



Transnational corporations, oral health and human agency: a sociological perspective

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This paper explores the range of approaches that might be adopted in order to take seriously the challenge that Transnational Corporations (TNCs) pose to inequalities in oral health. The challenge we must face together is the challenge of promoting freedom from disease and enabling all humans to flourish. The paper examines how the goals of the new public health might be better realised through consideration of the ‘corporate determinants of health’. It is argued that in order to meaningfully engage with the challenge posed by TNCs in oral health we have to recognise that not all TNCs are evil. Indeed some TNCs have played a central role in the improvements in the oral health of populations over the last fifty or so years. The paper goes on to outline how an awareness of different professional strategies can be used to frame an interdisciplinary programme of work looking at the role of TNCs in oral health. These strategies involve a professional focus on data collection and analysis, a focus on policy, being critical, being publicly involved, and acting with foresight. The paper goes on to provide an outline of how these strategies might be pursued to engage TNCs in a programme of research around inequalities in oral health. It is proposed that we form a broad collaboration between appropriate TNCs, academics and funders. This paper provides a very brief sketch about how such a program might be envisaged.

“Did you ever expect a corporation to have a conscience, when it has no soul to be damned and no body to be kicked? (And by God, it ought to have both!).” (The First Baron Thurlow [1731–1806] Lord (Chancellor of England. Cited in Banarjee, 2008).

“In the corporate economies of the contemporary West, the market is a passive institution. The active institution is the corporation ... an inherently narrow and shortsighted organization ... The corporation has evolved to serve the interests of whoever controls it, at the expense of whomever does not.” (Duggar, 1989 cited in Banarjee, 2008).

Introduction

These quotations neatly capture the challenge of corporate agency. Who controls the corporation and at the expense of whom? Each of the papers in this supplement have engaged with this challenge by exposing the range of ways that Transnational Corporations (TNCs) have used their agency to produce negative impacts on the wellbeing of populations world-wide. In this paper I will examine how awareness of the concept of agency can enable us to critically engage with the role of TNCs in oral health related inequalities. The paper begins with a brief examination of the sociological imagination and its relevance to public health. The goal of this section is to imagine a range of approaches that a combined research programme might adopt in relation to TNCs. The paper then goes on to discuss the problem of agency and its relevance to inequalities in oral health before examining the importance of the role of TNCs in health oral health related inequalities. In this section a number of ideas are introduced. We need to acknowledge that not all TNCs are bad when it comes to oral health and that a critical awareness is needed of the positive and negative role that TNCs might play. The paper concludes with a brief discussion of how a future agenda for research and action might be developed around the problematic of TNCs and oral health inequalities.

The sociological imagination: its relevance to public health

There has been a long-term debate within sociology about how best to engage with health and medicine. Scambler and Scambler (2015), developing Burawoy’s (2005) work, outline a list of six kinds of sociology: a professional sociology, policy orientated sociology, critical sociology, public sociology, foresight sociology and action sociology (Table 1).

Table 1. The Six Sociologies*

<i>Sociologies</i>	<i>Sociologists</i>	<i>Mode of engagement</i>
Professional	Scholar	Cumulative – building incremental knowledge.
Policy	Reformer	Utilitarian – find efficient means to ends in policy.
.Critical	Radical	Meta-theoretical – being reflexive.
Public	Democrat	Communicative – promoting consensus.
Foresight	Visionary	Speculative – future orientated.
Action	Activist	Strategic – seeking to defeat oppression.

*Source: Scambler and Scambler (Scambler and Scambler, 2015) p. 351

Each of these sociologies have peculiar characteristics and weaknesses. Professional sociology, better known as empirical sociology, tends to focus on the accumulation of knowledge in the form of empirical studies. A good example of this is the approach of Bartley (2017) who focuses on a close empirical examination of the causal factors underpinning health-related inequalities. Scambler (2018) argues that constantly studying patterns of inequalities can lead to a preoccupation with only this kind of work; this impoverishes sociology. Such sociology, he contends, is disengaged and focused on producing knowledge for the consumption of sociologists. Its weakness is that it is insular and self-referential (Burawoy, 2005). In contrast, policy sociology seeks to provide research that is pragmatic, aimed at serving the interests of particular funders. Such sociology, Scambler argues, must have the courage to challenge “*the increasingly transnational and pathogenic for-profit corporations that foster*” risk behaviours. Its weakness is that it can become ‘servile’, failing to address the crucial questions that need to be addressed. When it comes to inequalities in health, all of the approaches in Table 1 are relevant in different ways (Scambler, 2018). These approaches are important because they reveal the range of approaches a critical programme of research might adopt when dealing with the challenge of wellbeing in relation to TNCs.

Why agency?

Previous work (Gibson, Blake, and Baker, 2016) has highlighted that the *raison d'être* of public health, epidemiology, and indeed sociology, is to promote the project of freedom at the heart of the enlightenment (Sulkunen, 2009, 2010, 2014). This entails promoting universal agency through the protection of autonomy for everyone and at the same time to preserve the right of individuals to choose their own destiny (Sulkunen, 2009, 2010, 2014; Sulkunen and Warsell, 2012). Bhaskar (2017) and Norrie (2010) outline a broad framework or ‘forms of freedom’ (See Table 2). The ‘Forms of Freedom’ are arranged in a hierarchy from agentive freedom, through to negative and positive freedom, emancipation, autonomy, wellbeing, flourishing and ‘Eudaimonia’. Eudaimonia is envisaged as a society that “*treats everyone the same (reflecting universal humanity) and treats everyone as different (reflecting particular singularity). Thus, the end state is one in which the full freedom of each, reflecting singularity, is a condition of the full freedom of all, reflecting equality*” (Norrie, 2010; P. 222). In this respect then the end state we should all be working towards is a society where everyone’s individual freedom is a condition of freedom for everyone. We are not free unless we are all free.

The ‘forms of freedom’ are useful because they produce the goal towards which those who would seek to promote freedom can organise. Scambler (2018) uses this list, alongside other principles, to argue for a *permanent state of incremental reform directed to the final goal of freedom for all*. Tackling inequalities involves tackling inequalities in wellbeing, but also where possible, inequalities in each of the forms of freedom; towards a society that reaches eudaimonia. These principles are not just utopian; they can have a practical benefit because they ‘imagine’ a future state to aim for in any collaboration.

Table 2. Forms of Freedom†

Agentive Freedom:	The power to start/act anew.
Negative or positive Freedom:	Be free from constraints on/to be free to do.
Emancipation:	Universal human emancipation from (unnecessary) constraints.
Autonomy:	Possess the power, knowledge and disposition to act in real interests.
Wellbeing:	The absence of ills.
Flourishing:	The realisation of possibilities.
Eudaimonia:	Universal human flourishing.

† Source Bhaskar (Bhaskar, 2017) p. 84

Why is this important?

When we think about TNCs we have to think about the myriad of relationships that they involve. Three relationships in particular are the main focus of debate and policy, the relationship between TNCs, governments and populations. The history of large corporations reveals how they were closely related to national interests, the East India Company was probably the World’s first TNC (Banerjee, 2008), operating to further the interests of the British State world-wide, in frequently barbaric ways. Since that time corporations have gained greater and greater autonomy from state interests, this relationship is at the core of the challenge that they pose. They did not always have such freedom.

In North America corporate power was initially seen as a challenge to the sovereignty of the state. Indeed, for a company to be ‘incorporated’ it needed a special act of State legislatures and these acts would specify how long the corporation would last and ensure that such corporations would serve the public good. In the initial stages of corporate law States could, and in fact did, regularly revoke the power of incorporation. The power of incorporation was revoked from banks in the states of Ohio, Mississippi, and Pennsylvania when they had failed to act appropriately (Banerjee, 2008) threatening themselves with insolvency. Over time the requirement that corporations should act in the interests of the public good was weakened in favour of the pursuit of profit (Banerjee, 2008).

The other articles in this special issue provide detailed evidence that some TNCs have used their agency to damage the wellbeing of populations across the globe. Friel and Jamieson (2019) illustrate how free trade agreements have led to increases in the imports of highly processed foods many of which are produced by TNC’s in wealthy countries. They also show how trade agreements constrain the policy space for countries by reducing their ability to regulate for health. Kearns and Watt (2019) examine how different actors seek to either expand or contain debates about sugar. Recently published work demonstrates how Coca-Cola sought to influence the Centers for Disease Control (CDC) by gaining access to the CDC and then seeking to contain or challenge CDC policy on the relationship between Sugar Sweetened Beverages (SSBs) and obesity (Hessari, Ruskin, McKee, and Stuckler, 2019).

There is now a burgeoning literature on the “*corporate determinants of health*” (Millar, 2013). There are “*truly ugly corporations*” who seek to maximise profits and to sell their products “*at prices that are far below market value because they have been allowed to shift responsibility for the negative effects of their products (so-called “externalities”) to society*” (p e328). In other words they maximise their own freedom at the cost of the freedom of some of the most marginalised groups in society. Such corporations take us away from a state of eudaimonia. For our purposes the most damaging products for wellbeing (which is, after all, a key aspect of agency) are “Ultra-processed products” which are high in fat, salt, and sugar. Many of these products are accompanied by very effective marketing, often directed at the most vulnerable groups. This makes the “*modest consumption of ultra-processed products unlikely and displacement of fresh or minimally processed foods very likely. These factors also make ultra-processed products liable to harm endogenous satiety mechanisms and so promote energy overconsumption and thus obesity*” (Moodie *et al.*, 2013; p. 671). We should be in no doubt that these companies and their drive to sell more and more of their health damaging products are not out to promote eudaimonia. Not all companies are this bad, however, as Millar (2013) points out:

“There are good businesses that contribute to our health and wellbeing. They create jobs, produce valued products and services, generate profits, pay their share of taxes and contribute to economic growth. Healthy corporations pay a living wage, have progressive management practices that value and empower employees, and have workplace wellness programs, day care facilities and progressive policies such as parental, stress and mental health leave policies. Some firms are now paying a “living wage” to all employees, including contracted-out staff. Green companies attempt to mitigate their impact on the environment. The triple bottom line – people, planet and profits – and the principles of corporate social responsibility (CSR) are genuinely embraced in some sectors.” (Millar, 2013; p. e327)

Any serious engagement with TNCs has to recognise that there are TNCs that are trying to do ‘good’. Take Colgate and GlaxoSmithKline as examples. They both provide funding for dental research and they have initiatives aimed at improving oral health. Both companies provide detailed reports on their activities under the Corporate Social Responsibility (CSR) initiative. Colgate have a programme called the Bright Smiles, Bright Futures program (BSBF), currently its 25th year. Through this programme Colgate has reached over 900 million children world-wide since 1991 with oral health education (Colgate, 2016). They report that they have eliminated micro-beads from their products and were in the process of eliminating formaldehyde from their products in 2017. They committed to the elimination of forced labour from their supply chain in 2016. GlaxoSmithKline report how they are working towards the elimination of polio and admit that they need to improve to become more carbon neutral (GlaxoSmithKline, 2017) amongst a whole range of additional activities. CSR has become the mantra for TNCs to seek to monitor and manage their ‘externalities’. A truly critical approach to the role of TNCs in oral health inequalities needs to engage meaningfully with the challenges TNCs present to wellbeing. Critical assessments of CSR see this as a technique to whitewash the negative impacts

of corporate activity (Kickbusch *et al.*, 2016; Dorfman *et al.* 2012) but some of these activities are genuine attempts to resolve ‘externalities’ (Millar, 2013).

Promoting freedom from disease is the key ethical principle of public health (Beauchamp, 1980), it requires the kind of upstream action long argued for by proponents of “Proportionate Universalism” (Marmot, 2010; World Health Organization 2010; Watt, 2007). The development of this approach in oral health recognises that the task we face demands an interdisciplinary approach (Public Health England 2018). The challenge of global oral health requires confronting the challenge that TNCs pose. Engaging with this challenge must involve professional scientific interests, policy analysis, critical approaches, public engagement, foresight and action (Scambler, 2018).

All disciplines are required to engage in a much wider critical analysis of policy both public and corporate. Many have already realised this and are engaging with TNCs and other global actors, including the World Health Organisation (WHO) and the United Nations (UN), to try and shape these relationships to improve the corporate determinants of health (Moodie *et al.*, 2013). This is important because constructive action may help steer TNCs away from negative impacts towards the promotion of health and wellbeing. The next section suggests an outline of how future work might critically engage with TNCs.

Changing the discourse: future research on TNCs and their impact on oral health

The work presented in this supplement demonstrates the urgent need to engage in an active programme of research and policy around the role of TNCs in oral health. We need to examine more closely the health damaging effects of TNCs against their health benefits. We should be asking how we might develop a more critically engaged programme of research and practice in relation to TNCs? Such a programme should be aimed at constant reform (Scambler, 2018) with the goal of improving both our understanding of the role of TNCs in inequalities in oral health and action to improve their impact. It should envisage how we can proactively engage TNCs with the challenge of population wellbeing. A range of actions can be envisaged across a number of basic questions and methodologies (Table 3).

Table 3 is inspired by Scambler and Scambler’s (2015) taxonomy of sociologies. The professional approach refers to basic research questions designed to provide incremental gains in knowledge. This core research is central although it should not become a preoccupation. The table proposes that we expand our basic research questions to include the activities of TNCs and their impact on oral health related inequalities. The list of questions is by no means exhaustive. A very basic question we can ask is how TNCs and their activities affect oral health and wellbeing? Much of this work could obviously be developed by epidemiologists exploring not just the societal impact of the consumption of fluoride toothpaste (Nandanovsky and Sheiham, 1994, 1995) but also direct evaluations of programs such as the Bright smiles, Bright futures. Do such programme reduce inequalities in oral health? Too often professional research shuns engaging directly with TNCs, there is no reason why more meaningful engagement could happen.

Table 3. Research and practice

<i>Basic Approach</i>	<i>Suggested Questions</i>	<i>Methodologies</i>
Professional	How do TNCs activities affect oral health and wellbeing?	Epidemiology (Nandanovsky and Sheiham, 1994, 1995), evaluation of TNC programmes for oral health.
	How do TNCs construct their consumers? What role do these constructions have in targeting products at social practices?	Consumer research, critical examination of segmentation studies , critical analysis of corporate practices.
Policy	What impact would the elimination of Value Added Tax (VAT) on toothpaste have on oral health inequalities?	Macro-epidemiology (Baker <i>et al.</i> , 2018), geography and micro-simulation (Broomhead <i>et al.</i> , 2019) economics
	How do TNCs influence social policy? Is this good or bad for oral health inequalities?	Discourse analysis of public documents including anything that can be cleaned from freedom of information requests following the approach of Hessari <i>et al</i> (Hessari <i>et al.</i> , 2019).
Critical	Do TNCs corporate responsibility targets and programmes mask their real interests? How do these hidden interests relate to oral health and wellbeing?	Critical discourse analysis of policy documents looking at which corporate interests are being served in CSR (Burchell and Cook, 2006).
Public	How might public engagement generate new approaches to tackling inequalities in oral health?	Co-design methods linked to corporate programmes (Langley <i>et al.</i> , 2018) (Chamberlain and Craig, 2013) also with TNCs as partners.
	What role do TNCs play in engaging with relevant publics?	Critical exploration of segmentation studies (Quinn and Dibb, 2010) alongside systematic evaluation of Bright Smiles, Bright Futures program (Hull <i>et al.</i> , 2014).
Foresight	How did TNCs and oral health professionals envisage the future in the past and what might this mean for the future of oral health?	Professional and general histories of oral health and the profession of dentistry.
	What future technologies for oral health improvement can be envisaged? How will these impact on oral health related inequalities?	Sociologies of the future (Urry, 2016) and future histories (O’Shea, 2019).
Action	How can we engage funders to help develop studies on the role of TNCs in oral health improvement?	

In relation to policy, some of the papers already in this supplement (Friel and Jamieson, 2019; Kearns and Watt, 2019) but also within the literature on the corporate determinants of health (Hessari *et al.*, 2019) are good indicators of the kinds of analysis that are needed. This would obviously involve moving our research beyond the typical ABC behaviour change approach where all we focus on is an account of social change where ‘A’ stands for attitude, ‘B’ for behaviour, and ‘C’ for choice (Shove, 2010; Public Health England 2018). This approach results in a focus on individual behaviour change rather than wider social structural forces. Again a range of methodologies are relevant from macro epidemiology (Baker *et al.*, 2018), micro simulation (Broomhead *et al.*, 2019) and critical discourse analysis (Burchell and Cook, 2006). As we have already seen in this supplement, these methods can be used to look at how TNCs constrain and enable macro policy formation (Kearns and Watt, 2019) as well as to critically evaluate CSR initiatives for what they do and do not contain. The goal of such analysis would be

to act as a critical partner in the co-design of a future relationship between government, TNCs and different public’s. The approach adopted needs to be critical if it is to be successful. Any programme of work needs to be sure that TNCs, who claim to be operating through corporate responsibility targets, are doing so to improve oral health. Some TNCs have been found to be paying lip service to CSR whilst seeking to co-opt the public and still externalising harms. There is clearly a role for critical discourse analysis of CSR documents. We should be examining very carefully the real interests (Bhaskar, 2017; Scambler, 2018) that underpin these documents (Burchell and Cook, 2006) and act to challenge when CSR is too limited.

In relation to engaging the public we might consider developing co-design methods (Chamberlain and Craig, 2013; Langley *et al.*, 2018) aimed at generating new approaches to oral health-related inequalities. These approaches might include TNCs as partners, especially if programmes are designed to reduce inequalities in oral

health. We need to go beyond professional research and engage more meaningfully with the government, TNCs and the public. In so doing we could act to change the shape of these relationships. This could mean going beyond the traditional approach we adopt in professional research to engage more with corporate segmentation methods (Quinn and Dibb, 2010). Scambler (2018), following Urry (2016), points out the central importance of envisaging new futures. Understanding how the future is constructed and also how constructions of the future shape the present and the past can help develop practical ways to move forward (O’Shea, 2019; Urry, 2016). There is a role for future studies when it comes to oral health and dentistry. TNCs regularly engage in envisioning exercises, what could be gained if such exercises were combined with methods for studying the future of inequalities in oral health? Finally, more action needs to be taken to engage funders, including TNCs in asking real questions about their responsibility to reduce harms and deliver oral health improvement.

Conclusions

If we are going to promote freedom from oral disease and reduce inequalities in oral health we need to engage with the ‘corporate determinants of health’ (Millar, 2013). This means coming out from behind the neatly maintained façade of professional research in a much wider programme of engagement with appropriate TNCs. There is room for a research programme focusing purely on the relationship between TNCs and oral health. Such a program would involve a bigger range of disciplines than we currently use in oral health and dentistry. It would also involve the formation of a broader collaboration between appropriate TNCs, academics and funders. This paper seeks to provide a very brief sketch about how such a program might be envisaged. It should be obvious that not every TNC is good and conditions about how they might be engaged would need to be thought about very carefully, particularly with respect to the tobacco and sugar industries. The missing piece of the puzzle might be how to imagine an ethics of engagement with TNCs. The challenge TNCs pose, through the consumer society, is ‘Janus-faced’. On the one hand they can cause enormous damage, on the other, they can also deliver huge benefits for population oral health. We therefore need to envisage a range of strategies in order to engage in the challenge TNCs pose.

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