



THE SPECTACULAR GENERIC CORI HAYDEN

Pharmaceuticals and the Simipolitical in Mexico

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Preface

Whenever I say that I am writing a book about generic medicines, I get stories, affirmations, questions, and dispatches; friends, colleagues, strangers, and new acquaintances share their own pharmaceutical deliberations, experiences, and economic and bodily stresses. On the one hand, generic drugs can seem mundane, even banal; they are more notable for what they are not than for what they are. They are the “no-name” or unpronounceable versions of the ridiculously expensive Mucinex on the CVS pharmacy shelf. Perhaps a generic bupropion is the only version of the Wellbutrin your insurance company will cover, if you are lucky enough to have health insurance; perhaps you’ve recently bought a vat of generic ibuprofen at Costco. But of course even in these very middle-class, US-rooted registers, they are not so mundane. Their price, their sameness (or not?), and the routes through which they become available (or not) to you, to me, to a family member, to a population at large sit at the crucible of some very big matters, simultaneously intimate, political, and economic. Monopoly pricing on insulin due to a lack of generic competition in the United States is devastating people’s lives. A friend tells me she would never take a generic version of her epilepsy medicine; the stakes are too high. Another wonders why US Americans are so weird: Why on earth would you line the pockets of a multinational pharmaceutical company when you could take generics instead? They’re the same, but better! And certainly in the political economies of pharmaceutical access and inequality, generics play a key role: they have been at the center of storied histories of HIV/AIDS activism, global movements for access to essential medicines, and health justice. Perhaps, in fact, you are wondering what it will take for governments to convince Pfizer to waive its patent on the COVID-19 vaccine and allow other labs to make generic versions of it.

Generic medicines thus raise some very big, intimately lived questions—what I have just pointed to is already quite a lot. But the “we” and “you”

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in the sentences above also sit uneasily, for there is no generic experience of the consumption of drugs, nor is there anything undifferentiated about the (mal)distribution of medicines and health (which are, in turn, resolutely not the same thing) in this world. There is also, I have come to understand in the course of conducting the research underlying this book, nothing “generic” about what generic medicines are, the questions that they raise, and the ways they can come to reorganize or configure politics, markets, even “commodities” themselves. Generics are more than they seem.

I began thinking about and seeing generic medicines utterly anew around 2004, when they suddenly started flooding commercial pharmacies in Mexico City, where I had been working on other aspects of pharmaceutical politics for a number of years. As I quickly came to understand, generic drugs were not the same—not the same as I was used to assuming, not the same as each other, and not the same political-pharmaceutical objects everywhere. What has happened in Mexico over the last two decades, as this book will reveal, is important on its own terms. But it is also important because it is part of something larger; it expands our vocabularies and our understanding of what can happen when, as is the case in so many ways and in so many places, the elements that have underpinned an imagination of health care as social solidarity, however embattled and imperfect, come undone and are put together again, in ever-new arrangements. This book provides a deep dive into the way generics have exploded as a spectacular market and have rearranged pharmaceutical politics in Mexico. It is thus about the ways that pharmaceutical production and generic substitution can ground ever-shifting iterations of nationalism, populism, and a twenty-first-century politics of the copy. It is about the ways that cheap private consumption can both displace and reorganize the public provision of medicines and health care. For better and for worse, this deep dive might just help us see a future.

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Acknowledgments

This book is the result of an extended period of research that began inchoately in 2004 in Mexico City, Mexico, and that ended in 2015, though I have continued to follow the trajectory of the people, events, and politics that grounded this work in the intervening years as I have put this book together. For reasons I'll explain below, I also took this investigation to Argentina in 2006. In Mexico, I worked primarily in Mexico City and Guadalajara, the latter a hub for the Mexican pharmaceutical industry and hence home to major generics laboratories as well as government-authorized, third-party laboratories that evaluate generic bioequivalence. Over summers and winters, on research trips lasting from two weeks to two months, I spent time with and interviewed a wide range of people with varying relationships to and with medicines and generics. Of course, the potency of this topic is that it is not a specialist concern. In my prior research, the qualities of medicinal plants was a topic that could easily generate hours of incidental conversation, and many of the people I met or whom I already knew ("there" as well as "here") have multiple relations to, feelings about, and experiences with the questions of health and illness, doctors, clinics, and medicines and their potency. Those conversations, both formal and informal, profoundly influenced my thinking and have dictated the shape of this research. Layered on top of and around those conversations, I spent time in generics laboratories in Mexico City and Guadalajara and in third-party testing labs. The pharmacy chain *Farmacias Similares* (Similar Pharmacies) became a major focal point of this book, and thus I spent a good deal of time in its pharmacies and in the company's Mexico City corporate headquarters. With the generous help of colleagues, friends, and long-standing interlocutors, I sought out pharmacists and physicians; the directors, pharmacologists, and chemists working for some of Mexico's major generics laboratories; pharmaceutical (name-brand and generic) trade

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association members and leaders in Mexico; academic research pharmacologists; regulators and consultants for the government; Farmacias Similares franchise owners and people who had opened their own smaller generics pharmacies; people who bought generics and those who refused to consider taking them; the “simi” (similar)-loyal and the simi-skeptical alike; the generics-friendly and the generics-curious.

The operations of Farmacias Similares were, in all of this, a key orienting device, though never my sole focus. They were certainly a crucial vector for taking this inquiry out of Mexico. Similares has (or has had) a presence across Latin America. But perhaps nowhere were the company’s exploits more intriguing to me than in Argentina, home to an infamously powerful domestic drug industry which has held an important but not often discussed relationship to the changing global politics of protectionism and pharmaceutical globalization (Andrew Lakoff’s work is a notable exception). While in Buenos Aires I interviewed pharmacists, government figures and researchers, pharmaceutical executives, public- and private-sector physicians, and would-be consumers of generic medicines, weighing their new options in a rather differently configured landscape of national and populist commitments to the domestic copy.

Throughout, I have accrued more debts to, and learned more from, far more people than I can adequately thank here. Throughout the book, I have given pseudonyms to most of my interlocutors; the primary exceptions are public officials and those whose published work I am citing. Further, given the sensitive nature of many of my conversations with pharmaceutical industry insiders and government officials, there are many people to whom I am indebted who have asked that I not print their names. Of those I can publicly thank, let me start by noting my deepest gratitude to the *incomparables* Laura Cházaro García, María Carranza Maxera, Alejandra Castañeda, Casey Walsh, Emiko Saldivar, and Carolina Sánchez Vázquez, whose friendship, brilliance, generosity, and knowledge helped me get this project started and who kept me thinking—and often, housed—throughout this project’s many lives and in its many locales. Similarly, for the insights, support, orientations, and invitations to think together, I thank Carlos López Beltrán, Teresa Rojas Rabiela, Raquel Pêgo, Eduardo Quintanar, Vivette García, Eduardo Menéndez, Miruna Achim, Nuria Valverde, and Sandra Rosental. To generous colleagues at Maver, Kener, and the Cinasi labs in Guadalajara, thank you. For the gift of their time and thoughts on all manner of things generic and similar, I especially thank Beatriz Castañeda, Francisco Rosas, Juan Martín M., Juan

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Introduction

R_x FOR MX: DR. SIMI'S

MEXICAN REVOLUTION

Everywhere one goes in Mexico today, it seems, the phrase “Lo mismo, pero más barato!” (The same, but cheaper!) calls out from the billboards and storefronts of the pharmacy chain *Farmacias Similares* (Similar Pharmacies). Ever since its debut in 1997, *Similares* has had an outsize presence in Mexico's public sphere. It debuted with great fanfare and no shortage of controversy precisely at the moment when the federal government began to allow generic medicines to be sold commercially for the first time. The enterprise's avuncular, cartoonish mascot Dr. Simi—an identity that its founder, Víctor González Torres, still assumes as his own—invited the popular classes and, certainly, middle-class consumers too into the pharmacy's first storefronts with the compelling promise of medicines that were “up to 75% cheaper!” than name-brand “original” drugs (see figures I.1 and I.2). It was a powerful claim in a context in which transnational drug firms, the proprietors of those leading-brand drugs, had dominion over more than 80 percent of Mexico's pharmaceutical market (Cruz 2002a; Cruz 2002b; González Amador 1997; Secretaría de Salud 2005, 24, 32). In fact, counter to many US Americans' long-standing experience of Mexico as a destination for buying cheap medicine, pharmaceuticals were not cheap at all for those living in Mexico and earning Mexican pesos in the 1990s. While nonbranded generic medicines were distributed within the public health system, one could not simply walk into a commercial pharmacy and pick an ibuprofen off the shelf instead of Advil, nor could a

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1.1 Farmacias Similares' flagship pharmacy, Mexico City, 2005. PHOTO BY AUTHOR.

doctor send someone to the corner pharmacy with a prescription for a generic version of their hypertension medicine. For the tens of millions of Mexicans who were excluded from the public health system in the late 1990s, the licit option for buying medications was to purchase expensive brand-name drugs. The high cost of these drugs had, not surprisingly, become central to a looming, widespread “crisis” in access to medicines at the end of Mexico’s twentieth century.

It was in this context that González Torres/Dr. Simi issued his generic rallying cry, “Defend your domestic economy!” Dr. Simi’s early promise was indeed “liberation” of household and nation: the liberation of Mexicans from the chokehold of foreign drug companies and their high prices, and the liberation of off-patent generics (i.e., medicines no longer under exclusive patent protection) into a low-cost consumer market. Simi’s inaugural challenge to Big Pharma generated plenty of attention, not least from those same transnational labs whose representatives in Mexico immediately—and with short-lived success—demanded the closure of González Torres’s first eight outlets (Cruz 2002a). Transnational industry resistance proved futile, however. Generics quickly became a hyper-visible feature of popular commerce in Mexico, far beyond Simi’s own virally expanding franchises.



I.2

Dr. Simi mascot,
Buenos Aires,
Argentina, 2006.

PHOTO BY

C. SHAYLOR.

As the first eight outlets quickly multiplied to thirty-five hundred throughout the country (Chu and García-Cuellar 2007), thousands more generics pharmacies sprouted up in Mexico alongside and in competition with Similares. The rapid rise of generics and their pharmacies has radically transformed the pharmaceutical itineraries of millions of people, making possible the novel prospect of consuming “health” in the form of cheap(er) copied medicines.

But this transformation has had implications far beyond the consumption of medicines. In the decade and a half following his debut in the generics market, González Torres/Dr. Simi became a force not only in the world of pharmaceuticals but also in politics. In fact, his operations have so thoroughly entangled these domains that I will call them *pharmapolitical* from here on.

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A run for president of Mexico in 2006 (Dr. Simi, *candidato*, was a composite of man and mascot) was the least of it: the Similares enterprise has set in motion, and made dramatically visible, a number of unexpected turns in the pharmaceutical politics of access. Its operations have vividly shown how generic substitution becomes much more than a matter of simply replacing one drug with another (see also Gomart 2001; Lovell 2006).¹ Karl Marx, one of our most prominent theorists of the magical violence of “equivalence” under capitalism, would surely lead us to expect that the substitution of equivalents could generate some remarkable excess.

Some of that excess is categorical. From the start, Mexican consumers found themselves navigating a surfeit of equivalent generic copies as “generics,” “interchangeables,” and Dr. Simi’s “similar” all tumbled into pharmacies at once. Competing not just with patented “originals” but with each other, these different kinds of generic drugs became, in the eyes and practices of consumers, doctors, entrepreneurs, and regulators, potent sites of distinction, enchantment, and stratification. And that wasn’t all. Pharmaceuticals—the drugs, themselves—were only one locus of substitution and its excesses. In Dr. Simi’s hands, the generic formula, “the same but . . .,” provided a syntax for some (un)canny simulations of deeply familiar, even cartoonishly recognizable, populist politics and tactics, from the attempted run for president to the mural adorning a central stairway in Similares’ corporate headquarters (a Simi version of Diego Rivera’s famous nationalist mural in Mexico’s Palacio Nacional), and so much more. Dr. Simi’s explicitly political imitations and interventions gave tangible shape, in turn, to a much larger pharmapolitical transformation in Mexico and beyond. Well past Dr. Simi, the rise of *los genéricos* has created an almost infrastructural market force in which generics and their similars do not solely compete with drugs made by “the transnationals.” Rather, the commerce in generics has come to *copy*, and *compete with*, the Mexican state in delivering primary care and medication to millions of people.

Far from signaling the end of the question of access, then, the “liberation” of generics into Mexico’s consumer market has generated new openings and some potent contradictions. This book asks how something as presumably prosaic as generic medicines could become such a spectacular site of commercial-pharmaceutical proliferation and political pageantry. It examines the implications of these proliferations for how we think about access to health care and medicines, the shape-shifting relationship between populism and the domestic copy, the tensions between private consumption and

a public politics of health, and the precarious promise of generics as “mere” commodity drugs.

Though firmly rooted in the specificities of Mexico’s contemporary pharmaceutical politics, the processes I track in this book are not, in any way, simply about Mexico. Dr. Simi, fittingly and vexingly enough, makes the point himself. With his commercial incursions across Latin America, including in Chile, Venezuela, Peru, Guatemala (aided by a short-lived association with Rigoberta Menchú), Costa Rica, and Argentina, Víctor González Torres has supplemented his Mexican pharma-populism with appeals to a Pan-Latin American struggle for affordable medicines, calling for a “Bolivarian revolution” in pharmaceuticals, with decidedly mixed success. One of the more intriguing targets of Simi’s attempted expansion has been Argentina, home to a famously powerful domestic pharmaceutical industry, a distinctively nationalist and antipatent politics, and a complex history of populist commitments to the pharmaceutical copy. Thus, beginning with a story that unfolds in Mexico, the analysis to come travels briefly to Buenos Aires, where Dr. Simi’s efforts to bring his brand of pharmaceutical liberation ran up against a radically different configuration of generic pharmapolitics. Building from Dr. Simi’s trajectories in Mexico and Argentina, this book brings into view the many relations—from medicines, to “state” and “market,” to equivalence itself—that are activated, doubled, and troubled through the politics of generic substitution.

Points of Departure

A Problem of Access: From Scarcity to Peculiar Abundance

To lay out the coordinates underpinning this analysis, let me first provide a brief account of the particular problem of access to which generic drugs became an answer in Mexico. The question of price is a driving force in this story of scarcity and its complex remedies. *Farmacias Similares’* claims (“up to 75% cheaper!”) of course made the point explicit. But as decades of activism and critical work on public health and pharmaceutical politics have shown, a drug’s price is always about more than itself (see Cassier and Correa 2007; Krikorian and Kapczynski 2010; Peterson 2014). As so many examples have made vividly clear—we need think only of current mobilizations around the prohibitively high price of insulin in the United States versus Canada—the tangled knot of access, affordability, and price is fundamentally a question of social contracts or, more specifically, of the institutional, political, and

economic arrangements through which medicines and health care are allocated, sold, and otherwise distributed or kept out of reach (Rauhala 2019).

Mexico's late twentieth-century "crisis in access to medicines" was the result of serious transformations in the arrangements for mass health care that had prevailed for almost fifty years. Since the 1940s and 1950s, the dominant guarantors of health care and social security have been venerable public health institutions, the largest of which are the Instituto Mexicano del Seguro Social (IMSS; Mexican Institute of Social Security) and its counterpart for state employees, the Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE; Institute for Social Security and Services for State Workers). There are also counterparts for members of the military and the state petroleum company Pemex. As is common in many guild-based social security arrangements the world over, these institutions imagine the citizen-beneficiary as holder of the "proper job" (Ferguson and Li 2018): they cover *only* the formally employed and their dependents. Though embattled and at times the targets of serious critique and discontent (Schwegler 2004), IMSS and ISSSTE remain central pillars in the landscape of health and social security in Mexico.²

But tying access to health and medicines to formal employment is a precarious bargain. Such an arrangement is especially poorly suited to the mass informalization of labor. By the end of Mexico's twentieth century, the category of the "formally employed" excluded roughly 55 to 59 percent of the population (Knaul et al. 2012). We are talking, then, about an estimated fifty to sixty million people who had no access to IMSS, ISSSTE, or its sibling programs (Knaul et al. 2012). And without access to medications in the public sector's pharmacies, many uninsured people had to turn to commercial pharmacies (for licit alternatives, at least), where drugs were exceedingly expensive for the "simple" reason that the transnational industry virtually owned the commercial market. In other words, there were only leading-brand patented drugs for purchase in private pharmacies.³ Studies of the situation in the late 1990s and early 2000s showed the disproportionate amount of household spending swallowed up by out-of-pocket pharmaceutical costs for Mexico's poorest people, making pharmaceutical consumption one of many key threads in the story of late twentieth-century inequality in Mexico (Wirtz et al. 2012). To make matters worse, the already high prices on drugs for sale in pharmacies had increased dramatically between 1994 and 1997, the period marking Mexico's rocky entry into the North American Free Trade Agree-

ment (NAFTA) and, not unrelated, the devastating peso devaluation of 1994. Given these conditions, many things started to unravel in the late 1990s—not least, the existing arrangement of pharmaceutical and health-care provision.

This crisis of access was thus a crisis of both state and market. And the approaches that have unfolded in Mexico over the first two decades of the twenty-first century have been *expansions* of both. This point is crucial to the emergence of Dr. Simi and to the recompositions that he has made spectacularly visible. It also makes the story of generic drugs in Mexico (and Argentina) an intriguing part of a broader conversation about the politics of neoliberalism and responses in Latin America in the first decades of the 2000s. As feminist theorist Verónica Gago (2014) has argued so eloquently, neither a strict notion of neoliberalism nor its presumed opposite, a populist “return of the state,” adequately describes the forms of governance that emerged in much of Latin America immediately following the “immiserations” of the neoliberal 1990s. Gago argues that what characterized the notably left-leaning administrations of, for example, Lula in Brazil and the Kirchners in Argentina was a complex formation in which the state’s “return” and expansion often took the financialized form of the market (1–28).⁴ As I’ll argue in chapter 3, indeed, the emergence of a generics market in Argentina in the early 2000s was seen by some on the left in nearly analogous terms: turning to the market principle of generic substitution (the same, but cheaper!), for some critics, did not amount to a progressive move to enhance access to medicines but rather belied the state’s embrace of the free market to solve a major social problem.

In Mexico, the late twentieth-century Partido Nacional Revolucionario (PRI; Institutional Revolutionary Party) was (in)famous for its commitment to neoliberal market “openings” and “reforms.” And unlike in Brazil and Argentina, Mexico’s government in the early 2000s remained oriented to the right rather than to the left. Nonetheless, following the tenor of Gago’s analysis, we can raise similar questions about what Tara Schwegler has so astutely chronicled as the hybrid, multivalent forms of neoliberal governance and economic rationalities that marked late 1990s and early 2000s Mexican governance (2008, 684; 2011, 133).⁵ Here, I will argue that the emergence of the market for generic medicines, together with a spectacularly massive and rapid expansion of the health-care state, has raised some pointed questions about what might be considered state, what is market, and how we might tell them apart. It also gives us a view onto one of the many domains in which the scarcities of the late 1990s and early 2000s have redounded into peculiar, provisional, contradictory “abundances” (see also Garcia 2015).⁶

Let me start, then, with a note on what I mean by the expansion of a market in this context. The federal government's initial intervention into Mexico's problem of access was to double down on low-cost consumption as a key delivery mechanism for getting (licit) drugs into bodies. In 1997 and 1998, the administration of President Ernesto Zedillo set in motion two major interventions meant to clear the path for generic drugs to circulate in the commercial sphere. A prescription decree, effective January 1, 1998, required physicians to prescribe medicines by their active ingredient and not exclusively by brand name (e.g., "enalapril" rather than "Renitec"). This requirement is the very *condition of possibility for generic substitution*; it creates a demand for generics. The stakes in this simple act of renaming are incredibly high, not just in Mexico but in many contexts across the globe, including in the United States where the "right to substitute" has been the locus of hard-fought battles among regulators, physicians, insurance companies, pharmacists, and the innovator industry since the mid-twentieth century (Tobbell 2012; Greene 2014). In a 2004 interview in his offices at Universidad Autónoma Metropolitana (UAM; the Metropolitan Autonomous University) Unidad Iztapalapa, pharmacoeconomist Raúl Molina Salazar pointedly described the prescription decree's consequences: "When you get doctors to stop prescribing by brand name, you have already broken monopolies." In an ancillary move, Zedillo's secretary of health sought to guarantee a quality supply of generics by establishing new regulations that manufacturers long accustomed to selling their drugs to the public sector would have to meet to sell generic medicines in the commercial market. Generics were thus required to satisfy both the long-reigning standards of stability, safety, and good manufacturing practice *and* a new threshold of (bio)equivalence to the drug for which they would be a substitute.

During the following administration, a second expansion took place: that of the state. The administration of Vicente Fox, whose election in 2000 displaced the PRI from its seventy-one-year hold on the postrevolution institution of the presidency, undertook a major intervention in extending the reach of the state in matters of health. In 2003, Julio Frenk, Fox's secretary of health, launched the Seguro Popular, a now-famous experiment in providing "social insurance" for those who were otherwise excluded from the state's health apparatus (Frenk, Gómez-Dantés, and Knaul 2009). Just as generic drugs emerged as doubles (and trebles) of leading-brand medicines, this program was in many ways a double of IMSS—a modified version of the Seguro Social for those who did not have formal work. As I'll discuss in chapters 2 and 4,

the Seguro Popular enrolled over fifty million people by 2012; it became a touchstone in the annals of global health, heralded, at least briefly, as a major success story in international efforts to convert mass lack of health insurance into universal coverage (Wirtz et al. 2012; Pueblita 2013; Bonilla-Chacín and Aguilera 2013; Martínez, Aguilera, and Chernichovsky 2009).

At stake in both of these developments—the creation of a generics market and the creation of the Seguro Popular—was the constitution of, and a scramble for, the uninsured (and the insured but underserved) as a market, population, and political constituency all at once. The results of these moves have been powerful, unsettled, and unsettling not only in political and pharmaceutical terms but also in epistemological terms. The elegant simplicity of the very principle of generic substitution—the same, but cheaper!—contains multitudes and has unleashed some confounding, potent multiplicities.

A Postpatent Recomposition

A meditation on generic multiplicity was not what I expected to write when I first began this project. As an anthropologist of science, technology, and medicine, I had been working in Mexico since the mid-1990s on some rather different dimensions of contemporary pharmaceutical politics—in particular, novel “sourcing” arrangements seeking to turn Indigenous and folk knowledge and medicinal plants into profitable pharmaceuticals (Hayden 2003). In the summers of 2004 and 2005, as I continued to spend time in Mexico City, I became intrigued by the rapid emergence and proliferation of generics and generics pharmacies; they were new and important and a growing topic of conversation everywhere I went. This project’s roots thus lie partly in conversations I found myself having with just about everyone I knew (friends, colleagues) and quite a lot of people I didn’t know (largely strangers with whom I was squashed into a *pesero* in Mexico City, lurching past yet another Farmacias Similares or a Farmacias de equivalentes) about these new drugs. Everyone, it seemed, was talking about them, trying them, refusing to try them, and weighing in on them, and so was I. What are they? Are they really the same? Aren’t they? Such questions were not, so to speak, generic: they very quickly became impossible to disentangle from a widespread polarization or at least ambivalence about González Torres-as-Dr. Simi in particular. Are Similares really *lo mismo* (the same)? Is Simi for real? “He’s doing something important for us!” Simi fans would tell me. “He’s taking advantage of the poor!” skeptics charged.

But it would be disingenuous to say that generics simply demanded my attention, out of the blue. I was already looking for them, in a sense, and I

was looking for them through a particular lens, guided by my abiding interest in how the expansion of intellectual property regimes in Latin America and beyond were changing how medicines, among many other things, could circulate. Did the sudden emergence of generic drugs in Mexico signal a resurgent politics of the public—the public domain, the public interest, public health, even a reassertion of the state—in the face of the expansion of patent regimes and the power of the multinational pharmaceutical industry (Hayden 2007)?

That my initial attention should be drawn in that direction, configured in such language, was a direct reflection of how the circuits of health, global pharmaceuticals, and intellectual property (IP) regimes were powerfully reorganized in the 1990s (Abbott 2005; Peterson 2014; Petryna, Lakoff, and Kleinman 2006; Sunder Rajan 2006). Liberalized trade agreements such as the North American Free Trade Agreement (NAFTA) and the World Trade Organization (WTO), and its Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), demanded ever-stronger pharmaceutical patent enforcement across the Global South, upending decades of protectionist and public health-oriented approaches to manufacturing and selling drugs in many countries (Shadlen 2007; Shadlen and Guennif 2011; van der Geest and Whyte 1998). Before the TRIPS provisions came into effect in the mid-1990s, many nations in the Global South claimed the “sovereign right” to exempt pharmaceuticals from patentability and thus to produce (or buy) copied versions of drugs still under patent elsewhere (Cassier and Correa 2013, 1).⁷ The assertion of this “right to imitate,” as Argentine trade negotiator Carlos Correa described it in the late 1990s, was based on the argument that medicines are central to public health (Correa 2000). In Argentina, for example, a dominant, self-described *copista* (copycat) drug industry has thrived since the 1960s, buttressed by the state’s embrace of the principle that pharmaceuticals are a public good and thus should not be subject to patents in the first place (Katz and Burachik 2007).⁸ The trade-driven expansion of patent regimes was explicitly meant to curtail this right to imitate by requiring that countries across the Global South grant twenty years of monopoly protection for new drugs before other (and usually cheaper) versions could be legally produced. These new patent regimes, meant to “open” and hence protect more markets for the transnational pharmaceutical industry, coincided with the emergence of the global HIV/AIDS epidemic, raising the stakes even further—drug patents and monopoly pricing vividly and urgently became matters of life and death (Biehl 2009; Nguyen 2010).⁹

The expansion of patent regimes and attendant structures of regulation and governance gave shape to one key understanding of the liberatory po-

tential of generics on a globalized stage. That is, generic drugs—a materialization of the demand to the right to copy—became a site for complex reassertions of state sovereignty (including demands for public-health exceptions to patents) in the face of the multinational industry and trade-driven demands noted previously.¹⁰ This scenario triggered my initial interest in generics as public politics. When the Mexican government set the conditions for millions of people to gain wider access to cheaper generic medicines, it did so in the thick of a range of high-profile, state-based, and treatment-activist-driven efforts to resist, seek exception to, or otherwise bend these new intellectual property regimes ever so slightly back in the favor of public health—from South Africa’s struggle to stand against the Clinton-Gore administration over patents on frontline HIV/AIDS medicines, to India’s success in delaying the implementation of TRIPS until 2005 (thus becoming a major provider of antiretrovirals to the Global South), to Brazil’s vaunted (though not uncomplicated) program initiated in 1996 to guarantee universal access to HIV treatment.¹¹ In Mexico, HIV/AIDS activists were certainly making their own demands for treatment access but without much success beyond the left-leaning government of Mexico City, which was able to offer provisional programs for free and low-cost antiretrovirals in the early 2000s. But overall, as explained by Jaime Martínez, the director of an HIV/AIDS advocacy organization, HIV activists in Mexico had found themselves relying for the most part on compassionate access programs brokered directly with multinational firms themselves.¹² Mexico’s generic politics were not going to be of much help where gaining access to frontline (still-patented) HIV/AIDS treatment was concerned.

Instead, those hoping for more accessible medicines in Mexico saw a much more prosaic copy politics take shape in their name—one premised simply on generic substitution for a wide range of medicines (analgesics, antibiotics, cough syrups, erectile dysfunction medicines) that had already gone off-patent. That move is, in turn, nothing more than a recognition of the bargain that is built into patent regimes in the first place: once a patent expires, the molecule in question reverts to the public domain, and the drug can legally be manufactured by other laboratories. Nevertheless, as I quickly came to understand, there was nothing remotely prosaic about what happened next. The pharmapolitical interventions, popular engagements, and explosions of commercial and entrepreneurial possibilities unfolding through this new market in the generic, the same, and the similar profoundly upended my vocabularies and assumptions about what a politics of generic substitution

might be and what it might do. Thus, I have come to ask: What happens when generics are “liberated” not just from patents but into newly invented consumer markets? What are the coordinates and the analytics that might be adequate to address *this* pharmapolitics?

Mexico’s commerce in generic medicines drops us right into what we might call a postpatent nexus¹³—that is, a successor problem space that has taken shape in the decades following the initial rollout of the TRIPS agreements, with their (and our) focus on IP regimes. We get some sense of what a post-patent analytic looks like in the work of my fellow travelers in the anthropology of pharmaceuticals, who have so astutely charted how the structure and tactics of the transnational industry have changed along with the expansion of patent regimes from the mid-1990s—changes that demand, perhaps, a change in analytics as well.¹⁴ Thus, for example, the “financialization” of the industry and, with it, the imperative to increase shareholder value and returns on investment have worked hand in hand with those new IP regimes, sparking what some have called new forms of capital (Sunder Rajan 2006), value (Ecks 2021), and, in Joseph Dumit’s (2012) analysis of the United States, new definitions of health itself. The centrality of clinical trials to companies’ ability to continue to bring new drugs to high-cost and treatment-saturated markets like those of the United States has sparked the globalization of a clinical trial industry promising to deliver experimental subjects (Petryna 2009; Sunder Rajan 2017).¹⁵ Adriana Petryna and Kaushik Sunder Rajan have in turn shown how this demand for experimental subjects (and, in Sunder Rajan’s work, the demands of pharmaceutical capital more broadly) has profoundly molded regimes of state governance in India, central Europe, Latin America, and elsewhere. These observations give us one way to conceptualize a pharmapolitics, or what Sunder Rajan calls in his work in India *pharmocracy* (2017).

And we can certainly get a feel for what a postpatent problem space looks like in the range of tactics multinational laboratories use to protect their markets well beyond the use of patents. Many free-trade agreements now include “TRIPS-plus” provisions that extend data exclusivity protections, making it harder for generics companies to gain access to the information needed to copy an off-patent drug. Or we might consider the seemingly perverse calculus at work in drug companies’ decisions to withdraw a particular medicine, or even all of their medicines, from specific countries or markets altogether rather than run the risk of having their medicines counterfeited, pirated, or reimported back into higher-priced markets (Banerjee 2017; Ecks

2008; Kapczynski 2009; Sunder Rajan 2011). Kristin Peterson (2014) calls such tactics efforts to secure “permanent monopoly” well beyond the deployment of patents per se.

What has happened in Mexico provides a very different view into pharmaceutical markets and their expansions after the patent. *This* postpatent nexus is one in which it is generic medicines (in their multiplicity) that are on the rise, globally, as major drivers of pharmaceutical market expansions in many countries, including Mexico and Brazil (Bourne Partners 2012). It is a nexus in which off-patent market exuberance and excess configure access and its many contradictions. It is a nexus in which pharmacies, often more than drug laboratories, articulate new kinds of distinction as value (see Ecks and Basu 2009). And it is one in which “potency”—economic, political, and pharmaceutical—lies not in the singular brand name but in the multiplier effects of copying. In Mexico, all this leads to a story in which generic medicines and their proliferations are neither an example of “state capture” by pharmaceutical interests nor a simple or rarefied return of the state or defense of the public interest. Rather, Mexico’s generics nexus is a complex restaging of the promises of a state in the form of a consumer market.

What kind of pharmapolitics is this then? It is one, I will argue, in which the spectacular proliferations of generic medicines—the peculiar fecundity of this commercial, regulatory, and popular pharmaceutical field—reverberate in and as politics. Generic substitution is “political” here not just in the biopolitical sense that it concerns the state’s management of the health of its population or in the sense that the governance of pharmaceutical markets and the provision of medicine and health care are produced in the maw of capital’s demands. Rather, as I’ll elaborate throughout this book, it is Simipolitical: it provides an entrée for engaging the spectacular excesses of generic substitution in simultaneously pharmacological and political form. In the remainder of this introduction, I will lay out the key elements of this argument, explaining what I mean by the spectacularly generic, first in pharmaceutical terms and then in closely related political terms.

Spectacularly Generic

A Generic Market Exuberance

The rise of *los genéricos* provides a window, first, into the peculiarly pharmaceutical proliferations that have been the hallmark of Mexico’s approach to access—one that has sought to resolve the problem of mass lack, or scarcity,

with a turn to the consumption of mass commodities. If, prior to 1998, there was nary a generic medicine in sight in Mexican commercial pharmacies, by the mid-2000s, the commercial sphere seemed nearly saturated with them. I do not mean *saturated* in the way that economists or even chemists use the term (i.e., to signal that maximum concentration has been reached—whether of a compound in a solution or a product in a market niche). To the contrary, I want to evoke a kind of brimming over that utterly defies this sense of limit. Generics pharmacies have brought people and pharmaceutical copies into ever-intensifying contact with each other as licensed, approved generic medications have exuberantly entered the circuits, practices, and price structures of everyday, street-level popular commerce, where they resolutely did not circulate before. While name-brand drugs for hypertension, for example, can (still) cost up to \$300 pesos (US\$30) for a month's supply, generic versions were suddenly available for the cost of a pirated DVD (\$25 pesos, or roughly \$2.50) or a lime popsicle or two (\$10 pesos, or US\$1), often in the same routes of popular commerce: on busy thoroughfares, in metro stations, and in *barrios populares* or working-class neighborhoods. If generics registered no measurable impact on the private market in 1998, by 2005 they had captured close to 12 percent, and they have continued to constitute the fastest-growing segment of the Mexican pharmaceutical market (Bourne Partners 2012).

Intimately entangled with this rapid growth have been the vivid excesses that new consumer markets seem so adept at generating (F. Schwartz 1996, 171). The brimmings over to which I refer are not just about numbers and market expansions. Another kind of copiousness—a confounding and generative categorical abundance—immediately captured my attention and that of just about everyone I know in Mexico. This scenario has become the driving force for one of the major interventions of this book, which takes seriously the pharmaceutical configuration of equivalence as a relation that is, we might say, *more than*. From 1998 to the present, Mexican consumers have been navigating a crowded field of copied, generic medicines, including chemically equivalent generics, bioequivalent interchangeable generics (popularly called *equivalentes* or sometimes *intercambiables*), and the perpetually vexing similars. Though not an official regulatory term in Mexico, similars have emerged as a durable popular classification, a designation associated with the medicines sold in *Farmacias Similares*: “I’m going to Simi, to buy a similar!” say the Simi loyal.

There will be much to say about, and through, this multiplication of generic kinds in the next chapters. Here, by way of introduction, I will simply note

that this crowded catalog of generic kinds and their equivalencies is in part a reflection of how liberalized trade agreements help configure postpatent markets in generic medicines. That is, NAFTA and the WTO not only set the scope of patent protection, thus determining when other labs may legally start manufacturing an initially patented medicine. Demands by NAFTA and the WTO for “regulatory harmonization” have also required new thresholds for what will count as a good enough copy once drug patents have expired.¹⁶ Thus, even when generics are produced legally in IP terms, their licitness can remain a major site of political, regulatory, and technical contest, registered in the highly charged idiom of quality as “equivalence.”

As we will see in chapter 1, Mexico’s particular jumble of generic kinds was partly an effect of these regulatory contests. In turn, for all of its peculiarities, Mexico is not unique. Over the last twenty years, commercial and popular idioms, shifting regulatory regimes, and trade-driven harmonizations have collided in countries across the Global South, generating myriad scenarios in which *lo mismo* (the [pharmaceutical] same) is nothing if not a field of proliferating difference. Consider what anthropologists Núria Homedes and Antonio Ugalde found in 2005 when they set out simply to compare new generic regulatory regimes across ten Latin American countries, including Peru, Ecuador, Argentina, Mexico, Chile, and Brazil. Their exercise was stymied by an utter lack of fungibility: the terms for sanctioned copied, equivalent drugs operating in these countries varied widely (*genéricos*, *copias*, *intercambiables*, and *similares*), and each term had different parameters or definitions. Eventually waving a flag of near-surrender, Homedes and Ugalde (2005, 66–67) noted the “high levels of confusion” among their expert informants: not only did the term *generic* have different meanings from country to country, but it also kept changing, “depending on the context.”

Confusion certainly seems a reasonable term to use here. But I consider this riot of incommensurability an opening, an invitation to inquire into the generative pharmapolitics of “the same,” from a fecund commercial field to a politics waged in the name and in the form of proliferating generic equivalencies. In other words, I am interested in far more than the familiar argument that “equivalence” is itself contingent, or that it is an illusory abstraction beneath which hides concrete variations, or that it is “made up” (as in, constructed) in the classic science studies sense. Rather, I am interested in the explicit mobilization of equivalence’s variations and the ways that these proliferations are set in motion in Mexico as loci of distinction and, certainly, of value: an exuberance of the samenesses that matters.

Dr. Simi's own idioms (a colleague here in the United States insists I call them Simi-semiotics) set this more expansive opening in motion. Mexico's generics market teems with proliferating sameness and similarities that are *lo mismo*—always with a difference. Commercial claims, riffs, and names in Mexico have brought Simi's copious formulas to life in dizzying ways. In the early 2000s, generics pharmacies began to reproduce fissiparously across Mexico City and the rest of the country, hiving off versions of themselves (as franchises, always same and different); versions of each other (such as the twin pharmacies, side by side near the Zona de Hospitales in Tlalpan, with identical signs and slogans: "Similares y Genéricos, Up to 75% Cheaper!"); and, most notably, versions of *Similares*. In the first decade of the 2000s, many pharmacy owners trying their hands in this new market cheerfully copied Simi's *Farmacias Similares*, calling their shops *Farmacias de Genéricos y Similares*, or *Simyares*, to such an extent that Víctor González Torres took to complaining about the "pirates" who plagued him. Competitors and imitators did not just borrow the *Similar* name; they also adorned their pharmacies with similar slogans, riffing off the original, "The same, but cheaper!" with slight isomeric modifications: "La misma sustancia pero más barato!" (The same substance but cheaper!), or "Es igual pero más económico!" (It's equal but more economical!). A Chinese medicine dispensary took things a bold quarter-turn further: "Lo mismo pero más poderoso!" (The same but more powerful!).

There is an extravagance to these idioms as they simultaneously animate and interrupt the market and pharmacological promise of equivalence itself. Generic sameness has become so heterogenous that, for most people I know who are navigating this commercial landscape, *interchangeables*, *generics*, *equivalents*, and *similars* have nearly become proper nouns—sites and sources of distinction in and for themselves.

The Pharmaceutical's Commodity Form

Such categorical extravagance is one of the reasons why I have invoked the idea of the spectacular in the title of this book. Genericness of course commonly points to the opposite of that which is spectacular or distinctive, excessive, hypervisible. That which is generic should, on the contrary, have little to do with such vivid excess; more to the point, genericness often serves as the undifferentiated ground against which such distinctions shine (see Hayden 2013). But post-Marxist theorists of capitalism and its excesses offer some useful insight here. For Guy Debord, Jean Baudrillard, and many others, the

spectacular points to the overwhelming dominance of the modern (twentieth-century) world by commodification and its stratifications. More specifically, it refers to the saturation of the social with images, surface, signs, and brands (Debord 1994) and, further, as if calling forth an actor named Dr. Simi and his similar copycats, to a world thoroughly saturated by “copies without originals,” in Baudrillard’s well-known terms (Baudrillard 1994).¹⁷ In this light, perhaps spectacular genericness is not so discordant. After all, generic drugs, in the contexts I am addressing here, are commodities in the common sense of “things” (i.e., relations) that circulate in the sphere of privatized exchange, mediated by the equivalencies of exchange. But even more importantly, as I’ll explain, generic medicines are literally the *pharmaceutical’s commodity form*—a relationship on which rests, no less, the promise of access to mass health in the specific and provisional form of market-mediated consumption of cheap(er) copied drugs. The generic proliferations and excesses that drive much of this book, from Dr. Simi and beyond, are anything but examples of specifically Mexican excess, or Latin American confusions, or Argentine unharmonious irregularities. Rather, they point to the constitutive peculiarities and precarious promise of generics as commodity drugs.

What does it mean to say, then, that generics are the pharmaceutical’s commodity form? We often invoke the notion of commodification to signal that something of concrete use has become marketized (as in concerns over the commodification of life, or water, or knowledge) and hence brought into the sphere of generalized and privatized exchange, profit, and exploitation. But that is not quite what I mean here; after all, in the contexts in which I am immersed, arguing that pharmaceuticals are commodities in that sense is hardly an argument at all. Rather, the explosion of generics has brought my attention to the closely related, ancillary definition in which capitalist markets treat commodities as always potentially equivalent and interchangeable with each other, no matter what laboratory, factory, or farmer may have produced them.¹⁸ We might think of terms like *commodity pork* (Blanchette 2020) or products in bulk. However improbably and however violently this idea erases the labor that produces commodities, a commodity is meant to materialize the very idea of interchangeability, or fungibility, regardless of its source of production.

This understanding of a commodity is essentially the World Health Organization’s definition of generic drugs. The WHO defines a generic medicine as “a multisource pharmaceutical product [one that can be made by multiple laboratories] that is intended to be interchangeable with the comparator product”

(World Health Organization 2005). Like energy commodities (e.g., petroleum), generic multisource drugs are meant to circulate without reference to their specific context of production: it does not or should not matter which laboratory has produced them. When I say, with this point in view, that generics are the pharmaceutical's commodity form, I am not making an esoteric argument. The formulation is commonplace in industry circles, as when a biotechnology company executive notes offhandedly that, after a pharmaceutical's patent expires, "the product becomes a commodity" (Charles 2005) or when the United States is described as a "commodity generics market" in which "generic makers" are largely considered interchangeable with each other (Singer 2010).

Patent-holding pharmaceutical labs thus see the "becoming-commodity" of their products as a kind of minor abjection, a fall from branded uniqueness into the world of mere interchangeability (and generic competition). And as we'll see in chapter 5, this fall into mere commodification is something leading-brand producers often try to stave off for as long as possible, in ever more "inventive" ways. But I am suggesting here that the fact that generics are supposed to be interchangeable commodities in the first place is precisely why they might be spectacular in the sense that I have just described. There is nothing mere about them: commodities are nothing if not relations of excess, surplus, value, and hence stratification and inequality. In Mexico's generics market, and quite explicitly in Dr. Simi's hands, this broader argument has vividly and explicitly *become pharmaceutical*.

Gathering-To

The excesses of the pharmaceutical copy as commodity—the similar, the generic, that which is same and not the same, "simylar" pharmacies that copy Dr. Simi's Similares, a surfeit of generic incommensurability across Latin America—are certainly copious, and even confounding. If one of my interventions in this book is to take these proliferations seriously in their own right, I am, at the same time, also determined not to propel us off the copy-commodity cliff. Equivalentents, copias, and similares do not go on and on of their own accord, as if driven by an autonomous logic of the commodity, much less as if we are living in a fully spectacularized world auto-populated by "copies without originals."

Rather, as I'll discuss in the following section, these many iterations of the equivalent generic are gathered to and through particular political histories, conditions of possibility, and even "aesthetics," cartoonish though they may be in some actors' hands. Hence a second reason for opening this

book with an invocation of the spectacular: I am particularly intrigued by the ways that generic copied drugs, in Dr. Simi's hands, have been delivery vehicles for a vivid fusion of political and market forces; for some fascinating mass-mediated, as-if populist political pageantry; and for the simulation, we might say, of a "state," itself hardly a stable "original" in the first place. If I am interested in how pharmaceutical equivalencies multiply, becoming sites and sources of distinction themselves, Dr. Simi's spectacular political projects spark another follow-on question: How is a particular iteration of the political configured in and through this fecund pharmaceutical field of equivalents, interchangeability, and similarity?

For readers steeped in the histories and theories of populism and governance in Latin America, that question has likely posed itself already, at least in the form of an inescapable resonance. The concepts of interchangeability and equivalence, on the one hand, and their constitutive undoing or excess, on the other, have long been part of the fabric of conversations on postcolonial political formations in Latin America. Specifically, the questions I have just broached in pharmaceutical form are the questions scholars have long asked about the elusive promises of liberal citizenship—based on abstract principles of equivalence and interchangeability—emerging from the racialized caste orders of colonial Spanish rule (Sánchez 2016). The essayist and public intellectual Carlos Monsiváis wrote of early twentieth-century attempts in Mexico to represent and constitute a new "public" as *la ronda de seres intercambiables* (a series of interchangeable beings) (2000, 21).¹⁹ Anthropologist Rafael Sánchez (2016) examines, in Venezuela, the Bolivarian postindependence project of eliciting a new political field, constituted in one of its forms as "a horizontal domain of abstract exchangeability among potentially autonomous, interchangeable individuals" (6). Just like the equivalence of the interchangeable generic drug, political idioms of formal equivalence have always anticipated, and even precipitated, their own vulnerability, queering, undoing, and excess. Sánchez in particular gives this excess a *similar* turn, tracing in gorgeous detail the oscillations in Venezuela between ruling elites' imaginations of a polity made of interchangeability and equivalence (as in the equality of citizens) and the potent crowd dynamics and populist politics that continually swamp formal equivalence with relentless "dispersions," manifold similarities, and "mimetic excess" (6).²⁰ In other words, steeped in theories of populism and the crowd, Sánchez paints a portrait of two hundred years of alternation and entanglement between ruling elites' appeals to the "same" and populist, crowded excesses of the "similar."

The resonance of these political idioms with Dr. Simi's commerce in interchangeable and their similars is one on which many colleagues with whom I've discussed this project have long remarked. It is not coincidental, of course. *Equivalence* and *interchangeability* are the defining terms of modern liberalism and individualism, nationalism (postcolonial and otherwise), and capitalism writ large; and the tensions between equivalence and difference, interchangeability and similarity's mimetic excess, lie at the heart of vast archives of work in postcolonial and anticolonial theory, crowd theory, philosophy and political theory, Black studies, anthropology, linguistics, psychoanalysis, and feminist and queer theory (among others). Here, I am trying to dwell in this tension *pharmaceutically* (Stengers 2009).²¹ There is something (almost comically) overdetermined and yet singularly intriguing about Dr. Simi's interventions and the ways that they enliven these political-theoretical tensions between equivalence and similarity, interchangeability and mimetic excess. Dr. Simi activates this dynamic—he names it, potentializes it—in pharmapolitical form.

This is not transcendent philosophical territory: in the next section, I will preview some of the ways that Dr. Simi, under the banner of the same *and* the similar, uses the market in manifold equivalent medicines to *crowd*—to gather and elicit multitudes. The role of the copy here is central: copying belongs to the domain of generic pharmaceutical production certainly, and its excesses help animate the story to come, but it also belongs to theorizations and practices of populist politics. Indeed, in Dr. Simi's hands, the commerce in generics has become the engine of, and a mimetic model for, his Simiversion of a bygone populist state. In his pharmaceuticalized efforts to elicit “the Mexican people” as a market and a constituency, Víctor González Torres/ Dr. Simi has made himself into a domestic copy of Mexican politics itself.

From Import Substitution Industrialization to Simi:

The Domestic Copy, Redux

The multifaceted Simi enterprise, which provides the scaffolding for the pharmapolitical projects undertaken by Víctor González Torres, points to several intimately related ways of considering the crowding of generic copies, well beyond their categorical proliferation. When González Torres first emerged in the commercial sphere in Mexico, his appeal to would-be consumers drew quite specifically on a storied and not-too-distant history of nationalist and popular invocations of the domestic copy, including his pointed pharmaceuticalized appeals to national sovereignty in the 1970s (“Defend

your domestic economy!”). Across Latin America, notions of the similar, the substitute, the alternative, or the same with an important difference have long held as idioms of politics and as ways to hail “a people.” They have worked this way in the broader scope of theories of populism, as I’ll discuss in chapter 2, but also more concretely in the idioms of politics and mass access to commodities that defined the era of import substitution industrialization (ISI), the hallmark national development strategy that defined many Latin American states’ economic policies from the 1930s to the 1960s (see Medina, da Costa Marques, and Holmes 2014). In Mexico, as in Argentina and Brazil (among other countries), ISI worked through targeted industrialization, protectionism, and efforts to encourage the consumption of domestically produced goods that would substitute for expensive foreign imports. These domestic substitutes ranged from manufactured goods (Argentine *electrodomésticos* [“home appliances”]), to natural-refined resources (Mexican petroleum), to “authentic” national-popular cultural forms (rancheras in Mexico or samba in Brazil). As a political ideology, ISI was meant to encourage popular buy-in or incorporation into the project of the nation-state through the consumption of that which is authentically *lo nuestro* (ours) (da Costa Marques 2004; García Canclini 1995, 2001; Yúdice 2001; Lomnitz 2001).

Much critical work on *lo nuestro* has focused on “culture” and the folkloric, but pharmaceutical production and drug costs have long been in the thick of these national(ist)-populist formations. In fact, there may be no more vivid instantiation of ISI’s nexus of populism, nationalism, and the politics of the domestic substitute than the brief surge of state-driven pharmaceutical nationalism that unfolded under Mexican president Luis Echeverría from 1970 to 1976 (Soto Laveaga 2009, 2010; on Echeverría more broadly, see Kiddle and Muñoz 2010). At that time, 80 percent of the pharmaceutical market was held by foreign companies, as it was again in the late 1990s when Dr. Simi and generic drugs entered the scene. Echeverría’s pharmaceutical interventions included all the hallmarks of corporatist national populism, including protectionist moves to jump-start a long-faltering domestic industry. He rescinded an existing pharmaceutical patent law and effectively nationalized the pharmaceutical industry, mandating that all companies within the country be at least 51 percent Mexican-owned (Sherwood 1991, 168–69). These moves were far from a triumph for, say, left-leaning anti-imperialism. As Gabriela Soto Laveaga (2010) has shown, Echeverría’s appeals to pharmaceutical sovereignty were part of a pacification strategy—a tool in the Mexican state’s own dirty war against left-leaning students, campesinos, and other

“militants” in the early 1970s—as he specifically mobilized the domestic production of pharmaceuticals as a way to bring potentially disaffected “popular actors” into a national(ist) project and onto the side of the state.

If Echeverría’s efforts to nationalize pharmaceutical production were deeply complex, they were also short lived; they were immediately reversed by the succeeding administration in 1980. Indeed, by the time Dr. Simi appeared in Mexico, state appeals to *lo nuestro* across Latin America were largely considered obsolete, felled by the trade regimes and neoliberal shifts that, by the late 1990s, had dismantled the protectionism undergirding the productive and consumptive infrastructures of import substitution (Lomnitz 1992). These moves—including the deregulation of the flow of capital, the privatization of state industries, and various forms of austerity—began well before NAFTA came into effect. Mexico underwent a brutal process of structural adjustment following the international debt crisis of 1982, and in the Southern Cone, many neoliberal and market-oriented openings were set in motion by the dictatorships of the 1970s and 1980s.

But in the wake of many decades of *aperturas* in Mexico led by the PRI, we might still ask to what extent the domestic copy or domestic production has fully ceased to organize formations of national-“ish” politics. Certainly the promise of nationalist domestic production writ large is alive again in Mexico today, under the presidency of Andrés Manuel López Obrador, who was elected in 2018 by promising a “transformation” of Mexican society. His pledge has been to return to the people that which is theirs and to reverse the damage that decades of neoliberalism and economic globalization has inflicted on the poor—a turn I will address at the end of this book.

From the moment of *Farmacias Similares*’ emergence at the turn of the twenty-first century, Dr. Simi, too, was claiming to deliver on the broken promises of the PRI’s one-party state, at precisely the moment when it—like the national popular—was thought to have run aground. Víctor González Torres was, indeed, busily using the commerce in copied pharmaceuticals to animate his own similar version of a populist state that would again care for “those who have the least.” Much as early twenty-first-century political formations in Latin America have scrambled the coordinates of state-led populism, neoliberalized market interventions, and domestic production, Dr. Simi specifically and the generics market more broadly have been central to a recomposition of the elements of state and market, forged in and through a new politics of substitution.

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Aperturas

The story of generic medicines has thus been thoroughly entangled in the better-known political trajectories of post ISI-contemporary Mexico, from NAFTA'S market liberalizations or *aperturas* (openings, a decidedly ambivalent term), to the short-lived fall (in 2000) of the long-ruling PRI, to the intensification of the devastating drug war that, since 2006, has killed over two hundred thousand people and has been responsible for nearly seventy thousand disappearances. It is common and not unwarranted to call contemporary Mexico a “drug state” (see Castañeda and Campos Garza 2009). While I do not want to trade in facile stereotypes, it is crucial to note that the generics market and the rise of *el narco* share some very concrete conditions of possibility.²² Together they raise important questions about how the state can be simultaneously doubled, undercut, and recomposed by the force of contemporary drug markets and consumption (Garcia 2015).²³

The rise of Dr. Simi took root precisely in a moment when the PRI had just lost its monopoly on power. This outcome was long in coming, but most proximately, it was the fallout of the Salinas de Gortari years, which ended on a brutal combined note: with Mexico's entry into NAFTA in 1994 came a debilitating peso devaluation (quite central to the inaccessibility and unaffordability of medicines prior to 1999), the violent suppression of the Zapatista rebellion in Chiapas, and Salinas's rapid departure from the country with a fortune in public funds. The “reforms” of Ernesto Zedillo's administration (1994–2000)—among them the effort to address high drug prices by ushering cheaper medicines into the commercial marketplace—were not enough to keep the PRI in power. With the election of Vicente Fox (the former CEO of Coca-Cola México), of the Right-leaning, Catholic-forward, business-friendly Partido Acción Nacional (PAN), the year 2000 marked the first time since the Mexican Revolution that a political party other than the PRI had held the presidency. Fox's term saw, among many other things, the rapid expansion of the generics market and the advent of the Seguro Popular.²⁴

The events of the early 2000s raised the key question of who, or what, would “fill the space[s]” left by the PRI's exit, the opening of specific market sectors to private capital, and the changing scope and modalities of the corporatist state. In the early to mid-2000s, as Farmacias Similares and myriad other generics enterprises expanded across the country, Dr. Simi/González Torres made some rather spectacular claims to this opening by gathering to his name and to the sale of copied medicines just about every conceivable element of

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a recognizable Mexican political machine—its insides and its outsides (“civil society”) as well.

As we’ll see in detail in chapter 2, Víctor González Torres deployed a vast array of familiar performances of the Mexican state, from establishing “social assistance programs” for the marginalized to giving out basic goods at popular fiestas hosted in city squares. In 2003, Similares introduced its own short-lived health insurance program (the Sistema de Salud del Dr. Simi, or Simi Seguro for short) at precisely the same time that the federal government launched its new program, the Seguro Popular. By 2005, Dr. Simi was leading “anti-corruption” marches on the storied Paseo de la Reforma in Mexico City under the banner of his National Movement against Corruption (Movimiento Nacional contra la Corrupción; MNA). No longer targeting the “transnationals,” González Torres managed to gather thousands of people in the streets of the capital as he declared an all-out “war” on corruption in the Seguro Social (IMSS)—precisely at a moment when the drug cartels were declaring war on the state. All of this, which I will discuss at greater length in chapter 2, constituted the buildup to Dr. Simi’s attempted presidential run in 2006.

But the most significant of these Simipolitical formations emerged from González Torres’s move to establish low-cost medical clinics adjacent to Similares pharmacy outlets. The effects of this model have been tremendously powerful, far exceeding the Simi enterprise itself. Generics pharmacies across the country, from major chains to tiny shops the size of a closet, now feature this clinic-pharmacy combination, offering low-cost walk-in primary-care consultations (usually twenty to thirty pesos, or US\$2 to US\$3) in working- and middle-class neighborhoods, on quiet streets and busy thoroughfares alike. The rise of generics in Mexico has thus not only brought low-cost copied drugs into the circuits of popular commerce; it has brought low-cost primary care into these circuits as well. An article in *El Economista* commented on the intensity of Simi’s health-care presence: “In many locations, the saturation is such that [Similares] has managed to open two or three *consultorios* for each pharmacy; there are locales that have up to eight physicians attending patients simultaneously” (Coronel 2012). Indeed, by 2012, Dr. Simi’s *consultorios* in particular had become the *second-leading providers of primary-care visits in Mexico*, behind only IMSS itself (Coronel 2012).

But what, precisely, is the relationship between these generics clinics and the public sector? Generics clinic-pharmacy combinations have certainly come to serve as an important resource for those who do not have access to IMSS and ISSSTE. But just as important, they have become a compelling

substitute for many disaffected beneficiaries of IMSS and ISSSTE, unhappy with the state institutions' wait times, difficult-to-access physical locations, or their want of "care" in an affective sense. They are also, not incidentally, pulling business away from pricey private *consultas* (many public-sector physicians compensate for poor pay by opening their own private clinics where they work in the afternoons and evenings, charging anywhere from three hundred to one thousand pesos or more, per visit). In a (de)regulatory context in which just about anyone can open a pharmacy-clinic anywhere, the proliferation of generics pharmacies as founts of cheap medical attention has changed the calculus of access in multiple ways.

Thus medicines, private primary care, *and* the state all are becoming loci of substitution, sites for the proliferation of that which is the same but cheaper, the same and not the same. It is this activation that constitutes *Simipolitics*, a term that invites some creative thinking about how generic pharmaceutical multiplicities might help us conceptualize the shape and content of the political, specifically but not only where the provision of health and medicines is concerned (see Hayden 2013). In the new commerce in generics, the spectacularly pharmaceutical and the spectacularly political are intimately entwined. This book offers an analytic sensibility for understanding how the one redounds in the other.

Chapters

The following chapters start by dropping us directly into the proliferations that felt so distinctive, and so befuddling, to me and to so many of my interlocutors—consumers, regulators, physicians, commercial and political actors—as generic medicines became available in Mexico in the early 2000s. Chapter 1, "Same and Not the Same," tackles head-on the question of generic equivalence and its vivid multiplications in Mexico and beyond. Here, I take seriously the ways in which popular and commercial idioms, regulatory and trade demands, manufacturing practices, and pharmaceutical chemistry and pharmacology all multiply the ways that drugs are, in chemist Roald Hoffmann's felicitous phrase, simultaneously "same and not the same." This distinctly chemical formulation provides a conceptual architecture for rethinking the puzzle of generic equivalence and hence the pharmaceutical's commodity form, and it sets the terms for much of the analysis to follow.

Chapter 2, "Simipolitics: State and Not the State," explores how that which is same and not the same reverberates in Mexico's politics of health care and

pharmaceutical provision as well as in theories and practices of populism more broadly. Introducing us more thoroughly to Víctor González Torres and his commercial avatar/identity Dr. Simi, this chapter elaborates two key Simipolitical dynamics. First, the chapter argues that the low-cost consumer market for generics doesn't just work as an atomizing force, set against the state as a locus of solidarity or care. In Dr. Simi's hands, the market in generics crowds; it gathers in the name of and with the similar, in the name of and *as if* the state. Second, and by extension, Simipolitics will help us understand how state and market are not stable, preexisting entities, locked in battle. Rather, just as the landscape of health care was being rearranged in Mexico, so, too, were the elements of state and market themselves rearranged or recomposed.

Chapter 3, "No Patent, No Generic," follows González Torres in his bumpy efforts to expand to Argentina shortly after the 2001 to 2002 economic crisis there. Exploring the ways that the powerful Argentine copycat drug industry has simultaneously pushed back against patents, dominated the domestic drug market, and aligned itself *against* a politics of generic substitution, this chapter traces the distinctive coordinates of the problem to which generics have been proposed as a solution. As such, it also questions the very meaning of a "generics market" as something that might be repeated across borders and nations. What room could there be for a Dr. Simi if, as I was told over and over again, generics actually do not exist in Argentina? Contemplating these differences generates another set of analytic recalibrations and hence a reorganized vocabulary for thinking about the relationship between originals and copies, the proper copy and its improper counterparts, the domestic copy and access, the state and the market.

Chapter 4, "Access, Excess," returns to Mexico and works as a companion or double to chapter 2. If "access is the magic word," as the head of Mexico's pharmaceutical regulatory agency announced in 2012, then a key question follows: To what, exactly, are people being granted access? Here, I ask how the commercial sphere of generics itself comes to multiply a range of recognizable state functions beyond the provision of medicines and primary care, including the discernment of drug quality, the clientelist distribution of employment, jobs and training for newly graduated doctors who cannot find work in the overtaxed Seguro Social, and the provision of "social security" in the form of work and modest doses of pharmaceutical capital for people opening generics pharmacies and for those who work in them. This chapter, then, traces the politics of Mexico's generics market beyond the question of consumption, placing these developments in broader dialogue within global

health about the expanding role of low-cost, private pharmacies as an answer to overwhelming health burdens on individuals and on public health sectors.

Chapter 5, “Supergeneric vs. Mere Commodity,” addresses the question posed to me by a frustrated interlocutor musing on a decade of generic complexity in Mexico: “Who’s winning?” This chapter explores the prospect that the generic proliferations, multiplications, and uncertainties or confusions discussed in prior chapters are being treated by multinational drug labs as an opportunity to assert themselves in the very generics markets that were supposed to challenge their dominance in the first place. From the resurgence of “company-branded generics” (as in a generic escitalopram made by the Swiss multinational lab Sandoz) to the emergence of new categories of copied *biological* pharmaceuticals (“biosimilars,” “biobetters,” and more) in Mexico and globally, this chapter explores how genericness is both being undermined and mined for its auratic possibilities—not just by Dr. Simi (for example) but by leading-brand drug laboratories as well. The developments discussed in this chapter deliver us to a formation of postpatent generic exuberance that simultaneously repeats and flips on its head much of what we have seen throughout this book, as multinational companies, too, are turning generics into a site and source of distinction.

To understand what is happening today in multiple generic spheres—the global emergence of biosimilars, the rise of cheap consumption as a key pillar of “universal access” internationally, or the peculiar shape(s) of a twenty-first-century populist politics of the copy—we need to start with Simipolitical first principles. The next chapter sets us on that task, with a fundamental, though not foundational, question: *Serán lo mismo?* (Are they/ aren’t they the same?).

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Notes

INTRODUCTION

- 1 Emilie Gomart (2002) and Anne Lovell (2006) have made this point beautifully in their works on opioid-substitution therapies.
- 2 Private health insurance has long played very little role in Mexico, accounting for only about 2 percent of insurance coverage (Martínez et al. 2009; World Bank 2012).
- 3 See, among many sources on the configuration of this market, the US Department of Commerce (2004).
- 4 For example, rather than offering cash assistance to the very poor, the Argentine government under Néstor Kirchner extended credit lines, thereby continuing what Verónica Gago (2014, 1–28, 164) calls a “neodevelopmental” form of a neoliberal project that entangled ever more people in debt and consumption. This is part of a dynamic that she calls the financialization of popular life.
- 5 Indeed, political scientists trying to get hold of the distinctive characters of Mexico’s political formations have often pointed to the kind of unclassifiability that Dr. Simi, as we’ll see throughout this book, personifies. Consider Stephen Morris’s (1991, 21–22) take from the early 1990s: “Just as corruption tends to obscure the true nature of things, the Mexican political system supports a wide range of appearances. It is neither fully democratic nor blatantly authoritarian; public policies are neither wholly capitalistic nor decidedly socialistic; interest groups both mobilize and demobilize; and elections are neither honest nor ‘completely fraudulent.’”
- 6 Gago’s work in Argentina tracks such a dynamic—from scarcity to proliferation, “from below”—as does Angela Garcia’s work on *anexos* in Mexico. These are clandestine drug treatment clinics that emerged in the context of Mexico’s (neoliberal) reforms in the 1980s, which “exacerbated longstanding inequalities, severely affecting the lives of the poor and working classes, migrants, and indigenous communities. At the same time, [this inequality] has

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- been a crucial force in the production of new forms of survival and sociality. These two valences—depletion and production—characterize the expansion of Mexico’s ‘illegal’ or ‘informal’ services and networks from the 1980s onward” (Garcia 2015, 460).
- 7 In many cases, as with India’s Patent Law of 1970, drugs were subject to process patents but not product patents; thus, specific means of synthesizing or producing a molecule could be patented, but the “molecule itself” could not (see, among many others, Sunder Rajan 2017).
 - 8 However, as we will see in chapter 3, there is nothing at all straightforward about this stance where price and access are concerned.
 - 9 Legal scholar Amy Kapczynski (2013, 1) has noted that in 2000, “when only patented anti-retroviral drugs for human immunodeficiency virus (HIV) infection were widely available, they cost approximately \$10,000 per person per year, even in very poor countries. [In 2013], these same medicines cost \$150 or less [when] purchased from Indian generics companies.”
 - 10 See, for example, the text of the Doha Declaration of the WTO, in which treatment activists and state negotiators succeeded in reaffirming the right to public health exemptions to patents in the case of public health emergencies (World Trade Organization 2001).
 - 11 Brazil’s efforts have been particularly famous and particularly complex. As Joao Biehl has shown so eloquently, this victory of the state, backed up by the leverage afforded by Brazilian public labs’ capacity to reverse-engineer those medicines if the transnational laboratories did not lower their prices, also created a situation in which the Brazilian state effectively came to serve as a broker for the multinational pharmaceutical industry, guaranteeing its access to the Brazilian market (see Biehl 2004).
 - 12 Martínez, personal communication with author, 2004. Víctor González Torres (Dr. Simi) also actually tried to organize a legislative push to limit the duration of pharmaceutical patents to ten years, in an unsuccessful effort to bring HIV/AIDS activists under the Simi political umbrella (see Hayden 2007 for a discussion).
 - 13 Adriana Petryna and Arthur Kleinman use a similar phrase, “pharmaceutical nexus,” in their introduction to *Global Pharmaceuticals* (Petryna and Kleinman 2006, 20–22). For them, as for me, the nexus points to the complex, multiscale dimensions of globalized pharmaceuticals as empirical objects and sites of inquiry.
 - 14 Anne Pollock (2011) and Susan Craddock (2017) have each argued persuasively that the arrangements and political economies of pharmaceutical research and development continue to change, marked by failure as much as dominance (Pollock) and organized around different kinds of partnerships (Craddock), such that the critical questions anthropology and science studies ask must, too, continue to shift.

- 15 Joseph Dumit (2012) has shown how drug companies “must” continue to grow their markets in the high-priced US market by finding ways to ensure that people in the United States are on multiple “drugs for life.” Adriana Petryna (2009) argues that these same imperatives have driven the “innovator” drug industry to globalize their clinical trial apparatuses (setting up an entire new industry in outsourced experimental platforms), as the US population is “treatment saturated” enough that it is hard to find appropriate trial subjects.
- 16 As I’ll discuss in greater detail in chapter 1, NAFTA required the Mexican state to set definitions for generic “bioequivalence” that are arguably more strict, and certainly more expensive for labs to prove, than the definitions on which its own public health system, and the public health systems of many countries across Latin America, had long relied.
- 17 In an apt reading of Debord and Baudrillard, Daryl Mendoza (2010, 51n28) observes that for Baudrillard, “there is no such thing as a generic loaf of bread; not even homemade bread is generic in a sense since the ingredients, the qualities, the brands, the labels, that it takes to create the bread, is loaded with Signs. . . . The raw object is nowhere to be found.” As I note in the body of the chapter, this argument is not my destination but rather a point of departure for thinking about the unmaking and refashioning of the generic as the pharmaceutical’s commodity form. It is also a point of return, as we will come back to this argument, seen anew, in chapter 5.
- 18 This erasure of the specificities of production, the concrete material conditions and the laboring relations that produce commodities, is of course precisely where Marx located the violence and power of the commodity form (Marx 1978, 302–29).
- 19 Thanks to Natalia Brizuela for pointing me to Monsiváis’s essay in relation to this point.
- 20 Sánchez (2016, 6) writes, “Rather than the proverbial ‘individuals’ of liberal ideology, what initially filled these vast, flattened spaces were instead the newly formed crowds as a field of relentless differentiation and dispersion . . . : the dauntingly mimetic subjects of the Venezuelan post-colony. . . . These subjects were in principle free to adopt any and all identities that came their way, including, most disturbingly, that of their rulers.”
- 21 Methodologically, this move keeps company (albeit somewhat perversely) with Isabelle Stengers’s deployment of “the pharmakon” as a way to think about the political, pharmacologically. For Stengers (2010, 28–33), the pharmakon, that which can be poison or remedy depending on the dose or the context, demands a suspension of epistemological certainty or absolutism; it requires an embrace of ambiguity and a refusal to base radical politics (including the politics of knowledge) on the assignation of blame. As such, she finds it a productive model for inciting radical political action against the

paralysis that the demands for such purity of explanation can induce (see also Stengers and Pignarre 2011). The resonance with Dr. Simi is perverse only because Stengers would likely not tolerate casting Dr. Simi as a radical political actor (nor would I). But the suspension of the “really” that she demands is deeply resonant with the analytic work of chapters 1 and 2, and, in this, I am also trying to think of politics pharmacologically.

- 22 Not least among these shared conditions of possibility were the 1990s economic liberalizations that made regional and US-Mexico borders much more porous where goods and money were concerned (see Castañeda and Campos Garza 2009).
- 23 Angela Garcia’s (2015) work on anexos, the informal drug treatment centers that have sprung up across the country, is an arresting example of this kind of doubling and troubling.
- 24 Fox’s term was followed by a second PANista presidency, that of Felipe Calderón (2006–12), marked largely by the violence (often described as spectacular) of the intensified war between and among the cartels and the state. The end of the PRI’s access to the presidency turned out to be temporary; the PRI returned to office in 2012, while left-leaning candidate Andres Manuel López Obrador won the office in 2018.

CHAPTER ONE. SAME AND NOT THE SAME

- 1 See Esther Leslie’s *Synthetic Worlds* (2005) for an extensive discussion of the nonreductive chemical relations that suffused Marx’s analysis. His famous passage on linens and coats (in which the two things of a “like substance” are in fact made of the substance of labor power) is surrounded by musings on chemicals, chemistry, and chemists. He writes of residues, crystallizations, and the chemists who, no matter what the economists say, have certainly not discovered exchange value “either in a diamond or a pearl.” And it is the distinctive way in which chemical compounds themselves can be the same as but different from each other that helps him explain how capital’s logic of equivalence can disrupt itself—in particular, how two things can be equivalent without being interchangeable. Marx illustrates this somewhat counterintuitive point with reference to two chemical compounds, which are by many measures the same—they are composed of the same molecules, in the same proportion even. And yet they are not interchangeable: their geometry is different and, thus, their identity is different. They have different names. They are, as I’ll elaborate later in this chapter, same and not the same.
- 2 See Diane Nelson’s (2015) exquisite thinking on the “beyond” of adequation and super-adequation for a potent way of approaching the beauty, abstraction, and violences of equivalence.