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Authority, Trust and Accountability: regulation of pharmaceutical drug trade practices in Yeoville

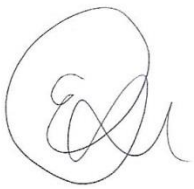
Ema Euclesia Cossa

A thesis submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in fulfilment of the requirements for the degree of Master of Arts in Anthropology.

Johannesburg, 2013

Declaration

I declare that this dissertation is my own unaided work. It is submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, for the degree of Masters of Arts (Dissertation). It has not been submitted for any other degree, or for examination in any other university.



Ema Euclesia Cossa

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Abstract

The increase in use and distribution of pharmaceuticals on a global scale has caused pharmaceuticals to play an integral role in the notions of quality of health.

This study is concerned with how Western medication is transacted and interpreted in explicit and implicit contrast to the other context. I observe the commercial trade of medicines, specifically the effects of regulation of pharmaceutical drug trade in a suburb of Johannesburg (Yeoville) a low income area where many migrant groups have found long and short term refuge. A Policing and Mobility Project (Hornberger & Cossa 2010) centred on tracing paths of medication and the level of policing thereof in Johannesburg revealed that clandestine sale of medication occurs in the suburb's local market. This prompted a comparison between the formal and informal pharmaceutical trade spaces.

Simon (a pharmacist) and Teresa (a former nurse turned market trader) sell pharmaceutical drugs in seemingly contrasting contexts. Despite their expertise in health care, Simon and Teresa were flung to opposite ends of the trade spectrum by regulation. In the weeks I spent with Teresa and Simon it became abundantly clear that the spaces which had been initially presented as the opposite of one another may have had a few layers of common ground. At first it seems as though only regulation has the ability to produce authority, trust and accountability. But later it becomes evident that such aspects can be reproduced through manipulation of everyday practices. Roger Cotterrell's (1999) interpretation of Emile Durkheim's view of the law as a 'Social Fact' (1999:9), demonstrates how the collective experience of regulation (an aspect of the law) affects the individual. But De Certeau (1984) claims that the same individual can tacitly undermine this collective experience (the dominant form) through everyday practices. The findings suggest that the assumed roles of regulated and unregulated pharmaceutical trading spaces are not as static as they appear. The study concluded that authority, trust and accountability can be reproduced outside of regulation. And secondly thus the formal and informal trade of pharmaceuticals in Yeoville have more in common than perceived since both Simon and Teresa, had authority in health, their customer's trust and loyalty and were accountable within the trade.

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Introduction and background to the study

Western Medicines have a social life. They are integrated and reinterpreted by different societies and go on to play many roles at different levels of political and social organization (Petryna et al. 2006). Pharmaceutical drugs are this influential because in essence they preserve a global value which is health. Notions of health developed in different ways in the global population and pharmaceuticals[1] have come to play an integral role in the perceptions of quality of health. They have been the tool with which example the international institutions: WHO (essential medicine programme), pharmaceutical companies, health activists (ARV programmes), NGOs have been able to spread notions of health and health care. The emphasis on quality of health has culminated into a rise in the use and distribution of pharmaceutical drugs in the Third World (LABAT AFRICA/CMCS 2000)[2]. Studies such as the one carried out by the *National Economic Development and Labour Council of South Africa* attest to their avalanche in the market. The increase in demand for pharmaceutical medication in resource deficient countries was accompanied by issues of access to the health care system, drug safety and the creation of alternative means of access such as parallel economies.

Pharmaceuticals feature in our daily lives and are entrenched in our notions of health. This phenomenon also awakened the interest of among other disciplines, medical anthropologists such as Van Der Geest. In the late seventies Van Der Geest (1988), a pioneer of medical

[1] Pharmaceuticals were created and commercialized by the West; they are part of most health care systems and have been integrated into the cultures of most third world countries. The terms pharmaceutical, western pharmaceuticals, and pharmaceutical drugs are used interchangeably.
[2] http://www.nedlac.org.za/media/6212/chapt1.pdf

anthropology, noted a growing interest in the consumption of Western pharmaceutical drugs in Third World countries. Geest (1988) described the surge as an invasion, that eventually was to become a permanent state for these countries. Nichter & Nordstrom (1989) also noted the 'growing trend' bearing the label of commodification of health which they defined as the "*pursuit of health through medical fixes*" (1989:367) in the Third World and claimed that capitalism made a contribution to its creation. "*One of the ramifications of health commodification in developing countries is a growing tendency for the general public to place more emphasis on medicine than on the doctor. As Carl Taylor once remarked,* "*medicine has become the doctor*"". (Nichter & Nordstrom, 1989:367)

To date the term 'health commodification' encompasses current views of health which are expressed through consumption of pharmaceuticals. The commodification of health has been described with emphasis on how "*health is increasingly viewed as a commodity and individuals are defined as health care consumers.*" (Henderson and Petersen, 2002:1)

This passage reifies the very nexus at which we find ideals of health. Parallel to health is medication and pharmaceutical medication is at its forefront. The increased consumption of pharmaceutical medication has given rise to the supply and demand dynamic which in turn calls attention to questions of access that entails pricing and quality of products. In the 2009 annual review of Anthropology of Global Health, Janes & Corbet cited Petryna et al (2006) as one who recognises that addressing questions of access "*requires investigation into pharmaceutical governance, trade practices, patent protection, distribution channels, and alternative industries and markets, as well as local organizations and the cultural and ritual properties of medicines*".(2009:173). All of the above mentioned factors interact within the pharmaceutical trade industry in Yeoville. This study will also examine the 'alternative

markets' that also provide access to medication. More specifically the role regulation plays in these markets.

In the South African context the trade of pharmaceutical drugs is reported to be relatively well regulated in comparison to other African nations. South Africa has the assistance of the national *Medical Control Council* (MCC) and the *South African Pharmacy Council* (SAPC) who regulate medication and perform services such as drug inspection. These institutions make up only a part of the South African pharmaceutical trade context.

The other less familiar part of the trade environment is the informal sale of pharmaceutical drugs. Keith Hart (2000) identified the concept of *informal economy* (2000:27) among the urban poor in the Third World, but this concept eventually spread, "*in the face of waning state power it has become a universal feature of the world economy*" (2000:27). The development of the informal economy therefore depends on the state's capacity to regulate (Centeno & Portes 2003). Shortcomings in the South African regulatory structures allowed for the development of informal market of pharmaceutical trade to occur in places like Yeoville.

Yeoville is a low income urban area in central Johannesburg known for accommodating migrants from all over the African continent. This area has a long history of cultural diversity. An Overview of Yeoville[3] showed that this area has been home to the Jewish community, European migrants, writers, filmmakers, political activists and more recently, lower income locals and African migrants. From the 20th century to date "*Yeoville went from being about 85% white to 95% black*". All these changes are attributed to aspects such as the expansion of alternate economic nodes; economic decline of the community which led to a

[3] Overview of Yeoville: http://www.s4.brown.edu/southafrica/Reports/Johannesburg/Yeoville.pdf

decline in property value. Yeoville became a place of refuge for temporary, transiting migrants and permanent residents, and its identity solidifies as the cultural diversity from the array of ethnic restaurants, stores and the markets grows.

Migration is a prominent theme in this study as it contributes to our understanding of the Yeoville context. Ciobanu (2010) affirms that migration is standard practice across the African continent. The quests for safety and improved economic conditions have been among the key motivations for mobility. Similarly, for Heering et al, migration is a "*method for achieving social and economic mobility*" (2004:325) when exclusive dependence on local resources is no longer viable. In a discussion of Migration Patterns in Post-apartheid South Africa Dorrit Posel, (2003) cites various authors who describe the deterioration of employment opportunities, and attribute it to the increase in foreign and domestic labour supply in the country. The events that followed this decline, for instance the global financial crisis, worsened the unemployment rate. One of the most striking indications of the decrease in employment opportunity is the proliferation of own-managed businesses in Yeoville. Business ownership itself thus became a key form of employment. A large portion of these formal and informal businesses are migrant-owned. The abundance of the entrepreneurial businesses that thrive in this area is in response to a need. This need is rooted in social limitations involved in being a migrant in South Africa. Limited access to formal employment and health services is reflected in the diversity of these businesses.

Yeoville was a suitable research site for both formal and informal trade of pharmaceutical drugs occurred in the area. A study on Policing Counterfeit Medicines by myself and Julia Hornberger (2010) produced evidence (in an unreleased report) that pharmaceutical drugs were sold at the Yeoville market. Through anthropological methods of participant

observation I entered the lives of traders Simon and Teresa[4] who operate in the formal and informal economies respectively to observe their daily routines and to describe patterns of interaction. I was also interested in how they deal with issues such as economic instability, access to health services, regulation of business practices, and social involvement within the community. The trade of medication in the community of Yeoville is an interesting vantage point from which to observe both parts of the industry. Yeoville accommodates a large migrant community (of which Simon and Teresa[5] are part) that plays both a formal and informal role in the suburb's economy; and pharmaceutical drug trade is found in both economic categories. This study examines authority, trust and accountability within the regulated and non-regulated trade of pharmaceutical drugs. This paper addresses the formality and informality of pharmaceutical trade, and the fact that these economic categories are influenced by the law. It also addresses trader's interpretation and incorporation of such laws into everyday life. My interpretive tools consist of Roger Cotterrell's (1999) reconstruction of Emile Durkheim's legal theory, as well as Michel de Certeau's (1984) "The Practice of Everyday Life" which will be explained in the coming sections.

Formal sale of drugs

Regulation of pharmaceuticals in South Africa, in principle, follows strict criteria. In the early, fact-finding stages of this study I interviewed the head of the pharmaceutical unit at the Johannesburg General Hospital (JGH). My intention was to understand procedures in

[4] This study specifically focuses on the healthcare expertise of the traders, rather than the impressions and experiences of the consumer. A relationship between consumers and traders clearly evident but in this study it is treated as a factor so as to not overshadow the traders perspective.

[5] I recognise that the gender difference of the participants may influence aspects of their circumstance, but this study focused more on the healthcare expertise platform to compare their contexts. As there would not be enough material to venture into a 'gender' discussion.

handling pharmaceuticals and whether they had ever experienced problems with the system. It was an early Friday morning when I found myself rushing to the JGH. Dona, the lady whom I was to interview was expecting me. She asked me to follow her to her office. We must have been stopped three or four times along the way by other staff members making enquiries. As she paused, I surveyed the hundreds of shelves, stacked with a huge array of drugs. Everything looked polished and properly kept; boxes, bottles and packets were organised in neat rows - only one kind per row - and some of them were still being kept in sealing plastic. We continued our path through the labyrinth of shelves, until we finally came to a small office on a corner. Dona invited me to have a seat and asked to be reminded of what the interview would be about since she received many visits from students. I went straight to the point and reminded her that my enquiry was about pharmaceutical procedure in regulation and whether the illicit world of pharmaceuticals was known. Dona's absolute trust in the regulatory system was evident when she explained her pharmacy's system of control of quality of the drugs. She told me that she had never encounter any fake or otherwise compromised medication because the vigilance in their system was very robust and it would be very difficult - if not impossible - for anyone to do something of such gravity without being immediately caught. She explained that before any of the products received from the shipment were processed and put on the shelf there was a rigorous assessment process. Samples of the products were sent to a laboratory for testing. She added that they also inspected the packaging and if there was a single tear or anything abnormal, the box or at times the whole shipment would be sent back.

I asked Dona if she had ever seen any irregularity in all her career in the pharmaceutical industry. Her response was that she had never experienced anything truly alarming and went on to say that they keep close contact with the MCC which regularly sent emails informing

Dona and her staff of the latest drugs available and as well as pictures of the fake drugs. Dona paused for a few seconds as if trying to remember something, and then she stood up quickly and asked me to follow her. We moved through the maze of shelves once more, as she led me to another office. As we walked she explained that her colleague might be able to speak more on the subject. We reached a small cramped office, filled with files and printed document stacked on the table and on the floor. A lady was sitting behind her desk staring into her computer screen. She seemed startled when Dona knocked lightly on the open door and we walked in. She explained what I was researching and asked her colleague for any information related to my questions. All this seemed almost foreign to her, by the expression on her face, she took a few seconds before responding, then finally shook her head and said "*no I have not come across that here*". To her knowledge this is a type of thing that was common in other African countries. Not in South Africa. She restated what Dona had said earlier, that they worked with the MCC and that they sent them all the information of new schemes to look out for, but in reality nothing had ever really happened. Dona agreed with her colleague, and they began to chat about the problems that really affected them like the fact that for instance the MCC is responsible for checking and registering all new medication and that they have fallen behind and had a huge backlog of pending medicine registrations which could not be released into the South African market. The ladies regretted not knowing much more about the subject but felt very confident about the South African pharmaceutics regulation system. Awareness of alternative sources of pharmaceutical drugs is not as widespread in SA as it is in other African countries. The illicit trade of pharmaceutical drugs lurks in the outskirts of formality.

This excerpt[6] pins down several important aspects of the formal drug trade context. To begin with, a pharmacy projects authority in the subject of medication. Such authority comes from

[6] Excerpts from field notes

the fact that several state based institutions band together to create mechanisms of control. For instance pharmacists are trained and accredited by institutions that also create standardised practices or protocols for handling medication.

The regulatory measures which pharmaceutical policy advocates are in principle meant to protect the public by ensuring the safety of drugs. In South Africa, like in most other countries, structures such as the Medical Control Council (MCC) attempt to educate the population on the subject and enforce the use of safe drugs. The Treatment Action Campaign[7] for example is indicative of the state's participation in regulatory measures which produce accountability i.e. the means through which traders may be held responsible for maintaining the designated standards of regulation. The state and other entities such as those in the private sector, provide pharmacies for controlled dispensation of pharmaceutical drugs. The control in this case, is regulation. Regulation is representative of the power of the state, and as we have seen above it produces authority, trust and means for accountability. The themes mentioned above are recognised in the commercialisation of health. Thus the formal, regulated trade of medication is central to ideals of good health.

In order to draw the essence of the role of the law in the lives of Teresa and Simon, I utilised Cotterrell's (1999) reconstruction of Durkheim's legal theory. Cotterrell's (1999) analysis of Durkheim's works resulted in the *Law in a Moral Domain* where Cotterrell captured and contextualised Durkheim's legal thought. The most relevant theme for this study is Durkheim's theory of "*Social Facts*" (Cotterrell, 1999:11) which depicts the law as a collective representation that instils order in the lives of individuals. Social facts are observable social phenomenon (Cotterrell 1999) and in the context of this study regulation, the rules and codes within it, constitute such a phenomenon.

[7] The Treatment Action Campaign advocates for increased access to treatment, care and support services for people living with HIV (www.tac.org.za)

Boldwin (2012) goes further and suggests that regulation in turn can be understood, as sets of commands designed by the state to influence social and economic spheres. Institutional bodies such as the MCC, SAPC and the National Department of Health design the commands that formal traders abide by, and the police design and implement the interventions for the formal traders who sell medication. Thus the law does not only influence, but it entrenches itself within the lives of individuals, by inserting its rules into daily routines. These theories are instrumental in pointing out the entrenchment of the law into the lives of Teresa and Simon. The law in the field of pharmaceutical trade practice was voiced through regulation.

Informal sale of drugs

The police had been conducting raids at the Yeoville market. In order to get a better perspective of the potential influence of the local police officers on the clandestine sale of medication I headed straight to the Yeoville police station where one of the detectives led me to the station commissioner's office. The detective knocked and a voice shouted from inside telling us to go in. The gentleman gave a short introduction and the commissioner invited me to take a seat. I told him that I was doing a research project for Wits University and that my focus was on the sale of pharmaceutical drugs (both formally and informally) in the area. I also told him I had heard that there had been raids in the Yeoville market and that I wanted to know whose initiative they had been. The commissioner started off by explaining that at the station level, there was very little operational capacity with regards to the ability to confiscate goods that required laboratory testing. He used the example of drunken driving cases where clinical tests needed to be carried out at the Hilbrow police station because they have the appropriate facilities. This still did not solve the problem because of the sheer number of

offenders. It was difficult to convict them, for by the time the detainee's turn came to be tested, the alcohol had left their system. The commissioner was obviously frustrated because of this, since it made convictions more challenging to achieve and cases got thrown out of court for lack of evidence all the time. The commissioner told me that there had indeed been operations to police the sale of medication in the area but the Yeoville police station did not always have the resources to carry out big operations on its own. Normally, there would have to be a case opened or strong suspicion of illegal dealings then this would be taken up by the station or (depending on the scale) the Commercial Crime Unit would be contacted. In the operations they would make arrests and confiscate goods which they sent to the laboratory for testing which could take months if not longer. The station commissioner affirmed that this was what had been happening at the Yeoville market. The one problem the police had (in the commissioner's view) was the fact that the officers had not been given enough training to have sufficient expertise to identify illegal products[8] worse still counterfeit products. He even said that some officers purchase these products for personal use, so they have no idea how they are regulated.

Regulation manages to penetrate the informal trade context in the form of police intervention. The above excerpt refers to the type of regulatory system found in the informal sale of pharmaceutical drugs. The capacity of the police is limited by the state's insufficient resources. This creates a situation where the law is only partially enforced since the raids are actually carried out but the cases are hardly seen through to court. Since the wait for the results of evidence tests can be lengthy, the local police officers take advantage of this inadequacy and instead settle the cases by taking bribes (as we will see in more detail in the coming chapters).

[8] Medication not approved by the Medical Control Council. As well as medication meant to be handled by regulated professionals.

I was allowed into the world of informal pharmaceutical trade by Teresa, the owner of a stall in the Yeoville Market. The first time we discussed her clandestine activities was due to a customer who interrupted a conversation we were having. This man was on crutches. He moved slowly towards where we were sitting and greeted us both in French. Teresa had him sit next to her (as I eventually learnt was customary) and asked him a few questions. The conversation went on for five minutes then the man left. Noticing my curiosity, Teresa explained that the man wanted pain tablets and some Vitamins but she did not have them at that moment. She told him that he would have to wait for her to order her new stock from the DRC. That was the moment when she decided to tell me that she was a nurse. People would ask for certain medicines, particularly products that they could not find locally. Her task was to source out the medication in the DRC have it shipped to South Africa with the aid of friends and family, and then provide the information and advice on proper usage. This activity was a secret for fear of legal consequences and only people she felt she could trust knew of it.

As I mentioned earlier business ownership in Yeoville's informal sector became a key form of employment. The concept of an informal economy was born in the Third World, out of a series of studies on urban labor markets in Africa (Geest and Hardon, 1990). Keith Hart (2000), the economic anthropologist who can be considered as the first to have coined the term, saw it as a way of giving expression to what he called "*the gap between*" the formal economy and unemployment. Hart pinned down the term 'informal economy', from the manifestation of economic activity that did not quite fit into entrepreneurship form. He noted that such activities aligned themselves with the formal. Yeoville and the surrounding area is exemplary of the interplay between formal and informal markets. Pharmaceutical drug traders

are therefore assumed to be guided by regulatory measures taken by the state as well as economic pressures suffered by the community.

Pharmaceuticals are expensive, so in the third world economic factors inevitably encroach on trade practice in the pharmaceutical industry. Writers such as Whyte et al. (2006) and Janes & Corbett (2009) affirm that the prices of pharmaceutical drugs are still extremely high for people on the margins of the economy. This is why many poor people seek alternative means of access to medication. The economic challenges of communities of these defective economies help produce informal economic activity. This separation is further intensified by regulations and standards imposed by the health sector, NGOs, and international pharmaceutical community. In more recent years, studies on the subject of health care have identified parallel health care systems resulting from economic marginalization like Patterson's (2009-2010) "*Local Borders and Global Flows*" on trafficking of illegal pharmaceutical drugs. She speaks on the clandestine sale of pharmaceuticals and partially assigns economic disparities as a reason for the alternative means of trade.

The Yeoville community's economic state is undoubtedly a strong contender for the reasons why the law is undermined by informal trade. There are a whole range of other factors which lead to bypassing regulation, but these factors are not necessarily unfounded. They have their own logic - something which could be called informal forms of regulation. Observation of the practice of self-medication for instance can provide valuable data that may assist in identifying factors that shape the sale of medication. "*Attention to self-medication and the acquisition of pharmaceuticals in developing nations also provide information on the networks and resources for health care outside 'official' channels*" (Bledsoe & Goubaud, 1985:277). Informal form so regulation.

Another factor which leads to bypassing of regulation is the manner in which developing countries adapted to the use of Western medication. Bouchard (2005) describes this process and explains how the integration of pharmaceuticals in the Third World promoted the acceptance of these products into quotidian life. Bouchard's (2005) article claims Western pharmaceuticals were integrated not only into indigenous healing processes but into cultural belief systems. It goes on to say that the indigenous viewed the medication through local concepts of healing and were even attributed with special power and efficacy because "*they came from far away, had modern packages and were applied by nontraditional means*". (Bouchard 2005:395).

Another notable phenomenon that surfaced was the indigenization of some of the medication. Cultural reinterpretation is the name of the process of indigenization. Bouchard explains that indigenization of a drug signifies that the medication is used in a given community as if it were an authentic local product, the product is used in a culture specific way, the product is given a local name or the name is given to a traditional medicine. Herskovits's term 'cultural reinterpretation' was revived to describe the different perception and taking of Western medicines in non-Western cultures (Bledsoe & Goubaud 1988).

The concepts of indigenization and reinterpretation of medicine suggest that the pharmaceutical traders might have a particular way in which they view the world and that this will in turn inform the manner in which their trade is practiced. Clearly bringing forth such strong indication of a relativistic attitude toward trade practice facilitates a mapping of social life of pharmaceuticals so all aspects can be understood within context.

"Due to the complexity of commodity chains in and out of formal institutions, through and around formal sector regulations – any overall systemic understanding can no longer oppose formal and informal sectors, but rather compares their interactions in various contexts."(Obukhova and Guyer 2002)

This quote speaks to everyday practices that allow the manipulation of rules that attempt to oppose the two sectors. De Certeau (1984) introduces everyday practice as being 'tactical' in character, and having many "ways of operating" (1984: xix). People go about their days tacitly manipulating and with that modifying their environment to suit their needs. De Certeau (1984) refers to various ways in which their goals can be achieved. Both Teresa and Simon react to regulation in this exact manner i.e. by implementing tactics that allow them to pursue their interest within a dominant domain. In this paper we will observe how regulation and its influence embeds itself in the lives of Teresa and Simon but De Certeau (1984) shows that the participants tacitly undermine these influences by reinterpreting and manipulating their current forms to suit them.

On the one hand we have the state and its rules that entrench themselves into daily routine and on the other we have tacit manipulation of such rules which ultimately transforms this environment bringing Teresa and Simon's trade practices much closer than it seems.

Methodology

Observing seemingly contrasting settings made for an interesting research experience. The Anthropological method of participant observation involved spending time with the

participants experiencing their work environment and obtaining access to the trader's insight about essential health issues and how they affect their businesses thus far. The aid of field notes helped describe how western medication is transacted and interpreted in explicit and implicit contrast to the other context. My presence as the researcher on the 'local scene' was crucial in obtaining first-hand accounts of participant's daily activities that revealed personal as well as general perceptions, and beliefs that inform their practices.

I have resided in Yeoville for a little over a decade and I have had to opportunity to experience firsthand the changes that took place in the infrastructure of the physical as well as the social environment. My being a female African foreigner made it easier for the participants to relate to me. At the Yeoville market only women worked at the stall, which meant that various other issues about their lives could be discussed more openly. While at the pharmacy Simon and his staff were (at first) more inclined treat me with a degree of distance due to the nature of the study, I found that sharing stories and experiences of the time we first arrived in South Africa as well as embarking on nostalgic memories from home helped establish some amount of rapport.

Considering the type of questions asked in this study, anthropological methods for data collection, enabled me to observe the social life of medication in everyday trade practices in Yeoville. Ethnographic methods were employed to the research, supported by three forms of data-collection: participant observation, semi-structured interviews and document analysis. Comparison of contexts in which the sale of pharmaceutical medication took place that is the pharmacy and the market brought insight into the perspective of the traders in pharmaceutical trade practice. These sites represent the formal and informal sector respectively. The

distinction made of these two settings facilitated the observation and exploration of how the various factors involved in pharmaceutical trade practice interact in the different contexts.

Given the sensitive nature of this study, the exploration of these contexts required careful ethical consideration. This study brings important ethical issues to the fore, like questions of legal limits to the services that a pharmacist and market trader can offer and how these (limits) are transgressed, the fact that the informants come from Congo – a different context. In addition to the above issues witnessing these practices also brought about ethical concerns. Participant observation in the pharmacy and the market enabled me to witness practices that were not always within legal boundaries. Such practices were not always in accordance with expected 'norms' thus posing the question of varied value systems at play in one context. In the pharmacy, the practice that raised some concern was the pharmacist's liberties in going beyond his duties by diagnosing his so called patients, and in the market, the illegal sale of medication as well as bribery of police officers. In the position of a researcher witnessing such practices presented a conflict in that on the one hand, the participants of this study imparted their trust in my intentions, under the understanding that their participation was voluntary, confidential and anonymous, and on the other hand their practices were illegal and thus worthy of reporting This study was not purposefully attempting to uncover an illegal or malicious practice on the part of the informants in order to report it.

In an attempt to determine the actual sale of medication in the market I posed as a customer, for the purpose of establishing that such practices did in fact occur, and once the site was established, the informants were approached and presented with my true intentions, where a relationship of openness and transparency was established. Taking into consideration the

origin of my informants and the diverse context in which they find themselves in is important to gain understanding of the motivation behind the given practices.

Chapter overview

In this study I argue that the trade of pharmaceutical drugs in Yeoville is molded by a number of circumstances such as limited access to state resources like the health care system. It is also molded by economic issues and state regulation of business. Said more explicitly; the safety of the drugs, economic state, access to health care systems, as well as regulatory measures all converge, stabilize and form a context in which trade practices take place.

In chapter 1 I introduce the study's participants Simon and Teresa[9]. Both in the health care profession, they moved from the DRC to South Africa with aspirations of better professional opportunities. Their stories diverge when they end up trading in medication on opposite sides of the legal spectrum.

In chapter 2 I address the formality of Simon's context and the informality of Teresa's context and how each is defined by the law. The law acts in the form of regulation and establishes itself in the lives of my participants.

In the final chapter we see that the rules that apply to formal and informal environments can be manipulated. Simon and Teresa defy the rules by subtly transforming their environment through manipulation. This in turn can create new and unexpected forms of authority, personal trust and accountability.

[9] My participants identities are protected by the use of pseudonyms

Chapter 1

Journey to the big city

In this chapter I will introduce you to Yeoville and the people whose lives I had the privilege of examining during my study. Situated in central Johannesburg, Yeoville is a poor suburb, estimated at a population of 14,705 according to the 2001 census[10]

Yeoville houses a large migrant community of which I am part of. Over the years I watched Yeoville transform immensely, due to increased popularity among migrants. The area accommodates a migrant community which spans across a range of social classes and ethnicities and this plays a role in the functioning of the suburb's formal and informal economy.

Yeoville has long been a place of refuge for the migrants and citizens who did not quite fit in elsewhere in Johannesburg. Its streets and buildings house thousands of untold tails of less privileged Johannesburg dwellers. The cultural melting pot atmosphere became the hallmark of this area. Like an island of recluses, those who did not quite fit into the apartheid society, chose this suburb as their refuge. This was the one place that allowed for 'freedom' and self-expression, that which was not possible elsewhere in the city. As the end of the apartheid era loomed, its transformative effects on the city were felt strongly here too. The white residents dispersed and more and more of the black population (local and foreign) moved in. In the old era, businesses in Yeoville were commonly formal. Along with a new democracy, came a drastic change of demographics which marked the birth of informal trade in this area.

[10] http://en.wikipedia.org/wiki/Yeoville

By the mid-nineties the population in Yeoville had grown. An article by the Wordpress (2012) "*informal trading - no easy solutions*"[11] tells the story of the rise of informality due to the increase in population in Yeoville. Suddenly street trading seemed to have taken over the sidewalks along stores and supermarkets; it was not too long before a market was built in order to counter the 'street trade' problem. To a large extent it reduced street trading practice which by then had been banned but it did not eradicate it.

In Yeoville pharmaceutical drug trade is found in both the formal and informal sector. An unreleased report on *Policing Counterfeit Medicines* based on preliminary research carried out in Yeoville, (Hornberger & Cossa 2010) confirms the sale of pharmaceutical drugs in the informal sector. This report subsequently provides grounds for a comparison between a market stall and a pharmacy. Our study (2010) identified the practice of pharmaceutical drug trade specifically within the Yeoville market. Traders were very aware of the possible legal consequences, so much so that "*the trade takes place in the shadow of the law, in the sense that the traders were aware that their trade was not legal and needed to be hidden*." (Hornberger & Cossa 2010:32). In terms of the sale of medication the formal sector adorned this area with more pharmacies, again due to the demands of a larger population. Within the formal and informal domains of the market Simon and Teresa made their living.

In this section I shall introduce the participants of this study; Teresa and Simon. This section also shares the story of their journeys of migration from the Democratic Republic of Congo to Johannesburg, in pursuit of a better life.

[11] (http://yeovillebellevue.wordpress.com/page/2/

Both characters in this story are involved in the sale of pharmaceutical medication in Yeoville. Their journeys and subsequent settlement in Johannesburg[12] explain how Teresa and Simon were drawn into the trade in different ways yet having many aspects in common. Through anthropological methods of participant observation I entered the lives of two traders; one in the formal and the other in the informal economy, to observe their daily routines and to describe patterns of interaction. By this I mean how they act and react to issues such as economic instability, the impact of access to health services within the migrant community, regulation of business practices, and the social involvement within the community. The sections that follow describe Teresa and Simon's career trajectories to the point that they became traders of pharmaceutical drugs in Yeoville.

Teresa and the Market

Teresa fled from the war back home seven years ago with hopes of finding refuge and better employment in South Africa. I listened to her story as we sat around her table at the Yeoville market one afternoon. Back home in Congo, the political situation was tense. Teresa like many other people had heard stories of life in South Africa. At the height of the political turmoil those testimonials became increasingly appealing, propelling her to join the scores of people destined for South Africa.

Of course, professional ambitions were just as tied with Teresa's migration as her need to protect herself from the dangers of war. Her professional life began in Congo, working part-time in a pharmacy, while she pursued her studies in nursing. This led to full-time employment at a public hospital upon completion of the course. Teresa told me how she once

[12] Their settlement in Yeoville happened through networks of migrants who already resided in the area. Both Teresa and Simon mentioned knowing someone who lived in Yeoville and this being the first area they lived in upon arrival in the country.

had ambitions of becoming a doctor but her financial circumstances did not allow her the 'luxury' of attending medical school, thus becoming a nurse was the next best and more affordable option. After a few years of working at the public hospital, Teresa was certain that her career could flourish in South Africa, and so the decision was made to migrate.

Teresa spoke with a hint of excitement as she remembered how it felt to arrive in a new country. Relieved from the fear and expectant of a new life, Teresa had a lot of hope for her future. Teresa expected life in Johannesburg to mark the end of her struggles, finding employment in a hospital or perhaps even a private clinic was at the top of her list.

Soon her expectations were shattered by harsh realities of migrant life. Her experience in attempting to find employment was dismal. She discovered that her refugee status and foreign qualification limited her on her quest for integration into South African society. Teresa visited the Department of Health to gather information about the possibility of employment on a few occasions; she was referred to Pretoria where she was told that in order to qualify to be employed locally she needed to prove that her credentials met equivalence to South African nursing qualifications. Teresa complained that she did not know what the process entailed and that the only thing she had been clear about was that she would have had to submit an application, which she hoped have would have led to equating her degree with the equivalent local nursing qualification. As far as she understood things, this would allow her to work in the South Africa as a nurse.

Seven years went by and Teresa had not heard from the department of health since. She had given up all hope of pursuing the career she had grown to love. Teresa's efforts to establish herself as a nurse in South Africa became an insurmountable challenge. Things did not go well for her: the department of health was not very forthcoming; she hardly understood what

the process entailed and eventually lost the will to pursue it any further. As she lamented on the turn of events she shrugged her shoulders as if to show that she had no choice but to settle for a stall at the Yeoville market. "*I needed to do something to survive*", she explained, almost pleading for my understanding, and she found the opportunity to do so in that market. Resigned to a position of survivor, her first instinct was to find a way to earn a living. Consequently she turned to the informal sector that enabled her to sell a vast array of goods with very few impediments. In spite of the tough competition for a space at the Yeoville market, Teresa managed to rent a stall, which turned into a valuable property for the family. The stall in the market was convenient. It was opportune because she was spared of the formalities she was faced with when she approached the department of health. At the market all that was required in terms of formalities was a lease agreement where tenants were given simple rules to abide by with very little interference from the managerial staff. This market represented more than just a place where business could be conducted; it was a safe haven for traders escaping from the harsh street pavements at the mercy of police raids.

The stall was diverse in that Teresa sold everything from traditional Congolese ingredients to gold jewellery. Teresa's table was packed with all sorts of things: skin lightening creams, hair extensions. She also sold Congolese food products like stock cubes, dry fish, frozen legumes, cereals and even clothing material were in abundance. In the midst of this array of products one could also find traditional medicine, prepared right there in her market stall. Such elixirs are commonly found displayed on most tables in the market; tenants seemed to be free to prepare and sell traditional medication with no particular supervision.

Teresa would usually be hard at work pounding roots in a big pestle; she made the medication from old family recipes passed down from generation to generation. Her mixtures catered for things like back-aches and other ailments.

This space also gave Teresa the freedom to practice her nursing skills. She realised that the demand for medication - especially the brands used in Congo - was big. Teresa invested on the demand by mobilising her family and contacts to send the medication from Congo. She also found herself advising her customers on proper usage of the drugs. This prompted the beginning of the trade of medication and consultations in her stall. Her familiarity with medication had conveniently led her to alternative means of practicing her profession. Rather than insisting on working under the structures of the department of health, Teresa conformed to her circumstances and found comfort in her ability to at least earn a living. This part of Teresa's business was far more subtle, as we will see in the next chapter; the sale of medication was an illicit activity.

Simon and the Pharmacy

Simon's story like Teresa's began in the DRC; he recalled the series of events that led him to South Africa as we chatted about the past. Simon has been in South Africa about a decade and in this time he has managed to open his own pharmacy, a second one for his wife, as well as a chronic medication supply business. Simon was an astute business man and he spoke proudly of his accomplishments as a self-made business owner and the need for his professional and social expertise in this area.

Recalling the beginning of his career in Congo, Simon confessed "*You know I actually wanted to be a doctor*", looking nostalgically into space. Unfortunately he did not qualify for the course, so he settled for his second option, which had been pharmacology. An uncle who worked for the university that Simon attended promised to help him move from the pharmacy course to the second year medicine program if he did well in his first year. He was disappointed at first but soon gained interest in the field. By the end of the year Simon was no

longer interested in pursuing a career in medicine. He felt that God – in a roundabout way - placed him in the pharmaceutical field where he truly belonged. Not too long after completing his course, Simon decided to head to South Africa. To Simon South Africa represented stability, prosperity and financial security. He saw South Africa (and specifically Johannesburg) as a place with great potential for growth.

Like Teresa, Simon found himself in Yeoville. He quickly informed himself of the appropriate course of action to take in order to find work in South Africa. An employee of the Department of Health told him that to obtain a licence to practice as a pharmacist in the country he would have to be submitted to an examination to prove his expertise within South African standards. I noticed the frustration in his voice as he recalled that he wrote the exam and failed twice before he was finally granted permission to practice as a pharmacist. The repetition was due to his problems with language, he explained. To Simon the transition from French to English was challenging, luckily the technical terms sounded more or less the same but he had to quickly become accustomed to the new language if he was to pass the test.

After he attained his licence he went on to work for the pharmacy in the Johannesburg General Hospital (JGH). Simon spoke of the difficulties of adjusting to a new more rigid system for in his country the trade of medication was less orderly and the laws regulating the trade and dispensation of medication only loosely applied. In terms of practice and the conduct as a pharmacist, there were clear differences between the two countries. As we chatted about Simon's trajectory, his assistant named Luis, who was also from the Congo (though still relatively new in the country but on his way to becoming a full-fledged pharmacist), listened in. He voiced his opinion when he heard Simon speak of the difficulties in adjusting to the South African system. Luis told us that he could relate to his mentor's

story since he had been through similar struggles. This young man had been in the profession for 5 years, after attending the same university as Simon when he received an invitation to come to South Africa. , Luis was motivated by the prospect of more serious execution of his profession: “Studying pharmacy in Congo is a waste of time since people just do what they like”… “You can get anything you like without a doctor’s note from a pharmacy” said Luis appalled by such practice. Simon agreed that the circumstances in Congo were quite different from that of South Africa on many levels, be it economic, social and of course political; and that all those influenced the manner in which their profession was carried out.

As I mentioned, Simon’s career in South Africa took off by working at the JGH dispensary. There he gained experience and learnt a great deal about how the local system works. I told Simon I had met Dona, the manager of the JGH pharmacy and coincidentally he had been trained by her. To Simon their services were excellent and he spoke highly of the pharmacy, its staff and work ethic, and seemed to mirror himself on their professionalism. A few years later he moved to the (now competing) pharmacy a block away from his own. His former place of employment was one of the oldest pharmacies in the Yeoville area. He worked there as a pharmaceutical assistant for a few years and this was when he first became aware of a possible gap in the market.

Suddenly he became indispensable to his employers, not only as a pharmacist but as an interpreter as well. A growing number of Lingala and French speaking customers would come into the pharmacy and he had to translate their symptoms into English in order to help the other pharmacists make appropriate diagnosis. Eventually regular customers requested Simon’s exclusive attention for the sake of language and familiarity. Clearly, some customers found it difficult to communicate in English, exposing a need for a francophone pharmacist.

A year later Simon inaugurated RA pharmacy. He promoted his exclusive services and purposefully became the reference for French, Lingala and even Swahili speaking customers.
As a migrant, Simon's integration into this community had a more satisfactory outcome compared to Teresa. Simon's main artifice to conquer his new environment was persistence. Persistence in legalising his professional situation over adversities such as language and bureaucratic opaqueness.

Despite several points in common, regulation caused a divergence in the career paths of Simon and Teresa. They had similar trajectories of career formation where they both trained in health care. They both migrated from Congo in hopes of a better professional life in South Africa. But Simon and Teresa ended up trading medication in different spaces: the pharmacy and the market stall respectively. From the descriptions above, these two businesses are at opposing ends of the spectrum of legality; the one is formal, acts within the bounds of the law and the other is informal, and acts in the outskirts of the law.
As we have seen the law is instrumental in Simon's success in opening a pharmacy and Teresa's drift into informality. Because of the law Simon (who persisted in qualifying as a pharmacist in South Africa) was able to open his own pharmacy. However Teresa had to resign to the Yeoville market after her failed attempts at proving that her credentials were equivalent to a South African nurse qualification. It is thus the law that causes such similar paths to diverge. In the next chapter I will discuss the legality aspect in greater detail. We will see how a particular aspect of the law is entrenched in daily practice, demarcating the line between formality and informality.

Chapter 2

Regulation - The great divide?

In the previous chapter I introduced Teresa and Simon and reflected on their journeys to South Africa. The most notable difference in their stories was in the trading spaces they ended up in due to the law. This chapter is concerned with the social life of the law and its entrenchment in everyday practices. Regulation is an important component of the law that has been influential in informing the contexts in which we find Teresa and Simon. Through regulation the law became tangible. The purpose of this chapter is therefore to examine trader's daily activities in relation to regulation. I will start by expanding on key concepts that permeate this paper, followed by detailed accounts of practices that feed into the tangibility of the law.

Theories suggesting that the law and social life are intricately connected are not (by far) anything new. Roger Cotterrell (1999) reconstructed Durkheim's legal theory by bringing together "*insights scattered through many sources*" (1999:1). Durkheim viewed the law in relation to social life rather than merely a collection of rules and regulations. For Durkheim the law is a *social fact* which "*refers to some aspect of collective experience that informs but is not fully encompassed by any individual life*" (1999:12). If the law is an aspect of collective experience in society that (to a degree) informs an individual's life, then Teresa and Simon experienced the law which informed how they sold medication. Durkheim's social facts are made up of more than individual action; they wield power over individuals' beliefs, and guide society. This view connects the law to social life and points to the fact that it infiltrates and moves beyond individual's lives to influence how people do things in the form of regulation.

By observing Simon and Teresa's daily routine we will see how the law is integrated into social practice in a web of rules and regulations. Boldwin and his colleagues tell us that regulation has become a field of study in "*its own right*" (2012:2) tackled by many disciplines including anthropology. First I would like to explore the idea of regulation through the work of Boldwin et al (2012). They suggest thinking of the concept "*as a specific set of commands, as deliberate state influence and as all forms of social or economic influence*" (2012:3). In South Africa these specific set of commands are set by institutional bodies such as the MCC and the National Department of Health. They engage in determining the rules that dictate legal from illegal practice. The authors view regulation as an instrument of deliberate state influence where all action by the state is "*designed to influence business or social practice*" (2012:3); in the context of South Africa those influences are strongly felt in both social and business practice of traders of medicine in both the formal and informal context.

The two main laws that separate the formal from the informal space were articulated by the *National Drug Policy for South Africa*. Firstly it states that only practitioners and premises that are registered licenced with the relevant council may operate, according to the terms of the Medicines and Related Substances Control Act (No 101 of 1965). Further, medical practitioners and nurses are not permitted to dispense drugs, unless they possess a dispensing licence issued by the Medicine Control Council. Registration of the practitioner and the promises, immediately excludes Teresa. As I mentioned in chapter 1, this former nurse was unable to register with the council in South Africa yet continued to practice her profession illicitly. Simon on the other hand followed the requirements of regulation to the tee which enables him to operate legitimately. This law set in motion a series of practices that defined the boundaries of each context. Another important law stated in the National Drug Policy

document that promotes the division between Teresa and Simon pertains to drug registration and subsequent inspection. It states that "*drugs which are registered in South Africa may be imported, produced, stored, exported and sold*"[13]. The mechanism that controls the above processes is a "*drug inspection service*" that operates under the direction of the MCC and the *South African Pharmacy Council* (SAPC) which is an "*independent statutory body created by the legislature in South Africa*"[14].

But then why is regulation important in the realm of trade of medication? Compared to other aspects of the law (such as policy) regulation in the medicine trade environment has closer contact with people's daily lives. Many authors including Jayasuriya (1985) and Wiktorowicz (2003) agree that regulation is significant because such laws defend a standard of quality, safety and efficacy of the drugs, ultimately to protect the public from potentially lethal consequences. In addition, regulation creates standardisation of procedure which in the end becomes standardisation of quality. In other words a uniform procedure in regulating medicine then provides assurance of the quality, safety and efficacy of the products on the shelves. So far we have seen that regulation plays a crucial role in representing the law, and noted its influence over practices. Now we shall observe how regulation casts Teresa and Simon further into different ends of the commercial spectrum - those being the formal and informal.

[13] http://www.pharmcouncil.co.za/A_Overview.asp

[14] Established in terms of the Pharmacy Act, 1974 (Act 53 of 1974). http://www.pharmcouncil.co.za/A_Overview.asp

Everyday trade on the right side of the law: Simon

Registered pharmacies are governed by regulatory bodies whose duties are mainly to provide guidelines for appropriate storage and trade of goods, as well as inspect and penalise irregularities. This process illustrates part of what constitutes the formal trade of medication.

So what does it mean to be on the right side of the law? Let us take a closer look at how Simon navigates the demands of regulatory compliance in his daily routine.

I first met Simon while scouring the neighbourhood for a pharmacy to use as my new research site. He listened to my explanation (of the project) with a slight tinge of curiosity and suspicion, but seemed to relax once it became clear firstly that I was a fellow migrant and that this exercise was purely academic. His pharmacy (RA) had been open for about two years and from my first visit it was clear that it was highly frequented by the migrant community.

RA was by no means a big modern establishment like the ones typically found in shopping centres. On the contrary it was quaint with little space to manoeuvre if more than ten customers walked in at once. Its setup was simple and functional. Simon invested in two big, colourful banners right above the entrance where he had the name of the pharmacy, its contact details and trading hours listed. The store floor had one set of shelves in that divided the floor into two aisles; a small enclosed area reserved for private consultations arranged on a corner and next to it a large counter that went halfway around the room. The counter was furnished with a computer Simon used, a cash register, small items on sale such as sunglasses, lip balm and sweets, a few pamphlets as well as a tray of glasses with a water jug for the customers. Behind the counter Simon had set up shelving that occupied most of the walls and next to them, a door that led to the dispensary. The opposite side of the room had more shelving where all the vitamins and herbal remedies were stored. The stock was neatly

packed and varied from local to international brands. The wall was decorated with posters high up near the old TV set. Gospel music would normally be playing in the background while the TV was set on a channel dedicated to Simon's church. This was Simon's first pharmacy which made him go to great lengths to show the professional nature of his business, through things like the big banners outside, purchasing a company van for deliveries, advertising the provision of services on pamphlets such as "*blood pressure measuring, cholesterol test*"… and special services such as "patient counselling i.e. men impotency advice couple sexual problem"…, giving away year calendars that (again) advertised the pharmacy services with respective pictures of the pharmacists tending to their patients and finally, TV adverts on an independent church channel.

RA gained popularity over the years especially due this pharmacist's professional attitude and language facilities for assisting foreign customers[15]. His customers constantly commended the pharmacy's services and Simon's counselling skills. On a typical day, one would find Simon juggling phone calls from customers and suppliers, stock control and patients who requested his specific attention. The pharmacy was busy most of the time and Simon managed it all with the help of his two assistants, a cashier, a cleaning lady and a floor assistant who followed customers around the aisles to assist those who needed help (but more especially to ensure that nothing went missing). The popularity was so great that he was obliged to increase the pharmacy's trading hours to 17 hours, hire more staff and create a second shift. A day at RA oscillated between frantic and serene, sometimes in a matter of minutes. In the frantic moments scores of people entered the pharmacy all at once congesting what little space there was. The staff ran from one end of the counter to the other tending to as many people as they could. Some customers chose only to be seen by "the doctor" as they

[15] See chapter 1 page 22. Simon attracted customers by assisting francophone migrants with English.

called Simon while a considerable number of people entered the pharmacy to enquire about the price of medication. In the moments of calm, one could hear the gospel music with more clarity; the staff concentrated on the church news on TV, chattered on about any topic they could think of or listen to Simon's philosophies about religion and appropriate social conduct.

In terms of keeping up with pharmacy standards predetermined by the SAPC, RA seemed to manage well. Every year the SAPC issues out a list of all registered pharmacies which states the date and current status of inspection. The SAPC sites different types of inspections of pharmacies such as "*monitoring, new premises, training, follow-up and disciplinary inspections*"[16]. Curiously, in 2011 RA was the only pharmacy listed in the Yeoville area. RA qualified as "new premises" in that year. For the most part, Simon's acknowledgment of the purpose of the routine checks of the medication, ordering constant cleaning of shelves, explanation of rules to customers ran on autopilot. It was a though the thoughts ran quietly in the back of his mind as this series of activities transformed into part of his day to day routine. Talk of inspections and regulation was rare, all of those activities seemed to be an incidental consequence of something pre-established.

Still, when an inspection was due, the dynamics and overall atmosphere of the pharmacy changed completely. On stock taking day, Simon would normally have a bunch of papers in his hands, looking at the products on the shelf behind the counter, select a batch and proceed to count one by one and make a note on his paper. This momentous task would go on for hours. He worked his way through the aisles, carefully checking each item and making a note. Normally the cleaning lady would follow behind, dusting off the shelves and cleaning the floor after him. The prospect of an inspection always left Simon apprehensive. I watched

[1616] http://www.pharmcouncil.co.za/B_Prac_Inspections.asp

as he paced nervously from shelf to shelf behind the counter. It was evident that he was agitated. He volunteered, without any prompting, that he would be receiving a visit from an inspector any time that day or the next. The visits from the inspectors happened once or twice a year. Simon explained how a typical 'inspection session' preceded; a single inspector conducted the inspection and he (or sometimes she) scrutinised the condition of the pharmacy - everything from general hygiene, appropriate storage, temperature and expiry dates. Simon had to make sure that everything was in order at all times to avoid the hefty penalty he could receive if anything was below standard. As a pharmacist, he was required to be knowledgeable of and adhere to the regulation process in order to maintain the level of quality the law prescribes for the pharmaceutical trade and industry. In the trade of pharmaceutical drugs, being on the right side of the law ultimately means complying with and wilfully subjecting oneself to the regulation process. Traders consequently yield to the principles of regulation which involve a sort of loyalty to a stipulated level of quality of products and services.

As subjugating as that all sounds for Simon, there were big advantages to this submission to the law. One such advantage was the trust and prestige earned from being recognised as a member of such a group. In other words the pharmacy itself (from a client's point of view) was affirmation that the medication sold in it is 'safe' and of quality. This recognition of standard earns the pharmacist trust, positioning him on the right side of the law. We need to keep in mind that a pharmacy is also a business establishment, one that has the unique ability to sell on the strength of trust. In the following account we will see how trust can generate profit.

This man was not merely a pharmacist; he was an astute business man, whose ambitions went beyond the boundaries of his store. He strove to find innovative ways in which to sell

medication and of course generate profit. Simon revealed his skills on one of my earlier visits to RA when a young man walked into the pharmacy and asked the cashier to speak to "*the owner or manager*" of the establishment. He carried a heavy briefcase and seemed tired but attempted to maintain a professional posture as he approached the counter where Simon stood alone. The young man greeted and introduced himself with the typical enthusiasm of a salesman and in the same breath went straight to business. He swiftly opened his briefcase displaying all his promotion material, scanned its contents, removed a stack of pamphlets and handed one to Simon. The pamphlets looked professionally done; it was hard to distinguish whether this was a local or an international brand.

Before Simon could stop this enthusiastic entrepreneur he began his speech with a rehearsed line and went on for a few minutes about a new vitamin in the market. Simon listened with a blank expression on his face, waiting for the young man to finish. As soon as he did, Simon simply pointed to a shelf across the room filled with vitamin boxes, and said "*see the TURBOVITE and the others?*"... "*I have an agreement with the company; I only accept their products on consignment*". The young agent turned to look at the shelf and turned back to Simon's disinterested face. Obviously discouraged, the young man listened as Simon explained that he was not prepared to purchase stock and potentially lose money if the product did not sell. He offered space in his shelves solely under those conditions. The young agent could see that insisting in selling Simon his products would be futile; this was the cue for the young man to bow out gracefully. This system is interesting; In essence renting out spaces in the pharmacy echoes the authority a regulated space can give to a business. Both Simon and the agent recognised this authority and capitalised on it. The desire to collaborate with a pharmacy in the first place is a sign of recognition of the authority that a regulated space has when it comes to dispensing trust or better yet, trustworthy medication. Simon did

not mind experimenting with the sale of products that did not have a reputation yet. It was an exchange where Simon would sell their products at a reduced risk of loss and they (the brand) would gain market advantage through the trust attained by being in a regulated space.

The pharmacy was a profitable business in itself, yet Simon manoeuvred his way between adhering to the regulation and making it work to his advantage. Again, this pharmacist made regulation work for him, by using the very 'status' of authority and trust in function of his personal agenda. On that agenda was a project of expansion. He had opened a second pharmacy run by his wife and now Simon wanted to go further. He had this project in mind for a while but the opportunity to execute it had only come recently. I happened to be present when the moment of glory came. That day Simon had been attending his patients as per usual and decided to finally take a breather when the number of people declined. He grabbed the phone and went to the back of the pharmacy for a moment. It was not long until an image of Simon flashed on the TV screen in what looked like a conference. Quick scenes of Simon and a lady colleague speaking to a power point presentation kept flashing across the screen. The voice over explained that this new organization, the (ACMDN) which I later found out stood for *Africa Chronic Medication Dispensing Network* was initiated by Simon and a Doctor friend of his. The voice on the TV went on explaining that the objective was to become a source of medication (for chronic illnesses) for the African continent. Simon was excited about the hype as he interrupted his tasks to put up the volume so the whole room could hear.

When the insert finished he shared that their main objective was to help chronically ill people who did not live in South Africa to have access to medication through them. He walked to the back of the room and returned with the company's profile arranged on a nice folder. The folder had an image of a large modern building and the company's emblem in the front. The

back had contact details and more pictures of modern buildings, an airplane, a ship, medication, a team of professional looking people of different races, some wearing white coats and others in suits. Finally there was a picture of Simon standing at the back of the pharmacy car. This must have been the only original picture while all the others were generic images which must have been sourced from the internet. He opened the folder so I could see the inside, it enclosed a CD and it had more details about the company. I schemed through it quickly and read the main objective which was to cater for countries where "*the collapse of basic and specialized health care systems due to war, neglect and the brain drain left a vacuum…*" the other side of the page had "*YOU*" in big bold letters, suggested that the reader could join in the network. That was when Simon suggested that I join their venture by helping to find people in Mozambique, whom suffered from chronic illnesses to supply the medication to. Clearly expansion of the services provided by his pharmacy was on the forefront of this venture, and this is one more way in which Simon could sell the trust he earned through the pharmacy's status. The presentation of this folder is significant because it represents the image Simon attempts to portray. The use of images suggesting modernism and professionalism project ideas of quality, safety and regulation of drugs he intended to supply. That said, Simon's actual circumstances in Yeoville were different from what this folder represented. Yeoville had no fancy buildings, this was a poor community plagued by urban decay. Yet regulation rescued RA from the supposed chaos outside its doors by establishing a visible order that translated into generalised trust.

From what we have seen of Simon's routine, the law is entrenched in every day practice through regulation. His activities were linked to abiding by the rules of regulation in a ritualised manner. The routine checks on the medication, the stringent cleaning regime, and the constant emphasis on the services the pharmacy provided, among other activities, formed

part of the regulation ritual. Regulation is therefore embedded in and dictates practices within the formal trade of pharmaceutical products. In addition Simon is able to take advantage of regulation by incorporating his personal interests into the running of his pharmacy which I will discuss further in the next chapter.

Everyday trade on the wrong side of the law: Teresa

As far as the law is concerned Teresa traded on its outskirts. She operated in the informal sector, straying from the inclusiveness of regulated spaces. The former nurse found herself selling pharmaceutical products (among other things) in the Yeoville market to earn a living. Cotterrell's (1999) interpretation of Durkheim's view that states that the law is a social fact and a collective that sets boundaries for the individual validates my arguments about the effects that the law can have in determining people's fates.

Just like with Simon, I will delve into Teresa's daily experiences, focusing on the practices that reflect the influence of regulation. As I mentioned in the previous chapter the Yeoville market was built in 1999 by the *City of Johannesburg* out of necessity to counter the problem with an excessive numbers of street vendors. Since then, this market's popularity grew immensely among migrants and locals (not necessarily residing in Yeoville) and it subsequently became a landmark of the area. Various authors have noted that the informal sector is synonymous to alternative business practices in third world countries. In her argument on the presence of informal economy in the large cities of highly developed countries Saskia Sassen (1994:2289) states that "*the scope of character of the informal economy are defined by the very regulatory framework it evades*" thus "*the informal economy can only be understood in terms of its relationship to formal economy that is- regulated income generating activity*". In terms of development, South Africa is a -highly developed country- in the region. Sassen (1994) found that migration from third world countries is a

huge contributing factor of the surge of informal economies in more developed countries, resulting in a replication of survival strategies used in the country of origin. Following Sassen's (1994) reasoning South Africa's development rate is higher than most other African countries meaning that the same phenomenon can be observed here, that is, elevated levels of migration and recreation of survival strategies in the form of informal economic activities.

The first time I encountered medication being sold illicitly at the Yeoville market was the result of a purposeful search[17]. I had been told that medication was sold in certain stalls; so I set out to see if I could find at least one, in order to establish a research site. As I walked toward the market that afternoon, I was quite convinced that I would find vendors selling pharmaceutical medicine. I reached the market passage, and I could see the various stalls, some with improvised wooden or metal tables and plastic stools, most of them neatly organised, each carrying a variety of products neatly packet into their little groups. The market seems to be divided into sections just like a department store. On the outer part of the square structure were vendors selling vegetables side by side. Diagonal to them were hair salons and barber shops. Around the corner were the shoe repairmen as well as the tailors who also occupied stalls.

The inner part of the market had about five aisles along which there were vendors selling a variety of items. A mix of beauty products (mainly skin lighting creams), things like combs, plastic watches, *Mopane* worms, hair accessories, some vegetables, cerials, palm oil kept in old plastic coke bottles and other things I could not identify. I walked through the busy, narrow, aisles, paying close attention to try and spot the medicine, in doing so I caught the attention of the vendors (who obviously thought that I was a potential customer). I made it through most of the aisles consciously ignoring the calls "*come my sister*" or "*Wosa Sisi*" and

[17] Refer to page 21 (ethics)

advances the vendors made, only to come to the conclusion that no one was selling medicine. At that moment it seemed best not to even enquire about it, but something else caught my attention; these little packages stacked on the wooden tables in the 'beauty' section of one of the stalls. They reminded me of an aunt whom (although had wonderful, flawless skin) was obsessed with being light in complexion. I remembered her dragging me to a market quite like this one so I could help her choose the product she was going to try next. The result of her adventure was rather tragic; she developed these strange light spots on her face that took a long time to go away.

I finally decided to stop in front of one of the stalls toward the end of the isle when a meek looking woman greeted me. I readily assumed that she was not South African, as this was the case with most of the vendors I had encountered in my stroll through the market. But more than that the clothes she wore were very 'traditional' looking. She wore a bright, colourful patterned cloth wrapped around her waist as a skirt, in a style typically worn by women from West African countries. This lady seemed nice and less eager to sell me something. She said "hello" in a quiet tone and I smiled and responded in the same manner as she stood up from her stool. I immediately let her know that, I did not want to buy anything and that I was just looking, her smile fading a bit as she maintained her good humour. I stared at the large amount of different products for a while, noticing the lovely light skinned girls picture's printed on the packs with names written in French and in English. The table also had some leaves packet in transparent plastic bags, some dried fish stacked together in a box and smaller plastic packet of which the contents I did not recognise.

I wanted to try another stall; the beauty products were out in the open but what about the medicines? As soon as I stepped into another isle or corridor, a lady called me over and I

went to her, she wanted to know about my hair, so this was the perfect opportunity to probe. I told her everything that she wanted to know while scanning her table for anything medicine like. I noticed that she had a lot more of the skin products than the other ladies. Without much hesitation I asked if she had any malaria pills, and she replied "*do you have malaria*?" I said did not have malaria but that someone I knew (a figment of my imagination) had it. I told her I was looking for a brand that was not available at the pharmacy only in Mozambique. She seemed to like the fact that I was a foreigner and asked me to follow her.

We moved through the stalls and came to one that just sold beauty creams and lotions, there were three ladies sitting chatting, my companion spoke to them in French and I could tell that she was explaining what I wanted. One of the ladies addressed me in English; she asked me a series of questions to see if she had what I was looking for. Her questions were very much like what a doctor or a pharmacist would ask a patient, about the symptoms and I listed all the malaria symptoms I knew. She nodded in agreement of the diagnosis and quickly pulled an old looking grey plastic bag from under the large table right where she sat, she didn't open it, and remembered to ask me for the name of the medication I was after. Since I had improvised up to that point, I told her I was not sure of the name of the meds but they came in a blue box. So the lady told me to just bring the box and she could help, I had hoped to have seen what she had in the plastic but... I then asked how much it would cost and she said that for a dose it would cost between R50 to R100. A few weeks later this same woman agreed to let me spend some time with her to learn more about her story, her name was Teresa.

The way I came to meet Teresa was an experience many of her customers had had before me. I went through a sort of screening process. Teresa relied on other traders to assess the people who enquired about medication before referring them to her. This process was due to an assumption that the government conspired against them, and that there could have been spies

lurking about the market gathering incriminating information. I saw this sentiment expressed more explicitly on one of my weekly visits when I asked Teresa how the sale medication was going. She was brief in her answer and simply said that there had been better days. The conversation veered from talk about profits to regulation. When I asked if anyone had ever been to inspect her medication, Teresa's expression changed, she cringed at the thought of it and said in a low voice "*no one could even know about it, this is kind of a secret, the South Africans can't know about this*"... "*You see we are not allowed to sell this medicine, but we try here and there*". Again, she insisted that this was about survival, and that when she started this business, she did not know what would work, this was just one of the things she decided to try. Teresa emphasised the fact that there was consensus among the traders in the market that none of the South Africans should know about this. Ironically not all her customers were foreigners, and her clientele included only the locals she trusted. Most people did not go directly to her unless they knew her, otherwise they would ask around the market and if they did not "*look right*" as she put it, she would say that she didn't sell any medication.

Although Teresa was fully aware of the reasons for the birth of such strategies, (a reaction to regulation) like Simon, this was not verbally expressed at every turn; it simply seeped into their practices and enmeshed itself with quotidian life.

From what we have seen so far, Teresa obviously operates in a very different environment to Simon's. Keith Hart's (2003) philosophies on the informal economy help us understand Teresa's space. He states that people "*interact daily in autonomous social spaces that belong neither to the public nor to the private sector*" (2003:2), The Yeoville market qualifies as a semi -regulated space, "semi " due to 'regulation' by the establishment's' management. The truth is, this management's concerns bordered on organisational issues such as rent and maintenance rather than interference or impositions in say the inventory tenants had

displayed for sale. Interestingly upon approaching Teresa with a request to spend time in her stall, she informed me that the only thing required was official approval from the market manager, who ironically could not have been more informal with a nod and a smile as the 'official approval'. While the market is a semi-regulated space, the economic activities in the stalls still fall under the category of informality/the informal. Next we shall observe Teresa's daily routine and later see how the above legal category ostracises and criminalises Teresa in terms of the sale of pharmaceutical goods.

Teresa's days started early with the market opening around 7am. She and her sister Nadia lived together a few streets from the market, and the girl Teresa hired (referred to as a sister as well) further away. They would start with the arduous task of fetching all the stock that belonged on the table from the storerooms provided by the market. Once the table was set ready for the day they would carry on with other tasks (if any) while looking out for potential customers. The early mornings were normally quiet as the habitual shoppers trickled in slowly, meanwhile the ladies of the market visited each other's stalls, sat in circles taking advantage of the morning rays, laughing and chatting. Once things began to pick up Teresa and her sisters attended to customers. Amazingly, quite a few of the people (mostly migrants) who frequented the market, knew Teresa and her sisters. They would come by to greet them, have a chat and of course, purchase a few items.

The items on Teresa's table came from various sources. The stall's supply network was intricate for it seemed Teresa did not only rely on a single supplier for products with the exception of the medication that she insisted was bought in Congo and sent to South Africa through an agency. These agencies became popular among migrants for sending remittances as a consequence of strong links with their home countries. Sending and receiving money and

goods to and from their countries was a monthly activity. Teresa took advantage of the agency to transit the medication to South Africa. With the rest of her stock she relied on suppliers who visited the market on a weekly basis. These were people (often migrants) who had the means of travelling (like an up-to-date passport and legal status in the country). They were constantly sought out for replenishing of stock and comparison of prices.

The ladies had different tasks around the stall. The young girl Rose was more preoccupied with keeping things in order and helping customers pack and reach for things on the table. Teresa called on passing customers, inviting them to stop at her stall, handled the money and managed things like getting more stock, making traditional medicine, prepacking a few items individually. Nadia assisted with all the tasks. Much like the pharmacy, they experience sporadic avalanches of people only to be followed by extreme dry spells; the only difference was that the Teresa's stall could sometimes go on a dry spell for days.

When it came to attending to customers this former nurse (in practical terms) managed to establish a similar dynamic to Simon's. Although purchases of pharmaceuticals were fewer in comparison with other products, it was fascinating to observe how similar this scenario was again to a consultation at a pharmacy or a doctor's office. I was with her one afternoon, when a lady sat down on a plastic stool right next to Teresa. She seemed to know both Teresa and her sister Rose. She was looking a little distraught. They had a lengthy chat in a mixture of French and Lingala. The issue seemed important and perhaps even emotional as the lady pleaded for help with an earnest look on her face. Teresa said a few words then reached under the table and grabbed the plastic bag in a rapid motion. She opened the bag displaying a vast array of coloured pills and boxes. She pulled out a set of green pills and subtly handed it to the lady. In return the lady gratefully handed Teresa R120, said her goodbyes and walked

away. After the consultation Teresa explained that she had given her customer a discount - because the lady did not have enough money, but that she was a loyal customer. About half an hour later a young man who must have been in his mid-twenties stopped by. He also sat down next to Teresa for a chat. She again reached for the plastic bag where she kept all the medication. This time she brought out a small red box. Anxious to conceal his purchase, the young man grabbed the box and quickly stuffed it in his jeans' back pocket. He seemed embarrassed of his purchase as he fidgeted awkwardly to find the money to pay. The R100 note finally surfaced from one of his pockets and he shyly handed it to Teresa avoiding eye contact. Without another word he darted from the stall, leaving me wondering what he had bought since Teresa made no comments. The medical consultation scenario is fitting to describe Teresa's methods when attending to her customers. They would be invited to sit with her in a relatively formal manner, explaining the symptoms, purchasing the medication and taking recommendations. To a large degree Teresa felt obliged to respect the privacy of her customers when matters where of a more personal nature, which was also likened to a more formal setting. Teresa's professional identity made her recreate the formal manner in which she treated her customers as a nurse. She brought the professional work ethic she acquired in her nursing days into a non-regulated space as a form of self-regulation.

Informal traders experienced the effects of the law - that is regulatory action differently. Selling outside the parameters of the predetermined trading space for pharmaceuticals subjected Teresa to a different type of regulation. Instead of appointed visits from inspectors like it happened in RA, Teresa had to contend with sudden, random intrusions from the police in the form of raids. Insofar as 'direct' contact with law went; raids complemented that role and were part of these traders' lives. They too moulded practices.

Over the years the police raided the market several times mainly using the element of surprise as their operational tactic. This type of regulatory measure entered the informal space mostly on the basis of police hunches, target quotas and denunciation. A denunciation set off a domino effect with a widespread raid as the result. In conversation with Nadia, Teresa's sister, she had been lamenting that things were not going so well in the skin cream department. She told me that the police had been to the market to inspect the creams and that some people's stock had even been confiscated: "*They came here, told us that we are not supposed to sell the cream*s" Nadia said, a little scared. Attention seemed to have veered toward the Yeoville market; although medication was not directly targeted, the turn of events was significant for traders like Teresa whom had more than just the skin creams. Later on, Teresa said that this was the first instance of such regular raids she had ever encountered in the market. The tenants were anxious about their table displays and as a result they devised strategies of warning each other of police presence. The anticipation was harder and more nerve-racking than the actual raid; the uncertainty of the day's occurrences was overbearingly uncomfortable. The discomfort grew to nervousness as time passed and the atmosphere at the whole market was so obviously tense that one could 'cut the tension with a knife'. Still, the tents went about their daily tasks more alert and ready to act in case of an eventuality. Teresa had confirmed via the grapevine that this story apparently began during a raid to confiscate and ban skin lightening creams in downtown Johannesburg. Angry at this, the downtown traders objected to being the sole target and pointed out the Yeoville market as a source of similar illegal activity. Consequently, the police began a series of raids in the market.

In Nadia's opinion the raids at the Yeoville market were a money making scheme orchestrated by the police. She did not think these raids happened out of a genuine concern for public health since the confiscated goods could be recovered for a bribe. This caused

apprehension among the traders; I observed this as I walked through the corridor on my way to visit Teresa's stall. The mood was indeed tense, and the tenants seemed a bit jumpy, I had the distinct impression that people were scrambling about, subtly but with urgency. I only realised what was actually happening once I saw Nadia rushing to grab a box. She was alone that day, nervously looking all around as she opened the empty box, I must have startled her as I said hello. She jumped up and looked at me, but it took her a few seconds to utter any words. Finally all she managed to muster was "*the police are here, it's a raid*", I looked around and in fact other tenants felt same way and they removed things from the tables while watching out for any approaching danger. I did not actually see any police men, at least none in uniform but I did not second-guess her instincts either. Nadia paced around the table, evaluating the items grabbing them and putting them down, I asked her where the officers were at this point, she said that she was not sure but that a police van was parked outside the market.

I looked around until I spotted the van and it turned out it was a single traffic department van. Nadia was still very concerned with her stock so she began to pack all the items in the box. I offered to help her pack. She handed me a few items from the table so I could place it in the box. As we put away the items in the boxes I asked Nadia why she thought this was a raid, and she explained that a few police officers had been there the previous day and they confiscated creams from a few of the stalls, so as soon as she heard that they were raiding she packed everything away the same way she was doing. She recollected that the police officers had been in casual clothes, making it all the more dangerous because she could not see them coming. They approached the stalls pretending to be customers and once they were shown the creams they revealed their true identities. Once the police exposed themselves they informed them that they were not supposed to sell those creams and that it was illegal because they

contained a substance that was harmful to the skin. During this confiscation the officers asked for money in order to return the goods, this was no surprise to any of the tenants; in fact it was the expected so those whose things had been confiscated contributed about R100 each to 'bail out' the products.

Nadia had no intention of paying anything, so we packed as quickly as possible. She hid one of the boxes under the table and second box behind the stall, covered them with cloths and we acted 'normal'. Across from us was another stall with lots of creams displayed on the table, I wondered why the lady at that stall did not seem at all fazed with the possibility of a raid, Nadia explained that she kept empty bottles so even if the police came, she would not lose her stock. I looked around to try and see just where the police men went and if they were even conducting a raid at all. The two officers who caused such panic finally surfaced minutes later, with plates of food in their hand, they has just been to one of the canteens inside the market to buy some lunch, it seemed. They walked past the nervous tenants without a single glance at them, everyone watched as they got into their car and drove away, only then they sighed in relief.

This last account shows us that regulation criminalises and ostracises the informal trade activities through raids which only reinforce the informality of such economic activity. In the introduction, the Yeoville police station commissioner claimed that lack of resources and specialised training, made it difficult to police pharmaceutical products but they responded to denunciations made by the public. The informality increases as police lacks the means to tell good medicine from bad medicine. Instead they find substitutes like for instance confiscating all cosmetic products on display, using their powers locally and not taking the cases to court.

This Yeoville market trader strayed from the objectives of the law which are to produce standardised quality and practice. As a result she is labelled as criminal, yet Teresa continued to sell day in and day out. I see an element of trust governing Teresa's business in spite of what regulation sets out to do. To her customers Teresa did not appear at all as the seedy character the law may suggest she is. Nordstrom (2007) sites a situation in Angola where (like Teresa) the traders were not out simply to sell pharmaceutical products inconsequentially with no regard for health and safety. Nordstrom argued that these traders wanted to keep their businesses, which implies that (at least on that level) their product would have to have some quality. Throughout the chapter I made reference to regulation in pharmaceutical trade; it is only fit that we take a closer look at some of these rules in order to identify some of the key regulations that play a determining role in defining the boundaries of legality within the trade.

Teresa had her medicine sent from Congo, bypassing all of the afore-mentioned regulatory objectives, through an informal system. And believing that she was supplying what was in demand. More than simply supplying what was in demand, there was an underlying perception of inaccessibility of medication locally. I believe that this conviction both from Teresa and her customers drove her business forward as it justified its existence. In a study on the interaction between health personnel and migrant patients Moyo (2010) concluded that denial of access of health care to migrants is actually not as common an occurrence as perceived by the public. The "*degree of fit*" (2010:3) between cross border migrants and the public health system, refers to the interactions between individual staff members and migrant patients. Such a phenomenon has implications in terms of perception of migrants toward the public sector and accessibility of services, which is where a trader such as Teresa may find their niche and capitalize on it.

Control over the products sold in the informal sector is more complex, more so in the case of pharmaceuticals products sourced from another country being sold in an unobserved economy. Regulation reached the Yeoville market in the form of raids. This type or regulation does not seek correct indiscretions by issuing fines (as it is with Simon). It seeks to eliminate them by confiscating good and even making arrests. This caused traders like Teresa and her staff to sink deeper into informality.

Everyday life as I see it

Through the above material we saw how the law entrenched itself by repetition of certain practices dictated by regulation. This material also confirms that the law as social fact determined what happened to both Simon and Teresa's businesses. Regulation is the protagonist of a story that is characterized by rules that inform everyday realities and define spaces. It impacts on practices in ways that mould perception of the environment in which Teresa and Simon operate.

In the formal setting, regulation seeks to include its members through corrective treatment in the form of fines and probation periods. It removes all social and relational aspects of trade, in order to retain standardisation of practice. So we found that Simon's authority was reaffirmed through regulation, so long as the predetermined standards of the medicine and services were maintained. As a registered pharmacist Simon benefited from the protection from the law and he learnt how to capitalize on the authority it gave him and his pharmacy.

The informal sector experiences regulation differently. As mentioned, the Yeoville market is categorised as an informal space. This market has had a long history of attempts at formalising itself but to this day it remains somewhere in the middle - in a semi-regulated situation. To regulation the Yeoville market traders cannot be considered to sell trustworthy

or safe pharmaceutical drugs since standardisation is impossible. As a result the mechanisms used by regulation in the Yeoville market is raids, which include collaboration between the police, specialised units and a few government bodies concerned with public health to eradicate potential hazards brought on by informal marketing of drugs.

Up to this point we found that the law is built on a belief that pharmaceutical drugs are deserving of such rigorous 'policing' because medicines can be potentially harmful if not properly managed. Such policing (in this case regulation) occurs in different forms within the formal and informal context. Thus probing the process of regulation in safeguarding the quality of pharmaceutical drugs, and how this process embeds itself in the lives of Teresa and Simon outlined the division of these two worlds.

To sum up regulation and state involvement, Centeno & Portes (1986) studied a process of sorting the 'good' from the 'bad' trader and noted that this was done through regulatory measures enforced by the state, affirming once more the potential influence of the law in determining each the contexts we looked at. But the real point of interest was how this phenomenon could be observed. Ever had anyone say to you, look at the wind! And the first thing you did was look up for a second believing that it could actually be seen, then it downs on you that this is an elusive element, and the only way of seeing it is through other things, the papers and plastics and leaves it drags with it as it dances slowly or violently around us. For Teresa and Simon the law is the same way, its force carries them in their daily lives. But regulation does not only guide them, it divides them. That dividing line constantly reminds them through their practice, to which side they belong.

We see in the following chapter that subjection to regulation does not explain the entire picture of pharmaceutical trade in Yeoville. These firmly entrenched rules imposed by regulation can be manipulated and transformed.

Chapter 3

Authority, personal trust and accountability in the formal and informal context

This chapter will also address issues of authority, personal trust and accountability of the traders within pharmaceutical trade practice environment in the Yeoville community. The general assumption in this paper so far has been that authority, trust and accountability, are exclusive privileges of the law. But I have collected evidence that suggests that authority, personal trust and accountability can be created in more ways than one.

An important facet of Yeoville's pharmaceutical trade environment is Michel de Certeau's (1984) concept of *manipulation* of (in this case) the law, which occurs through everyday practices that are powered to tacitly undermine the dominant version.

De Certeau's (1984) analysis of everyday life is concerned with people's accentuated roles, followed by their manipulation through everyday practice. In the case of Teresa and Simon, with regard to the trade of pharmaceutical drugs, these roles were accentuated by the law in the form of regulation. More explicitly the law defined their roles as formal and informal[18]. In this chapter we will see how Teresa and Simon reappropriate these designated roles into

[18] Chapter 2 defined roles of Teresa and Simon and informal and formal respectively.

everyday life and tacitly transform their environment to in turn produce new forms of authority, personal trust and accountability in each environment.

Further, De Certeau (1984) points to the importance of free will within a system. He uses the example of following a recipe to help his audience reflect on how each person may change the process slightly to accommodate their likes and needs. The author explains that the individual may apply changes and adaptations to a recipe without completely altering the end result. Simon and Teresa do not restrict themselves to what is prescribed by the law; they are active participants in their environment. So much like manipulating a recipe, Teresa and Simon make their way through set regulatory frameworks, manipulating their circumstances through social practices in everyday life.

From Teresa and Simon's everyday practices we are able not only to observe the entrenchment of the law but also, as I have said its manipulation. I use De Certeau's (1984) "*The Practice of Everyday Life*" as an interpretive tool that analyses routine activities in search of noting behaviours that reflect individual positions within a social environment. Acknowledging of the mundane as being part of what forms a greater system recognises Simon and Teresa's trade routines and practices as a part of the pharmaceutical trade system. This perspective suggests that we should approach the pharmaceutical drug trade environment in Yeoville as we would a "*coherent and fluid assemblage of elements that are concrete and everyday (or ideological), at once coming from a tradition and reactualized from day to day across behaviours translating fragments of this cultural device into social visibility*"… (De Certeau, 1998:9). This approach to analysis of daily practices is ideal because first, it draws us closer to the "*identity*" of Teresa and Simon. Secondly it also points to their positions within the "*network of social relations inscribed by the environment*"

(1998:9) and thirdly it sheds light into the way in which that same environment is tacitly transformed.

In the previous chapter we saw how the law asserted itself in the lives of Teresa and Simon through the demands of regulation. Here the relationships my participants maintained with their customers defy the preconceived forms regulation assigned them. I shall cite the practices that indicate this 'defiance' which occurred through manipulation of their environment.

To start with, the social and biomedical approaches[19] to treatment are intertwined for both Simon and Teresa. They coexist in the market and the pharmacy. Nichter and Nordstrom tell us that "*Both the ideology articulated by a medical system and the social relations of health care practice may influence consumer demand"* (1989:367). So far we have seen that both Teresa and Simon have sufficient consumer demand. But the combination of social relations and a medical system that influence such a demand or the sustainability of these businesses has yet to be addressed.

The market turns into the pharmacy

Recapitulating on Teresa's experience of regulation; we saw in the previous chapter that Teresa adopted a form of formal trade practices dictated by regulation. By mimicking protocol she was able to live out the authority of a nurse. Negative regulatory intervention and outright banning in the form of police operations or raids plagued Teresa's business

[19] In this chapter I will also address the concept of illness and disease, the latter is associated a biomedical paradigm where treatment is objective and strictly clinical. While the former is associated with a social approach to treatment, in which case is a far more subjective approach.

toward the end of my research, but it was clear that Teresa had been practicing self-regulation before the threat surged. Despite the threats, Teresa seemed to have had sufficient knowledge about medication to legitimise her practices.

Teresa brings the formal into the informal through manipulation. The general assumption in this study has been that trust and accountability, as well as drug safety, are the prerogative of the law. Interestingly those conditions can also be produced through alternative means - through personal relationships and social relationships of trust. My argument here is that Teresa manipulates the informal environment by firstly using her formal education and secondly by creating trust and accountability through mimicking formality was well as creating social relationships of trust. This adopted role came with responsibilities. She educated her customers on proper pharmaceutical drug use, which brought her even closer to her former role as a care giver. Constant official regulation which imposed professionalism was amiss in this context so it was interesting to observe how Teresa created the image of professionalism, responsibility and accountability with everyday practices powered to tacitly undermine the dominant form - the dominant form in this case is informality. The following excerpts provide strong evidence of the legal principles Teresa has adopted in her trade practice.

Teresa's credentials were known by her customers and fellow market traders. She had been a nurse in Congo until she migrated to Johannesburg. Teresa expected to find work as nurse as soon as she arrived in Johannesburg but things did not go as planned for her attempts at reaching out to the health department in order to qualify as a nurse in South Africa were rendered futile by the department of health. The Yeoville market stall rescued Teresa from potential destitution. She was able to use her healthcare expertise for commercial gain by selling medication. Teresa manipulated her environment through her knowledge of medicine.

By mimicking protocol from the formal trade of medicine she transformed her environment into a version of the formal equivalent. While chatting one morning I asked Teresa if she ever had any complaints from her customers. She was delighted to let me know that her priority was to please her clientele; hence whenever there was a problem she would normally replace the product. I continued in my inquiry and asked if the same had ever happened with the medication, "*never*" she said, shaking her head vigorously, "*it never happened*", she reaffirmed. The only problem she had encountered in this (area) was that customers would sometimes not see the 'prescribed dosage' through and the symptoms of the illness eventually returned. Teresa recounted her frustration from many failed attempts at explaining to customers that in order to be cured they would have to take the full course of the medication with no interruptions even if symptoms improved before the end of the recommended course. She further added that some of her customers had a tendency to experiment with different medications if they found that a particular brand was not effective enough. I asked Teresa to continue. She asserted that it should be simple to counter the problem since all she had to do was advise her impatient customers to give the medication a chance to take effect. But she admitted that it was a challenge to get them to cooperate. The nurse in her seemed to make a clear effort to provide safe guidelines in the use of the medication.

Her care with customers was distinct in comparison to other traders around her stall; she would have them sit for a 'consultation' where/ in which their problems were discussed at length. The customers were accustomed to Teresa's methods; they all seemed to know how she operated. The new customers would quickly be introduced to it when asked to sit down and explain their concerns which were followed by the appropriate medicine and recommendations. In the same manner that a pharmacist would answer simple queries over the phone, Teresa had established a similar system at the market. It all began because a few of her customers were unable to explain their problems face to face so they would approach

her, ask for her number then call at a later stage. She claimed that they found it easier to communicate this way and eventually it became part of her routine to alternate between customers in her stall and on the phone.

The social aspect of pharmaceutical trade practice in the Yeoville market is central in Teresa's interactions with her customers. At the same time it is important to keep in mind that Teresa was also a business woman and that the primary or rather basic objective of her business was to generate profit. This dynamic could be seen as conflicting because Teresa showed genuine interest in the health of her clients sometimes even sacrificing the immediate profit.

The excerpts that follow depict the nature of Teresa's social interaction at her stall. It was typical of Teresa and her staff to be surrounded by people, who came to converse, get advice or buy (among other things) medication. Teresa was well aware of her need to be pleasant and forthcoming where sales were concerned. She was constantly on the lookout for potential customers and had learned how to read the people passing by with an impressive precision. Every time a potential customer strolled by, with that typical inquisitive look shoppers get, Teresa recognised it instantly and offered to help even if it meant just directing them to another stall. She had acquired this skill as a means to an end. Over time she had become relatively popular among her fellow traders; they would regularly stop by for a brief chat or to ask for a favour, creating an ambience of camaraderie. Many regulars would also walk pass her stall and greet her in French; it was fascinating how almost everyone seemed to know her. When asked how she came to be so popular, she smiled and said "*in life you must have a strategy*". She chose to be open and friendly because it made her more appealing to her customers.

Teresa made reference to survival and strategy quite often, when pointing out the reasons for her 'style' in trade practice. It was not unusual to find Teresa hard at work, pounding roots in a big pestle - she made medication for back aches and other ailments. Once on a visit I peeked into a pestle and saw yellowish looking roots almost disappearing into a paste. She explained that it was ginger and asked if I knew it, explaining the uses of different plants and how they all had an amazing capacity to cure a number of ailments. This knowledge had come from Teresa's grandmother and it was tradition in her family. Now she was making a living with this knowledge but felt conflicted about not being able to practice as a nurse in a formal setting. She looked contemplative while she pounded on the ginger, then with a slight tone of contempt she said "*have you ever seen a nurse do this*?" she repeated, looking into space "*a nurse? Never!*" She felt as though she had been stripped of the dignity of a noble profession and reduced to scrounging for survival.

The conflict arose because Teresa subscribes to a biomedical orientation and yet she found herself in a predicament of selling traditional medication, which is in direct opposition to her principles. Teresa grew up watching her grandmother and mother, make traditional medicine which she eventually learnt how to make. Going off to do a course within the field of health care meant rejecting this form of treatment. This because pharmaceutical medicines are presumably produced in controlled, regulated environments while traditional medicine produced in the market did not have the same procedural control. But 'survival' in this context meant returning those roots. Yet it was remarkable that even in an informal space she feels like her expertise was being compromised by selling traditional medicine.

When producing trust in an informal context Teresa did not only use her health care expertise; she also invested in social relationships with her customers. Here we see that Teresa's relationships with most customers went beyond selling products for a profit.

People would visit Teresa and spend time at her stall conversing. Some made purchases while others would try on the gold jewellery in the display case, or purchase items. Teresa explained that her customers enjoyed spending time reminiscing about the time they lived 'back home'. To a large degree maintaining these nostalgic relationships with her compatriots promoted Teresa and her business. The long standing social relationships Teresa cultivated with her customers imply that her products were good and trustworthy. The customers acted as though they trusted Teresa for over the years they returned to Teresa's stall time and again. Excerpts in chapter 2 (page 48), where Teresa gave an old customer a discount for the medication and protected the privacy of her embarrassed customer, demonstrate Teresa's ability to mimic the formal sale of pharmaceuticals setting. But these excerpts also hold yet another layer. They also speak to the creation of personal trust in her relationship with her customers. Teresa invested in a relationship of trust with her customers where she was sympathetic and flexible toward their financial circumstances by providing discounts on the stall products. She also protected her customer's right to privacy by not discussing what they might have share with her in confidence. Teresa's decision to provide these services strengthened such relationships, for her customers seemed to rely on her even in the face of financial difficulty and in the case of sensitive and potentially embarrassing situations.

Speaking of trust, it is worth mentioning that even her own staff consumed the drugs from Teresa's stock. The women, Nadia (Teresa's sister) and their aunt, undoubtedly trusted their stock and this became apparent to me after realizing that they happily made use of it as well. Witnessing Nadia's aunt (who came from Congo to work at the market) self-medicating substantiated my assertions. She reached for the medicine plastic bag under the table, and searched through the different boxes, until she found a set of red pills. She compared those to the ones she produced from her pocket. Without a second thought, she took hold of a small

transparent plastic bag normally used to pack small items for their paying customers and filled it with water from a nearby tap. A few moments later she gulped the two pills she had reserved in a closed fist and emptied the sack of water in her mouth to help swallow the pills. This excerpt asserts the notion that the medicine was sufficiently trustworthy.

These passages illustrate Teresa's routine and loyalty to her customers. It was important to her to preserve her customers trust and to be seen as a reliable merchant, since regulation did not do this for her. In essence she created a safe haven in that tiny space, a place where people could reminisce about their countries, and even purchase medication with discretion or at a discounted price in exchange for their loyalty.

Thinking further about accountability

Teresa traded pharmaceuticals clandestinely but she had rules or even standards to which she held herself. She strived to maintain business and personal integrity, even within conflicting ideologies of treatment. On the one hand she was schooled in the proper use of medicines and transmitted this to her customers and on the other, the demand for traditional medicine was big and passing up the opportunity to generate more income was not an option. The formalisation of an informal space and the social relationships there formed, have guaranteed Teresa a loyal customer base. Clearly Teresa had every intention of remaining in the market and retaining her customer base, this was her business, her life. Completely lacking in some form of responsibility would have been damaging to her.

In Teresa's absence, Nadia would normally head the stall and this was the case when Teresa got a leg injury that forced her to stay at home for a while. This made for an interesting twist since the sale of medication had been almost exclusively Teresa's responsibility until that

point. During the several weeks of observation, so far, no one other than Teresa had handled the plastic bag filled with pharmaceutical drugs which was stored under the table. The sale of medication continued in Teresa's absence. However the fact that this happened through consulting her telephonically when needed, highlighted the fact that the sale of pharmaceuticals was clearly connected to her expertise and formal authority as a nurse.

The concept of biomedicine - understood as clinical mode of treatment - intersects the social approach in this Yeoville market stall. On the one hand the way in which the formal trade practice was reproduced in an informal space highlighted Teresa's loyalty to her profession as a nurse. On the other hand her relationship with her customers based on social trust touches on the social approach to treatment. This interaction took place in a 'criminalised' environment, yet the medication sold was 'safe' enough to create trust and to form genuine social relationships with her customers. Teresa was trusted and even respected within her community. The medication was sold in a way that required complicity from customers. And this collaborative effort was honoured through social relationships of trust as well as trust in the medication. These factors helped tweak informal trade practices into a version of the formal practice.

The pharmacy turns into the church: The balancing act of identities.

Diagnosing patients is naturally a part of the daily routine in a pharmacy. However in low-income communities such as Yeoville this process is highly affected by economic factors. Such factors mirror issues of access to health facilities that in turn impact on treatment measures. Leah Gilbert's (1997) paper on nurse and pharmacist partnerships in primary health care, explains that the role of community pharmacists in South Africa has been going

through a revaluation process. Gilbert (1997) argues that pharmacists have been promoting themselves to the public "as front line health and drug advisors via campaigns such as Drug Wise" and "*Ask Your Pharmacist First*" (1997:367). Such campaigns create a frame of reference for the communities. Gilbert (1997) also mentions a shift of heath care philosophies and structures toward primary health care which community pharmacists embraced. Implying thus that pharmacist occupy a bigger, more significant role in terms of diagnosis of at least minor ailments. Even though the role of the pharmacist has increased in giving diagnoses, this was meant to strictly happen within a biomedical paradigm. However this was not always so easy to maintain as customers placed their own demands and expectation on the pharmacist. Simon was faced with demands for diagnosis and treatment that went beyond his scope on a daily basis. He engaged with them by adopting (in conjunction with the biomedical) a mixture of millenary culture and religious ideology. This in the end played a vital role in the manner in which medication was sold at RA pharmacy.

Most of the RA customers were French or Lingala speaking. They seemed to know Simon well. From the deference with which most people treated him in comparison to how they treated his assistants, it was evident that they saw Simon as a authority and that he had built relationships of trust with his customers. With the assistant's conversations were shorter and more objective than they were with Simon. People did not seem to confide in the assistants the same way they did with Simon. This became even clearer as people regularly double checked with Simon that they had gotten the correct medication and Simon was obliged to repeat the instructions the assistants had given.

Simon was expected to analyse and diagnose his patients promptly. He would often have to explain that he did not possess the appropriate facilities to conduct full medical examinations

(that were crucial for diagnosis[20]) in the scale that some patients requested. It was common to hear him ask his patients to visit a doctor and only then return to him. From this I gathered that the patients almost blindly trusted the pharmacist's judgement and more than willingly followed his advice. Diagnosis followed by treatment is the presumed mould for formal dispensation of medication, but Simon's abilities in this regard were limited by law. This at times aroused contestation from his patients to which he folded on more than one occasion. Simon's pharmacy seemed to be known for providing some basic primary care services on account of the number of customers that requested them. In this area issues like economic challenges faced by the community, reduced access to medical facilities fostered a preference for pharmacies. Contrary to public hospitals, pharmacies (although restricted in scope) seemed to have the advantage of increased accessibility and immediate services.

Simon's relationship with the law was considerably more stringent than Teresa's. The law offered Simon authority for practicing pharmaceutical trade within a regulated, therefore formal environment. The authority that came with being in a regulated space, his religion and counselling skills facilitated the establishment of social and personal relationships of trust between Simon and his customers. Contrary to the expected, he deformalized some of his practices in order to suit his personal and religious agenda as well as to adapt to the Yeoville community economic context.

Observation of everyday practice proposed by De Certeau (1988), allows us to analyse the different facets of Simon's experience of these realms and more importantly analyse their transformation through manipulation. In this section I will address a number of factors in Simon's environment. Firstly we see how Simon involves his church into his pharmacy and

[20] Gilbert found that "The extension in the direction of more diagnosing and prescribing proved to be very difficult due to the resistance of the medical profession" (1997:373)

vice-versa. And as a result Simon at one point uses his personal agenda to manipulate his environment while at another is persuaded into manipulating his environment by his customers. He does this by intermittently shifting into informality. Secondly Simon uses his religion as well as his knowledge of counselling[21] as instruments to further build relationships of trust with his customers. Thirdly, I will analyse Simon's ability to reconcile these contrasting ideologies namely the pharmaceutical drugs system and religion through accountability in his trade practice.

The merge of the pharmacy and the church

Throughout the study Simon's strong affiliation with his church and its beliefs were abundantly clear. In chapter 2 (page 36), I described Simon's pharmacy and included the fact that his religious convictions permeated that space in a variety of ways. The gospel music played all day, the TV was constantly on the dedicated church channel and Simon gave speeches about his beliefs.

One time Simon told me a story that elaborated this point of how he brought his church into the pharmacy. The story involved a lady from Congo who went to see him, feeling inexplicable pains. Her condition was a near medical mystery for she told Simon that no one seemed to figure out the root of the problem. He thought that this woman's condition was not normal, "*that looked like the work of the devil*" he said in a preachy tone… "*One day something told me to just help this woman. I left the pharmacy in the middle of the day, put this lady in my car and drove to Rosettenville where there was a chain of prayer that day*". The woman started attending his church and her health improved immediately - Simon claimed. She became part of his staff, after he decided to extend the trading hours of the

[21] (see chapter 2, page 36) Simon advertises counselling in his pamphlets

pharmacy to midnight. Simon beamed at the thought of the success of the story. To prove his point further he told me that the woman started dating another RA employee whom she later married. It was intriguing to note the ease with which the possibility of spiritual forces came up for Simon, particularly since his profession suggests scepticism in this respect. With such attitudes Simon constantly brought his church into the pharmacy, transforming this space with every gospel song and every speech.

A drastic way which Simon brought the church into the pharmacy was by censoring his products. Simon enjoyed talking about his church and often expressed his opinion freely, condemning society for the demise of good-old fashioned family values. Which he believed had been the cause of the HIV/Aids pandemic. Simon's contribution to the abolishment of this disease was to refuse to sell condoms. I discovered his rule one afternoon, when two men walked into the pharmacy wanting to purchase condoms. They were dressed smartly for some kind of festive event and walked in cheerful and chatty. They went straight to the cashier, murmured something while pointing to the glass shelve behind the lady attending. She shook her head as if to say "*no*". Simon interrupted the conversation by calling out "*officers*!" They seemed to know each other as Simon asked how work had been and they announced that it was their day off. The men were excited about their plans to attend a jazz festival later on that evening; and they wanted to purchase condoms. As soon as Simon heard the word '*condom*' his facial expression changed. One would think they uttered an abominable word. "*No, I don't sell condoms*" he said in a serious tone. At first everyone in the room looked at Simon confused. But he looked serious, as he clarified his statement. He announced that this stance was part of his new strategy to help eradicate HIV/Aids. There must have been two or three other customers in the room whom stared at him in disbelief. Simon continued unaffected by their judgmental stares. "*You need to find partners and get married*" he stated, addressing the

officers and rest of his stunned audience. He explained that this was the best way that HIV/Aids could be prevented …"*and if you do not want opt for marriage, then you should just take your chances and see what happens*" he said throwing his shoulders up. The officers were at a loss for words and left the pharmacy to continue their search, I imagined. After the men left, Simon explained to everyone still listening that selling condoms went against good values because it encouraged promiscuity. He believed that people who had sex outside of marriage and caught the virus had no one to blame but themselves. This excerpt shows how Simon allowed his church to enter and transform the pharmacy. This idea was supported by his religious beliefs, the principle that marriage equals fidelity. So Simon's way to continue the fight against the HIV/Aids virus meant not selling contraceptives and promoting his churches family values that encourage sexual activity only after marriage, in the pharmacy.

Simon believed himself to be an instrument of God. And as a result he also recruited new members for his church. His pharmacy provided transport for interested individuals to join the Sunday service at his church. I received an invitation to attend one service like many others who frequented the pharmacy. Sunday, at ten minutes past two I arrived at the pharmacy and a man greeted me right at the door. He asked me to join the others and wait across the street at a bus stop. Once the two old taxis arrived, I joined the group of about 15 mostly Congolese people and drove all the way to Eden mall. The hired church hall was inside a shopping complex. We could hear the passionate prayers and loud music playing from the parking lot. Just like on Simon's dedicated church channel on TV (introduced in chapter 2 page 36) attendance was full house. People prayed, cried, and pleaded with God while punching the air as they spoke. The Pastor, who worked with a translator, welcomed everyone and started preaching. People responded excitedly including Simon who was sitting in the front raw. After a while a testimony was called on to the stage. This young man told his

story in French. It was about an hour's tail on how he contracted and eventually, miraculously, rid himself of his HIV positive status. In his testimony he told the audience that Jesus appeared to him in a dream, gave him some painful injections in-between his fingers and announced that he was cured. At the end he presented his blood test results, one positive and the most recent negative. The crowd rejoiced and rushed to the stage to congratulate this young man as well as to give him money. Notes flew over the young man's feet, as the celebration continued for a good few minutes. Simon clapped and hugged this young man like everyone else. Toward the end of the service, a few announcements were made and among them were a few words of thanks dedicated to Simon's RA pharmacy known as "*the place where miracles happen*" in the words of the announcer.

"The place where miracles happen" was RA's slogan. Simon, like other church going business owners, advertised his pharmacy on the dedicated church channel. His advert began with a scenic shot of the pharmacy, panning indoors followed by a scene in which Simon and his staff were all attending to a customers and finalised with a frame with stars and the caption "*RA Pharmacy where miracles happen*". This caption had been Simon's creative contribution to the advert of which he was proud since it signified his faith in both the power of medicine and of his God. The association of the pharmacy with 'miracles' tells us just how much the space of the pharmacy is transformed into the realm of the church.

The above excerpts point to the fact that Simon was the driving force in the manipulation of his environment as he drove his beliefs and personal interests into the pharmacy. Next we shall observe how Simon was swayed into manipulating his environment by his customers.

Simon does not only move into informality through religion. Other factors such as the economic state the community was in played an important role in determining purchasing habits in RA pharmacy. This therefore influenced Simon's trade practices. As a result Simon

had to contend with daily price comparisons by customers and bending of the occasional rule when necessary. Simon would patiently watch as customers streamed in and out of his establishment with one question in mind, the price of the item. At times they would walk out and not be seen again while others returned a few minutes later to purchase the product. Although it was not entirely clear where they would go to compare prices, Simon was sure that the market was an option for many of these people. So ultimately these customers became the link between the pharmacy and the Yeoville market. In Simon's opinion they transited between the two spaces in search of the most affordable options. In light of this situation, to sustain his business Simon decided to accommodate his customer's budgets by attempting a credit system. This system would provide customers with a line of credit that allowed customers to take medication and pay back a percentage on a monthly basis. However, "*It was a total disaster*" Simon lamented, and explained that he started with people he thought he could trust whom soon proved him wrong. The crux of the matter was the lack of infrastructure to support such a system, and eventually the idea was discarded.

Because of the financial difficulties the customers suffered and so did his ability to sustain his business. Simon had to sometimes negotiate his own ethics at RA. I witnessed this tension on a few occasion. On one afternoon a man and his wife who was carrying a child on her back walked into the pharmacy. The man seemed worried and looked around the room for someone to assist him. Simon approached the man and asked how he could help. The man reached into the baby's bag that he had with him and brought out an empty small plastic container (the kind used to store syrup). He asked if Simon could give him that same medication for his child. At first Simon told the man that he could not provide the medication without a prescription and he had to see a doctor in order to be provided with a new one. The man insisted that they had been prescribed the medication in the past and it had just finished. The man told Simon that he did not feel the need to pay for another consultation only to be

handed a script. He was quite insistent, pleaded and implored to Simon. He argued that it was just syrup and that they had used it before. Simon was sensitised and subtly gave him the same container with the syrup. Grateful, the man thanked him and walked over to the cashier.

On another occasion, when Simon was not present something similar took place. Two of his assistants were taking care of the pharmacy for a few hours. Since they had no customers they turned up the TV volume and chatted. A lady came in and approached the counter. She had a paper in her hand which she handed to one of Simon's assistants. He inspected the note and asked which doctor she had been to. The lady uttered a name and immediately started complaining about how expensive the consultation fees were. In the middle of her rant she also said that she thought that the consultations were a waste of money because she had to pay for them even though she knew what medicine she needed to get. The assistant seemed to sympathize with this customer. As she spoke he nodded his head in agreement with her. In the end he told her that if she wanted something from the pharmacy in future, all she had to do was ask him and he would help. She smiled gratefully. "*R300 is too much money to just give to a doctor for no good reason*" she said, and the assistant agreed. He told her that sometimes doctors took advantage of patients in simple cases. The lady happily paid for the meds, promising to come back to see him next time. These were some of the many concessions to the rules of regulation that Simon and his staff made throughout the study. Such concessions became a form of manipulation of the formal environment in order to accommodate his customers, maintain a customer base and even build relationships of trust.

Relationships of trust through religion

Aside from the concessions to the rules of regulation, Simon uses his religion as well as his counselling skills as instruments to further build relationships of trust with his customers.

Simon's willingness to counsel his customers even on personal matters turned those professional relationships into personal ones. Some customers came into the pharmacy with the intention of speaking to Simon and him only. The amount of people who called him 'pastor' and requested special attention from him, strongly suggested that he had built relationships where trust was essential. On several occasions he helped customers with their emotional problems. I was present when a lady came into the pharmacy and asked to speak to the pharmacist in private. She asked Simon to accompany her to the far end of the counter, away from all the people. I could still hear her say something about an infertility problem and named the treatments she had tried so far and how none of them had worked. She got a bit emotional and Simon comforted her, told her how God works, encouraged her to keep trying and suggested another possible treatment.

Another day in the middle of a conversation we were interrupted by yet another customer who wanted to have a private word with Simon. She was a lady, probably Congolese as she spoke in Lingala. Her problem did not seem entirely physical but emotional as well. From her expression and downcast posture, she seemed depressed and in anguished. Simon reached out and touched her shoulder in a comforting manner. They spoke for a good while, while his assistant took care of the other customers. The lady appeared a little better after their chat. Simon turned to the shelf behind him to get her some medication, and he instructed her on how to take the medication and sent her on her way.

Simon turned into a confidante to the people who sought him out. He built trust with customers by transcending the professional boundary and entering the personal realm. In the end Simon earned the trust, respect and loyalty of his customers not so much through an authority conferred onto him by the law but through personal and informal interactions and characteristics

Accountability: between the pharmacy and the church

'Everyone' including Simon knew of the trade practices at the Yeoville market. In his opinion self-medication surged out of a necessity for treatment at a perceived lower cost for many of the people who frequented the market. He saw this as an unlawful practice and believed that the market traders were fortunate because no authority had paid attention to them thus far. Simon encouraged reporting such practices to the authorities, since he had personally dealt with a few people who purchased and used medication from the market and had gotten worse in the process. When he asked where his patients had gotten the medication from, the response was a "*stuttering and guilty silence*" he recalled. This frustrated Simon because the patients did not seem to realise how dangerous it was to self-medicate in this manner. For Simon accountability was majorly enforced through state intervention and it needed to be the same way for the market traders.

Simon told me about how he had rescued people whom had self-medicated more times than he could count. In his opinion these types of patients were responsible for their own ill fate. The way he saw it, people who purchased medication from the street markets were responsible for their illnesses but were never ready to admit to it. Indeed there were quite a few people who could not afford the medication pharmacies stocked. This fueled the search for alternative means of attaining treatment. The approach Simon adopted to deal with this included a failed attempt at credit sales, keeping prices lower and to (ironically) make concessions on the rules regulated practice, so as to provide more access to treatment. He went on to explain the logistics involved in keeping prices competitive by comparing them to neighboring pharmacies and keeping them at the same level or lower if possible. *"In the end we are all getting things from the same source so it depends on how much markup you want"* he said. I put it to him that there was more competition that he had not mentioned, like the

Yeoville market for instance. His reaction was of reprimand for such practices, he immediately stated that that was a dangerous and irresponsible practice in his words *"someone should report them"*. Michel, one of Simon's assistants, had been listening quietly in the background but he could no longer contain his opinion. He interrupted our conversation and announced that he had given the issue some thought and was perplexed with the ease with which people took medication from a place with no antecedents. Simon shook his head in agreement and let Michel continues his protest. Customers did not realize the depth or the seriousness of the issue, "s*omething like a panado"* (headache tablets) he exemplified, *"can become like poison if stored under the wrong conditions"*, Michel went on about storage conditions using a few technical terms that were foreign to me. But the gist of his indignation was that the wrong temperature for a particular medication could even cause a fatality. "*Who would be accountable for the loss of that life?*" he asked Simon and me.

Simon and his assistant could afford to have such strong opinions about the informal trade of pharmaceutical drugs. Not only for the obvious health risks but because the pharmacy operated under a different regulatory system.

Simon's view of his responsibility largely ignored his own informality but it was clear that his personal beliefs had a significant influence in the manner in which he traded pharmaceutical drugs. From his opinion of the unlawful sale of medication to the (self-imposed) limitations on the items that could be sold in his pharmacy, this influence was ever so present, making of the issue of responsibility or accountability an ambiguous one.

Simon reprimanded the market for selling pharmaceutical drugs, and defended the biomedical model. But on this own turf he brings the church (an informal realm) which has a completely different set of rules into the biomedical sphere.

There was a sense of duplicity in character when it came to Simon's interactions with his customers. Armed with the authority that a regulated space provided, he would see many people throughout his day, and giving them medical advice was part and parcel of a day's activities. But he seemed to find a way to infiltrate his personal and religious values into these talks. Customers responded positively to the advice both medical and life oriented. As a result customers insistently addressed him as '*doctor*' and sometimes '*pastor*'; including the pharmacy staff members. The customers, who believed that Simon was a doctor, expected immediate diagnosis and treatment. At times Simon felt obliged to fill the role. He would appropriate himself of the role of a doctor and carry out the diagnostic process. Simon's attitude in these instances perpetuated the belief that he was indeed a doctor.

As for Simon's religious title, he earned it by occupying the position of religious enthusiast and responsible leader in the Yeoville community. He was indeed a God fearing man who was always prepared to praise God and to pass judgement in his name. It was typical to hear Simon reprimand a customer of his for "*straying away from Gods path*" as I heard him say on several occasions. (Which he gladly offered to correct by providing services such as counselling advertised by the pharmacy). Counselling customers became part Simon's routine, some would outright ask him for advice while others were given unsolicited advice on medical and personal matters. This was welcomed by his customers and as a result people began referring to him as "the pastor". Out of curiosity I asked him if he ever considered becoming an official pastor. Simon laughed at the thought and shook his head justifying it by saying that he already had a purpose in life and that in a way he was a pastor right there at the pharmacy. But all this happened inside a pharmacy, a space presumably regulated by biomedical standards.

Simon was swayed into assuming these identities because of his personal agenda and sometimes by his customers. By promoting his church and virtually integrating its activities into the pharmacy, Simon transformed merged his pharmacy and church. RA customers pressured Simon into giving into their requests. What people demanded from him, like the diagnosis and the advice, he bought into and profited out of it. The pressures blurred into haze of demands which he had to attend to. In this way more of people's social lives and what they wanted from him, come his way. As I have said Simon broke the boundaries of formal trade of pharmaceuticals. His religious side made him defy all those notions of clinical treatment methods. In the end ironically defying his own rules. This expectation from customers for Simon to fulfil certain roles caused pressure and this pressure brought about two different reactions for Simon. He attempted to defend the informality while he also defended his authority.

Throughout this section we have seen how Simon transformed the space of the pharmacy when he chose to incorporate his religion into the pharmacy. This was done in the form of music, television programs, believing that spirits could also be the possible cause of unexplained illnesses and cure and even by not selling contraceptives. At the same time, his pharmacy was mentioned in the church as a "*place where miracles happen*", and it featured in the churches channel to purposefully attract customers.

In the face of such opposing belief systems I am inclined to ask: How does Simon negotiate accountability in this role? And If Simon incorporated such contrasting realms, why was there no conflict? Here the role of authority comes into play because Simon is an authority in the church as well as an authority in the pharmacy.

The possibility of bringing these 2 realms together doesn't lie on what is known about each realm but on how they are known. The authority in religion and pharmacy is known through

an authoritative way of knowing. That is why there is no conflict for Simon. He feels like an authority in both spaces and thus the two spaces, the church and the pharmacy become one.

CONCLUSION

The state had an influence in the manner in which both Teresa and Simon carried out their businesses. In the previous chapter (2) I noted that the most notable difference in terms of regulation and responsibility is that Simon is embraced by the state and awarded. While Teresa is driven further into the trenches of informality, criminalising her practices. But from what we have seen in this chapter, Simon and Teresa's regulatory contexts do not completely define them. Their interactions with their environment show us that they experience a combination of aspects of the formal and informal in each space. This occurred because Teresa and Simon were both pushed into manipulating and transforming their environment in order to suit their personal agendas and customer demands. Although Teresa and Simon had unavoidable divergences they have essential points in common and their way of trading in medications in fact converges. Both of their ways of trading manifests an interesting combination of informal and formal efforts.

Teresa incorporated the formal realm into the Yeoville market - an unobserved economy, recognised for its obscurity in trade practices. The nurse in Teresa stayed loyal to the formality of her profession. Like most people trading informally she did not do only what her customers wanted or expect of her. She manipulated the informal environment into a version of a formal. In doing so Teresa showed that trust, accountability, as well as drug safety can be created outside of a formal context.

But bringing this formality into the market created a conflict in ideologies however; she sold pharmaceutical drugs from the stall, but also produced and sold traditional medication. This made Teresa feel like she was going against her principles.

Although Teresa was confined to a market stall, she was certainly not limited to the informality that that space provided. She transferred her qualities from a legitimate health care background, enhancing such qualities by formalising her interaction with customers through consultations and privacy.

In this chapter Teresa actually attempts to shape her environment from the position of a nurse. She tries to establish herself or make recourse to authority by playing this role, which is enhanced by bringing in her biomedical expertise. In the end she manages to produce trust and accountability which are considered the outcome of formality.

Simon found himself in the position of authority for trading in a regulated space. He conquered his environment by balancing his religious beliefs with the biomedical sphere. This balance was possible because he was an authority in both the religious and the biomedical realms.

From the excerpts above it is evident that Simon's daily activities contained elements of informality. This informality came in the form of the religious influence in the pharmacy and concessions in regulation to accommodate pressure from customers. Although he managed to create personal relationships of trust, there was more to him than merely using different realms to foster relationships. Simon dove into a different cosmos of rules when he allowed religion to be a part of the pharmacy. Religion represents a different collective of a non-state set of rules. So this pressure tacitly transforms the formality of his environment.

It was perplexing that he did not accord any recognition to the informality embroiled in formality of his space. Simon defended the biomedical model yet he was against the

ignorance of the informal realm in the Yeoville market. But then what become of the 'ignorance' of his church?

The assumption that clear boundaries can be drawn with regard to function in a professional setting is dispelled in Simon's case. He felt elevated by being referred to as a doctor and a pastor, and pushed into behaving accordingly. The clear advantage was in being able to manoeuver in the two realms in the same space. It can therefore be concluded that authority was the common denominator. But there is more to this ambiguous context. We also learn that this notion of authority has more to do with how Simon engaged with the rules and his relationship with the situation. In every instance he knew how to harmoniously combine, and sustains these contradictory realms.

Overall an interesting parallel can be observed between Simons and Teresa. It was interesting to note how customers would challenge their professional identities, whether it was by addressing them in a certain way, or by seeking concessions for them. The question became about how much they gave in and how much they resisted.

The everyday practice is a question of two factors; their beliefs about treatment and economic factors. The interaction between these two factors these transform Simon and Teresa's lives.

Chapter 4

In conclusion

The most salient themes that rose from this ethnographic research were the similarities and the differences in the trajectory of the two traders in pharmaceuticals, one a pharmacists and the other a trader in at the local market. They start off in two seemingly opposed settings categorized by regulation.

At first it appeared that regulation was central in Simon and Teresa's trade practices, it was evident how influential regulation was in determining where and how they could engage in the trade of pharmaceuticals. I could see that in fact Simon and Teresa embodied the force of regulation. But then the more time I spent at the market and at the pharmacy it became clear that they tacitly negotiated regulation. The commercialisation of pharmaceutical drugs is successful simply because "*most of the world's populations consume them at some point in their lives*" Van Der Geest (1988). But the economic, sociocultural and even sociopolitical circumstances contributed to the adaptation and reinterpretation of the pharmaceutical industry to suit a specific context. This in the case of many African countries and also the research site of Yeoville, which in turn contributed to the emergence of an informal market for pharmaceutical drugs.

This scenario, the informal sale of pharmaceutical drugs, has become an important part of public health reality. The South African government and other entities attempt to preserve the health of the public through monitoring of pharmaceuticals. In this study we saw that the state contributed immensely to determining *good* from *bad* drugs and who could be trusted to sell

them. At first it was assumed that the formal and informal markets where in direct opposition to each other since the formal sale of pharmaceutical drugs occurred in a regulated space and in contrast the informal sale of medication occurred in an unregulated, unobserved space.

Through analysis of the formal and informal markets, it became apparent that these worlds shared more in common than it appeared. Several factors supported my argument. First Teresa and Simon shared - an 'expertise' in dealing with medication. Second – they shared a position of respect in their community. Third – they built relationships of trust and accountability with their customers. Regulation played a major role in determining the trader's formality and informality. Their fates were seemingly sealed by their legal statuses, where Simon was granted official authority in pharmaceutical drugs and Teresa was banished into informality for not being regulated.

But underneath the cover of their legal status, we saw that Simon and Teresa negotiated with the law. Simon intended to expand his horizons (with his new venture to expand the sale of medication of other countries) using the authority and trustworthiness bestowed upon him by being regulated. Teresa on the other hand negotiated freedom to continue her business by assenting to bribes that police requested during raids, and formalising her trade practice by mimicking formal trade protocol. As mentioned earlier, at first we see that the law (through regulation) held the power to subject traders to its demands and a particular order was created from this. But the power of regulation was not as all-consuming as expected. Regulation was not just a subjecting force embodied in their everyday practice to which Simon and Teresa bowed. In Simon's case this force disappears as he identifies with it and takes advantage of it. And to some extend Teresa also identifies with her informal status as she finds ways to live with it.

As I mentioned, both Simon and Teresa (in spite of their legal status) shared an expertise in pharmaceutical drugs. Simon and Teresa both had professional training in their country of origin. The aspiration to grow in their careers was one of the factors that brought them to South Africa. The divergence occurs where Simon pursued the legal status (he now has) more aggressively than Teresa such that one is accepted by the law and the other is not. But the public accepted both of them as experts in their field.

Teresa and Simon had the respect of their customers. Teresa sold medication at her market stall for seven years, with a relatively stable customer base. She earned their respect through the quality of services like counselling, a professional demeanour and of even of the drugs she sold. Simon had the authority of both the law and religion on his side. This made his customers relate to him in more than one sphere, ultimately earning him respect from customers.

Healthcare expertise, respect earned, as well as the economic circumstances in the community, all fed into the building of relationships of trust and accountability for Teresa and Simon. Another factor emerged in this argument, namely the dynamic between social and biomedical approach to treatment. The interplay between the social and biomedical approaches to treatment as well as financial conditions produced beliefs about trust and accountability. Teresa's knowledge and pride in her expertise propelled her to formalise her trade practice. She enacting formal approach based on her background as a nurse trained in a strictly biomedical approach. Simon relied on his authority in both the biomedical as well as the religious sphere to build such relationships of trust. He created an environment where such contrasting realms coexisted without conflict for he dominated both realms. Teresa and Simon thus negotiated between conditions of formality and informality in their businesses.

Authority, trust and accountability are pivotal issues in the pharmaceutical drug trade and regulation is just as essential to define and shape the context of trade and possibilities of authority, trust and accountability. But regulation does not merely define such contexts, it can also set up misleading oppositions between the formal and informal realm. In the end I found that the roles played in the formal and informal context of pharmaceutical drug trade practice in Yeoville, could be interchanged, manipulated and tacitly undermined depending on how the context is understood or known.

Finally, in contrast to classic themes of literature on the subject of pharmaceuticals, which focus on the perspective of consumers, NGOs and explicit health care providers, this study focused on the perspective of the traders .

My study contributes to the overall genre of pharmaceutical anthropology in that it provides important insight into questions and interplay of economics, the law and everyday practices of sale, consumption, authority, trust and accountability within the pharmaceutical realm.

References

Bouchard L. In: Restivo S, (2005). Science, Technologyand Society - An Encyclopedia. Oxford: OxfordUniversity Press: 395-396.

Boldwin, R. (2012) Understanding Regulation: Theory, Strategy and Practice

Bledsoe C. H., Goubaud M. F. (1985) The reinterpretation of western pharmaceuticals among the Mende of Sierra Leone.SW Sri. Med. Vol 21. No. 3. pp. 275-282

Centeno, M. A. and A. Portes (2003). The Informal Economy in the Shadow of the State. Out of

the Shadows: The Informal Economy and Political Movements in Latin America. J. Sheffner. Princeton, Princeton University Press.

Ciobanu R, O.. (2010) A Stage Approach to Transnational Migration Migrant Narratives from Rural Romania. Thesis submitted for the degree of Doctor of Philodophy to the Department of Sociology at the University of Osnabrück

Cotterrell, R. (1999) Émile Durkheim. Law in a Moral Domain. Edinburgh University Press.

De Certeau M. (1984) The Practice of Everyday Life. University of California press

Dorrit, P. (2003) Have Migration Patterns in post-Apartheid South Africa Changed? University of natal.

Gilbert, L. (1997) Pharmacist and Nurse: a team approach towards primary health care or a convenient “therapeutic alliance”? Inl. J. Nurs. Stud., Vol. 34, No. 5, pp. 367-374, 1997

Hart, K (2000) The Memory Bank: Money in an Unequal World. Profile Books, London ix, 340p

Hart, K. Laville, J-L and A.D. Cattani (2010) The Human Economy: A Citizen’s Guide. Polity Press: Cambridge UK and Massachusetts

Heering, Liesbeth/ van der Erf, Rob/ van Wissen, Leo (2004). The Role of Family Networks and Migration Culture in the Continuation of Moroccan Emigration: A Gender Perspective. Journal of Ethnic and Migration Studies, Volume 30, Number 2, pp. 323-337.

Henderson, S., and Petersen A, R., (2002) Consuming health: the commodification of health care. Routledge publication

Hornberger J and Cossa. E (2010) From Drug Safety to Drug Security – Policing Counterfeit Medicines. Unpublished manuscript.

Janes R.C. and Corbett KK. (2009) Anthropology and Global health. Annual review of Anthropology 38:167-83

Jayasuriya, D.C (1985) Regulation of pharmaceuticals in developing countries: Legal issues and approaches. World Health Organization (Geneva and Albany, NY)

Moyo, K (2010) Street Level Interface: The Interaction between Heath Personnel and Migrant Patients at an Inner City Public Health Facility in Johannesburg. Dissertation of University of Witwatersrand.

Nichter M. and Nordstrom C. (1989) A Question of Medicine Answer: Health commodification and the social relation of healing in Sri Lanka. Culture, medicine and psychiatry 13:367.Kluwer academy publishers.

Nordstrom, C. (2007) Global Outlaws: Crime, Money, and Power in the Contemporary World. Berkeley: University of California Press.

Patterson, A.D (200-2010) Local Borders and Global Flows: Senegal's Illegal Pharmaceutical Trade Harvard Africa policy journal .volume 6.

Petryna A, LakoffA., and KleinmanA. (2006) The Anthropology of Big Pharma. Durham, N.C.: Duke University Press, 312 pp.

Obukhova, E. and J. Guyer (2002). Theory in Economic Anthropology. Walnut Creek, CA: Alta Mira Press

Sassen, S. (1994) Cities in a World Economy. Pine Forge Press

Van Der Geest S, Hardon A, Whyte SR, eds. (1988). The Context of Medicines in Developing Countries: Studies in Pharmaceutical Anthropology. Dordrecht, The Neth.: Kluwer

Van Der Geest S and Hardon.A (1990) Self-Medication in Developing Countries. Journal of social and administrative pharmacy Vol.7 N4.

Wiktorowicz, M.E. 2003. "Emergent Patterns in the Regulation of Pharmaceuticals: Institutions and Interests in the United States, Canada, Britain and France," Journal of Health Politics, Policy and Law International Issue 28 (4): 615 - 658.