck that are willing to undertake research and development in the cause of the poorest and most vulnerable people might receive their return on investment in advertising and public relations in the West about their socially responsible behavior not in some paltry sales and profits from Africa so highly valued by the authors. Patients, physicians, and HMOs that share the values of corporate social responsibility might decide to take their business to those firms and avoid, when possible, more predatory and materialistic firms.

There are, however, corporate and societal “costs” to providing AIDS drugs at subsidized prices to patients in Africa and other impoverished countries. First, mentioned briefly by the authors is the development of a gray market for AIDS drugs. Why should patients or even HMOs in the U.S. pay the \$15,000 per year cost of a treatment if they could buy it through a global gray market? There are several responses to this problem. As advocates of the virtues of “entrepreneurship” and “free markets,” perhaps the authors should celebrate the entrepreneurial spirit that would create a global gray market for AIDS drugs. However, public health authorities in the United States and the West would have an obligation to warn HIV/AIDS patients that gray market treatments at a fraction of the cost might

deliver fake product. Each individual patient must then estimate the risk versus benefits of buying something so easy to fake on the gray market. Only the most impoverished, desperate or mercenary would opt for the low cost product through unreliable distribution channels. This is an interesting issue because it suggests that real value from a patient's perspective rests not only in the R&D of pharmaceutical firms but in the reliability and integrity of the distribution channel.

Second, once the revision of patents and subsidized pricing argument is accepted for Africa, it will be raised within the United States and other "rich" countries. Why, for example, should a poor person in Africa be more entitled to AIDS treatment than a poor patient without health insurance in San Francisco, New York, or Bloomington, Indiana? What about the financial capacity of debt-ridden states like California or Minnesota to carry the public burden of treating AIDS patients residing within their borders? Does this mean that the authors are ultimately correct when they suggest through the voice of Jenkins (2001, p. A33): "The modern drug industry is a purely artificial creation. Without strong government enforcement of its patent rights and pricing freedom, it would dry up and blow away overnight. Drugs are just too expensive to invent, and too easy to copy in a lawless environment"? (Miles et al., 2002, p. 2) No, but finding a fair and acceptable formula between competing values will not be easy as a political process, a public policy and public health issue, or even – thanks to the authors use of persuasive techniques – a straightforward intellectual debate.

Third, there is an opportunity cost of doing nothing. If gray markets make the CFOs and CEOs of pharmaceutical companies lose sleep fearing the wrath of their stakeholders, the people and health departments of the United States and West might also fear the spread of unchecked AIDS in Africa and elsewhere will cross their borders in even greater numbers. If self-interest is the underlying premise of the pharmaceutical companies, there are other interests that need to be acknowledged in the reformulation of the state monopoly granted through drug patents. Globalization facilitates all manner of transnational exchanges – ideas, investment, trade, gray markets, prostitution, heroin and cocaine, and disease. The U.S. or other rich coun-

tries cannot isolate themselves from AIDS or other diseases. We are part of a larger global community and our values and policies ought to reflect the interests of that community.

Self-interest and civil communities

If intellectual property is one pillar of the issue, a second pillar is the meaning of self-interest and the meaning of community. The view implicitly advanced by the authors is that no firm – and presumably no individual – will do anything unless they have a sufficient rate of return for their action given the perceived risks implicit in that action. This is a fundamental proposition of modern capitalism and ideological formulations of entrepreneurship. It is a reasonable perspective about human, economic, and corporate behavior – except in the extremes. On the extremes, the authors' views challenge the very foundation of community and a civil society. The global epidemic of AIDS is one of those extreme issues.

Imagine if the logic of the pharmaceutical industry were applied to other kinds of protective services such as fire, police, or emergency care. Instead of being salaried public employees providing a public service, private fire companies might appear on the scene and negotiate whatever the market would bear or the median price that had been established for the specific emergency. Game theory and Garrett Hardin's concept of the "tragedy of commons" demonstrate that maximizing self-interest for and by oneself ultimately leads to the community, as a whole, failing to realize its common purpose and common interest (Hardin, 1973). The measure of our social development as a species is the social and spatial reach of "self" in self-interest. Is it only the individual, the individual's family, one's comrades in combat, one's ethnic, national, or religious group, or are we capable of defining "self" in the context of all humanity? The authors offer an extremely narrow and economic rationale for how "self" should be aggregated, defining it in terms of large pharmaceutical companies and their shareholders.

In contrast to a one-sided focus on property rights and corporate self-interest, a fuller exploration of the issue might have examined less polemically the

competing values and interests embedded in the African AIDS crisis. As the world becomes more global, what is the meaning of individual and corporate citizenship? Some activists now claim to be global citizens, some teachers discuss education for global citizenship, and political theorists debate whether the concept is coherent (Carter, 2001). What is the common ground upon which we begin to build a civil global society? The problem with Miles et al. is not merely that they utilize faculty techniques of persuasion but they employ narrow and faculty reasoning. They are so eager to promote the economic interests of the large pharmaceutical companies that they frame the issue in a highly skewed and narrow fashion.

How do we create a genuine global community where global bonds of commonality and civility pervade? It isn't enough just to assume that the property rights, markets, and entrepreneurship that may work in the United States or OECD will automatically work and be universally appealing globally. It isn't enough to maintain, "play by our rules" (pay market prices for AIDS drugs) or accept death graciously. In Western countries, we create civil engagement and public spiritedness through national service, participation in political rituals called elections, and free public education, fire, and police service. What are the equivalents on the global level? Can we protect property, global markets, pursue terrorists, control infectious disease and computer viruses, and restrain illicit trade in drugs, women and weapons of mass destruction without strengthening the bonds of global public spiritedness?

Given the diversity of the global community, it is not likely that repeating a mantra of private property and free markets will be sufficient to create a civil global community especially when so many are denied the promised fruits of these virtues including access to lifesaving drugs.

Conclusion

The article was interesting because of its bipolar content – one part was detached scholarship and the other part was polemical. It is doubtful whether manipulating academic concepts like the "marketing concept", "innovation", and "entrepreneurship"

made their polemical argument more legitimate or persuasive. Whether it is even logical or empirically accurate to refer to large pharmaceutical companies as entrepreneurial is problematic. These firms are very different from a start-up biotechnology company that depends directly on the intellectual property protection of its R&D program.

As both an international business and entrepreneurship scholar, I must confess a bias. I am offended when compelling and important concepts like "innovation" and "entrepreneurship" are put to work to rationalize an ideology and narrow corporate interests. Entrepreneurship – as a path of individual and community self-reliance in a highly chaotic, competitive, and unpredictable world – has great value for people everywhere. However, if it becomes synonymous with the status quo, maximizing corporate profits, or a narrow U.S. view of the world, it puts the concept at risk.

The title of this rejoinder had a little tongue-in-cheek. The indifference of the "haves" towards "have nots" was classically expressed by the phrase "let them eat cake." The authors update this point of view with their general attitude and when they suggested in their concluding paragraph that "foods which have been augmented to have specific medical properties" could "simultaneously provide medical benefits while meeting the population's nutritional needs" (Miles et al., 2002, p. 6). The European Union and the anti-globalization crowd are unlikely to support such a solution given their well-established opposition to bio-engineered food. Whether the authors' "augmented foods" proposal would represent a realistic solution to the scourges of AIDS and malaria is unclear but it seems far-fetched. My own casual reading on AIDS suggests that diet is extremely important to counterbalance the reduced immunity of patients caused by their disease and their drug therapy. But improved diet without the drug therapy has no meaning. However, if we follow the logic of the authors, *why* would the food processing or biotechnology industry even want to bother unless they, like some in the pharmaceutical industry, could assure themselves "patent rights and pricing freedom"? If it is technically feasible and if it passes the stakeholders' test of sufficient return on investment, would there be risks of dispensing such products comparable to those experienced by Nestle with its marketing of dry baby formula in Africa?

The phrase “little purple pill” in the title refers to the pervasive television advertisement in the United States of Nexium, a purple pill intended to solve the symptoms of heartburn. It is promoted with the flourish and style once reserved for automobiles in the 1960s, the eco-pornography by which large oil companies tried to sell the American public on their commitment to the environment in the 1970s, and beer and fast food in the 90s. If the “augmented food” (the authors are sanguine enough to avoid the phrase “bio-engineered”) gives Africans heartburn, fear not, there is always the “little purple pill”. African villagers can “just ask their doctor about it.”

Perhaps technology can modify food sufficiently so as to suppress the sex drive of humans and disease carrying mosquitoes? If this could be accomplished perhaps the same augmented food could be modified to give executives of pharmaceuticals, their stakeholders, and their academic defenders a fully functioning heart.

Note

¹ Page references to Miles et al., 2002 will hereafter refer to the proquest.umi.com version.

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