Cambodian 'beer promotion women' and corporate caution, recalcitrance or worse?

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IN 2000, WE BEGAN with students and members of a Cambodian non-governmental organisation (NGO) called SiRCHESI (Siem Reap Citizens for Health Education and Social Issues) to develop prevention programmes for women and others at risk for HIV/AIDS in Siem Reap, Cambodia. Siem Reap is the site of the Angkor Wat temple complex which attracted over 1,000,000 visitors in 2004, some of them 'sexual tourists'. Lewinian Action Research and more recent versions of Participatory Action Research offered some guidelines for a community health intervention campaign. In a recursive feedback loop, psychological data about health attitudes and strategies for behaviour change are co-ordinated with clinical and epidemiological medical approaches; through focus groups and community meetings, interventions are conjointly discussed, designed, modified and prioritised with community members concerned about HIV/AIDS.

Our local informants described one group particularly at high risk for HIV/AIDS: the underpaid 'beer promotion women', and in 2001–2002 we held focus groups and designed a first workshop to train peer educators to reach others in this vulnerable group (about 400 estimated to be working in Siem Reap in 2002). The 'beer promotion women'[2] wear the uniforms of the international beer brands which they exclusively sell in restaurants and beer gardens. Many were given a quota of selling one case of 24 33cl cans per night and paid as little as $US2. Our interviews and surveys beginning in 2001 showed that their beer promotion earnings were only about half of what we estimate as the 'fair wage' needed to support their children and extended rural families. In our samples in Siem Reap and the capital, Phnom Penh, they reported, confirmed by Cambodian beer distributors, that their average remuneration was about $US55 per month. In the 2003 Cambodian BSS survey of sexual behaviour among sentinel groups in 10 provinces (NCHADS, 2004), the beer promotion women reported average monthly incomes of $US105. McCourt (2002; available at www.fairtradebeer.com) found an explanation for this apparent discrepancy. She found that most had second jobs, with about 56 per cent accepting some propositions for sex for

[1] The scientific papers and reports from this project are generally multi-authored and multi-disciplinary, with expressed thanks to a variety of persons and resources. This paper, it was decided after extensive consultations, bears just one signature, the person responsible directly for all the wordings and phrasings, some stronger than might be expected in professional psychology journals. Although the article has been made 'British friendly' and 'toned down' for publication, it is still about women and men dying while, to my mind, other men and women may not be doing enough, and/or quickly enough, to prevent this. For those readers interested in a longer version of this paper, with all its 'stubborn particulars', please visit www.beergirls.org and consult 'Case studies'. For those wishing to learn more about individual brewers's activities in Cambodia, please visit www.fairtradebeer.com. The general multi-sectoral response to HIV/AIDS in Siem Reap is outlined at www.angkorwatngo.com; as the Cambodian local NGO SiRCHESI is perpetually in 'fund-raising mode' concerning this project, the www.beergirls.org website details how cheque, Visa and Mastercard contributions can be securely sent, through the good offices of the University of Guelph (see 'Donate now').

[2] The beer distributors and breweries often refer to these women as 'promotion girls' or 'pg's or even 'salaried promotion staff' rather than 'employees' or 'workers'. The young women generally refer to themselves as 'beer girls', as do all our translators.

money to make ends meet[3]. BSS 2003 reported 51.2 per cent of the beer promotion women had a 'sweetheart' relationship which involved sex (87.3 per cent) and some form of payment (96.4 per cent) most of the time. Condom use with these sweethearts was reported at only 65.8 per cent and with clients at 81.7 per cent (NCHADS, 2004). HIV/AIDS prevalence rates (1995–2002) in Siem Reap province have averaged about 23.2 per cent for the beer promotion women, as measured by random sampling (HIV Sentinel Surveys) or 17.4 per cent (2000–2004) by Voluntary walk-ins for Confidential Counselling and Testing (VCCT). In 2004, the Siem Reap VCCT rate was 20.0 per cent for beer promotion women. According to local doctors, the prevalence of other tropical and opportunistic infections, when combined with lowered immunity, often means that many will die in less than two years following diagnosis, unless anti-retroviral medications can be made readily available.

Many international beers are marketed in Cambodia with beer promotion women, and similar techniques are now being introduced into the rapidly expanding China market (see Bouma, 2003; van Luyn, 2004; van Pinxteren, 2004, at www.beergirls.org). The Interbrew family (recently renamed 'InBrew') is currently expanding and has marketed during the past two years a number of their international brands including: 'Three Horses' from the Netherlands, Stella Artois, Cass, Beck's, Labbatt's, Hoegaarden, as well as Bass Pale Ale from the UK. In addition, other brands have been marketed during our study period from 2001–2004: Fosters, Singha, Leo, San Miguel, Valor, Carlsberg, Holsten, Ceres, Asahi, Corona, Jade, Budweiser, Heineken, Tiger, ABC Stout, Anchor, Mitweida, etc. (see www.fairtradebeer.com for other brands, and related French and Australian wines, cognacs and whiskeys).

A case study of one company's Cambodian involvement

For many years, company X has been marketing its European flagship brand in Cambodia as the most expensive, premium beer; its exclusive local distributor has successfully niche-marketed it along with cognac, whiskey, etc. X also owns more than a one-third stake in A, an Asian-based company, which also markets several brands in Cambodia and even brews them locally. X and A in January, 2004 announced a joint marketing expansion into China (as have most other international brewers). In fact reports in press (Bouma, 2003; van Pinxteren, 2004) indicate that several companies already have trained several thousand 'beer promotion women' in China. Does increasing globalisation, therefore, mean that now 20 per cent of this expansive and expanding workforce of women may also expect to be at risk to die from HIV/AIDS?

[3] Our interviews suggest that offering a 'fair wage' – at least $US110 monthly for those with 4.2 dependents on average – may eliminate the need for additional employment income, and can consequently reduce health and workplace risks, and lower illness and mortality rates. In 2002, competing beer brands generally offered the same per case commission rates ($US2) and daily sales quota (1 case= 7.92 litres), creating an industry-wide earnings average of $US55 monthly. By 2004, per case rates had moved to $US3–$US5, with one new brand offering $US9 to launch itself into the market. That same year, at least two international brands – we call them 'A' and 'X' in this journal article – had switched to a fixed salary, starting at $US45 and moving to $US50 (in Siem Reap) or $US55 (Phnom Penh) after a probationary period. (Several women mentioned $US60 for a double shift working lunch and evenings till 10 pm.) The A and X women interviewed in 2004–2005 reported, on average, receiving $US55 monthly, selling 22 litres nightly and 77 cases of beer monthly for an average monthly sales figure of $US2680 ($US2402 if just selling large 66 cl bottles, $US2967 if selling only small cans and bottles at 33 cl). Their $US55 represents 2.1 per cent of sales. Even at the lowest ($US2) 'piece' rate paid in 2002, they might have earned $US154 (5.2 per cent of sales) as a 'fair wage'. By comparison, sales of less popular beer 'S' features a commission of $US3 per case selling for $US36, representing 8.3 per cent of sales. If X and A also paid 8.3 per cent of sale price, their promotion women would earn about $US222, not $US55. This might, however, mean less money, in the short term for the beer companies themselves, their distributors and their shareholders, but may be a helpful long-term corporate investment in workplace health and safety.

Initial correspondence with public relations personnel about X's 'beer promotion women' began in 2002 but brought no substantive response until 18 June, 2002 when the company's Director of Corporate Communication, explained to me why my requests for a more proactive and immediate policy in Cambodia did not mesh with their way of doing things:

'… we have an active policy on prevention and treatment of HIV/AIDS. In the implementation of our policy we have chosen to start with the African continent … both prevention and treatment must be carried out with the upmost [sic] caution … It is our intention to copy and adapt our experiences gained in Africa to other parts of the world … As for prevention and treatment measures for non X staff (a.o. members of promotion teams) we have a working group active in our Head office. It is expected that this working group will submit their recommendations to our Board somewhere this summer.

I hope you appreciate the fact that as an international company we feel that any policy should meet the criteria of worldwide applicability and we, therefore, are not in favour of a scattered approach in which we only address problems in one specific country.' (Personal communication, 18 June, 2002)

I did not appreciate this argument and indeed felt things needed to be accomplished with greater urgency than this slow corporate pace. In July, 2002, there still were no anti-retrovirals available in Siem Reap; there was one NGO-sponsored programme (Doctors without Borders – MSF) in a Phnom Penh hospital, quite willing to cooperate with the beer companies. Provision of **anti-retrovirals was already an integral part of X's own HIV/AIDS policy**; we were pressing X to extend this to its Cambodian beer promotion women. During July, 2002, I was told by several of her friends of the death of Vee, a young 'beer promotion woman' who was HIV+ and had been cared for by other 'beer girls' when she got too sick to work. One evening, when they came after work to feed her, she was gone. She had died that morning, and with no employer or relative to arrange the Buddhist cremation ceremony, her body had been 'discarded' by the police.

Srei Neamb, one of her colleagues, shared her emotions and feelings of existential crisis with us during a 7 July, 2002 interview. Others also joined her in expressing dismay at the corporate dis-respect – after working exclusively for one beer company, suddenly one might become a 'throwaway beer girl'. Young women were dying in Siem Reap, and X's public relations office was planning on taking its time in responding to requests to urgently intervene. I again impatiently wrote to X on 16 August, 2002, with the subject heading: **Re: Proactive steps to immediately combat HIV/AIDS among X's beer promotion saleswomen in Cambodia, in line with X's International HIV/AIDS policy**. I also copied this letter to Cambodian government and NGO officials, as well as international members of the press, and followed two days later with a letter to X's CEO, their two Boards of Directors, and management. In the first letter, I suggested that fully applying their own HIV/AIDS policy to those exclusively selling their product would now be a timely, life-saving intervention for an estimated 16 to 23 per cent of the female workforce and that such an action would raise the bar on full healthcare coverage and set an important example for other corporations working in Cambodia. I asked X to be proactive and to take a leadership role for their own employees, associates, sub-contractors and/or promotional sales-workers, and asked them to nudge the A brewery to do likewise. I quoted from their own HIV/AIDS company policy the words of their Director Corporate Human Resources: 'We sincerely hope that X will set an example for both international businesses and governments to jointly fight this pandemic …' [The complete, far-reaching and progressive HIV/AIDS policy, although not yet applied

to X's promotion women, is posted on the www.fairtradebeer.com website.]

I also tried to point out that one of the knowledgeable Cambodian distributors had explained that the 'salaries' dispersed each month to the 'beer promotion women' were reimbursed immediately as 'promotion and advertising costs' from X. I am unsure just how X, or any other company, accounts for these monies in its annual reports or indeed whether discussion is ever made of the issue of low-paid 'promotional sales workers' in various developing countries. In 2002, X's beer in a 33cl size was being sold for $US1.50 (compared to $US1.20 to $US1.30 for other international brands) and that some of that retail price ultimately would flow back to X's international headquarters, it's shareholders and investors. Between five to eight per cent of sales went to the beer promotion women at that time (compared to 2.1 per cent in 2004–2005).

I pointed out to X that the Cambodian Ministry of Health was having little success with government programmes (HSS, 2001, p.14) and that for 'beer promotion girls' there was no improvement in reducing prevalence rates for HIV in the past three years (seroprevalence rates for 1998–2000 were 19.2 per cent 19.8 per cent and 18.8 per cent) Our own small data sample for Siem Reap beer promotion girls (collected May–July, 2002) also confirmed seropositivity for 'beer promotion women' of 18.8 per cent; all other indirect sex workers, 12.5 per cent (*N*=35, see McCourt, 2002, Wong *et al.*, 2003); promotion women from X were represented in that sample. I queried X again about its **immediate** response to this ongoing life-threatening situation for almost one-fifth of its promotional sales force. Based on our ongoing survey and intervention work concerning current condom-use rates in Siem Reap, I suggested that these women needed better HIV/AIDS prevention strategies. Our own local NGO's [SiRCHESI] peer-education programme has already trained several X 'beer promotion women' as mentors for others. But why wasn't the company doing this for its own sales force? I, therefore, suggested some proactive steps that could be taken to reduce workplace risk and mortality:

i. X already realises that the consumption of alcohol can in some cases increase the risk of unsafe sex and HIV transmission. In other countries, bar promotion women who drink with customers (e.g. trying to meet their sales quotas) often have available either alcohol-less mixed drinks or alcohol-free beers;
ii. 'Beer promotion women' require about $US100 monthly income; they generally make $US40 to $US60 as X's saleswomen. An immediate improved salary structure of $US5 to $US6 per day (rather than industry-standard $US2) or a commission of $US6 per case (rather than $US2 to $US3 current industry rate) would more than meet the income needs of these women (who often are single mothers, and who always support extended rural families with their salaries). The pressing financial need for occasional indirect sex work activities would for the majority of cases simply cease, as our interviewees have told us.
iii. We have also discussed recently with local management the 'morale problem' among the women who believe they are working for X – they wear the X uniform, exclusively sell that beer, and compete with all the other companies' promotion teams in each restaurant for X's market share. When they sell a case worth $US36 and receive $US2 to $US3 in recompense, X may want to rethink the balance between the portion of each sale going to the overall corporate profit statement and to the shareholders and investors, at the expense of a possible 16 to 23 per cent of the sales-force succumbing to HIV/AIDS.' (Letter, 16 August, 2002.)

I had hoped that by sharing our information and rationale for intervention with this corporation, the decision-making at X would now move swiftly, as they had promised. I copied the letter to the various medical

agencies (such as Médecins sans Frontières) and government officials who were ready to help X move quickly to establish anti-retroviral therapy and other necessary prevention and treatment programmes.

A more formal letter with these points attached was then faxed directly (18 August, 2002) to X's new CEO, to Executives and Management, and Boards of Directors of both X International and X International Holdings, emphasising the '**deteriorating health conditions of your employees/promotion saleswomen in Cambodia, almost 20 per cent of whom are estimated to now be HIV seropositive**, but who are not yet receiving the full measure of health benefits listed in X's Policy on HIV/AIDS … **I have also directly challenged X to be the first major multinational company doing business in Cambodia to set the example of full-health coverage for all local employees and subcontractors, etc.** … The **actual costs would be rather small** for an immediate intervention … and/or perhaps [coverage could include] A Brewery's brands, as well. However, the ripple effect of other corporations 'matching' your policy would be an invaluable step towards the Cambodian government's uphill battle to secure better health care for all its citizens.' (Letter, 18 August, 2002.)

I pointed out that while some of the 'beer promotion women' do make almost $US800 annually, anti-retrovirals (and even antibiotics for simple opportunistic infections) were never an affordable possibility without help from employers or benevolent charities and NGOs. I praised their HIV-AIDS Policy as an extremely forward-looking document, but it would only be useful if actually put into practice, rather than just 'wishful' words on paper for those women excluded from coverage. In a final communication from X, before they stopped answering e-mails, a spokesperson said: 'In answer to your concern about speed, I said that this was more a matter of months than years …' (3 September, 2002). Nine months later Bouma (2003) reported the continuing lack of intervention by X on behalf of their beer promotion women. The X representative responded this time: 'We know the problem. We are also planning in due course to do something for the beergirls.' He referred the journalist back to the 2002 HIV/AIDS policy, and said that 'local programmes are being developed for groups with a high infection risk.' and that beer promotion women were specifically mentioned in that 2002 document. Of course, the promotion women were not included in the policy's coverage then, nor are they today, to my knowledge, in Cambodia (as of April, 2005).

However, just three months later, X, in cooperation with A, did hire an international NGO with distinguished credentials to create a programme to teach its promotion women how to sell beer safely in the workplace, avoiding harassment, addiction, violence and HIV/AIDS. The training began in January and February, 2004, and will be evaluated in early 2005. Both A and X have since made repeated references in the press to how the situation was being handled for them by this well-known NGO (Leers, 2005; Fong, 2004). But this solution was rather incomplete, in my mind. Although this first small step has been taken towards education and prevention of HIV/AIDS, X and their distributor have since 2002 refused to dramatically alter the remuneration structure. In 2004, X and A now offers a monthly salary of under $US60. But they still will not provide for the costy of the life-saving anti-retroviral therapy (ARVT).

As their representative told the Dutch newspaper *Trouw*: 'We are in the business of beer, not in medical care … For our own employees we have an HIV/AIDS programme. In Cambodia this means that most 'peegees' [promotion girls] are not employed by X …' X was not planning to increase the payments received by the beergirls. **'Poverty related problems we cannot solve out of The Netherlands.'** .... (emphasis added) (Bouma, 2003, Trans. H. Stam)

In September, 2002, X had promised to solve the Cambodian problem 'in months, not years'. By January, 2004, a first step towards prevention training was finally made.

Data collected in May, 2004 by our Siem Reap team suggest that paying a monthly salary may yield better beer sales for X and A (compared to competitors who pay commission), but that neither the presence of the 'Safe Beer Selling' training workshops nor the method of payment have reduced the high rate of alcohol consumption each night on the job.

One small step – for a man

As a representative of X recently told an HIV/AIDS conference in Siem Reap (Salina Hotel, 1 August, 2004), progress had been made on the anti-retroviral therapy front. Since 1 December, 2003, the **brewery workers** who produced A's brands in Cambodia and the marketing managers may now receive needed ARVT. Should we applaud this step and hold up A as the 'breakthrough' company – perhaps the first international company doing business in Cambodia to offer its workers ARVT? Should we hold up A as the model corporation who broke with stubborn tradition, to lead other multi-nationals forward towards better workplace care and safety? Or should we get picky about the details? At the conference, in a lively question and answer session, X's representative from corporate headquarters fielded questions about ARVT applicability and other work place issues. These questions came from the Director of Cambodia's National AIDS Authority, from several NGOs, and also from two beer promotion women who had formerly worked for X and A for many years. One, now 32, was considered 'too old' to retain a job as a salaried saleswoman. In response to these questions, it appears that only men were to have access to ARVT, not any of the salaried beer promotion women, ineligible because they were not considered to be the company's 'employees'[4].

In fact, since early 2003, ARVT was available on a small scale in Siem Reap (about 700 cases being followed and 100 daily treatments for a community with an estimated 7000 to 10,000 persons living with HIV/AIDS or PLWHAs) administered at the expense of NGOs such as MSF, ESTHER, and Angkor Children's Hospital. X – and other beer companies – have taken their time in Cambodia, and they have, therefore, relegated, de facto, the provision of the life-saving medication for others to pay for, rather than treating this as an in-house organisational and workplace health and safety issue. Some have criticised as cynical the motivation of certain multi-nationals who offer ARVT in Africa to highly-trained employees. Others would applaud this as a powerful humanitarian gesture should X and A (and all other brands of beer, cognac, whiskey, wine …) adopt ARVT provision as a workplace principle.[5] Thus far it has been

[4] The question of providing ARVT to promotion staff – considered as advertising expenses and not workers – had been under discussion by a working group at X since early 2002, for presentation to the Board of Directors. Various press statements since then indicate X's 'awareness' of the issue. A number of international lawyers who have studied the 1997 Cambodian Labour Code believe that any beer company's claim that promotion women are not workers or employees may in fact not be meaningful. In February (Lees, 2005), an X spokesperson announced that a general practitioner had been hired at the company clinic (presumably in Phnom Penh) to address the health needs of the promotion staff. Generally, Cambodian doctors earn about $US30 monthly, although NGOs and corporations may pay more. ARVT therapy for each HIV+ promotion woman would also cost about $US30 monthly. Given the large sales figures generated by each of A's and X's promoters (over $US30,000 annually) It would not be very costly for X or its shareholders to decide to take a major step forward: **For the estimated 400 promotion staff of A and X, ask their full-time doctor to supervise the administration of ARVT to the 20 per cent of their saleswomen who are HIV+.** This would be in keeping with X's stated HIV/AIDS worldwide policy (see this at www.fairtradebeer.com) practiced effectively elsewhere, but which, after much internal company discussion, since 2002, **somehow still sees X, in 2005, excluding the women selling their beers in Cambodia from company-provided life-saving ARVT.**

[5] Some companies may appear tactless by telling the economic press that it is a simple business decision: It is cheaper to keep trained personnel and managers alive for years on ARVT than to start a new training programme to replace an entire workplace cohort in some countries. But for beer promotion women, there is a steady stream of young, unschooled candidates arriving daily from the surrounding rural areas.

left to local NGOs to raise the funds to provide ARVT and to **effectively** educate the beer promotion women of Siem Reap to change behaviour; the women themselves must still find secondary income sources to support their families. The women are in a deadly lose-lose situation, while the money saved on health costs by the beer companies actually flows to the shareholders, who thus far may be largely unaware that this is happening. Perhaps if informed clearly in the annual report or at an annual shareholders meeting, some might regret that health costs are not being met for the women who sell their beer, and generate income currently shared by the beer companies, their subsidiaries, and their individual and institutional shareholders.[6]

As for the A and X joint programme to teach women how to safely sell their beer, data are generally proprietary (e.g. Selling Beer Safely: A baseline survey and needs assessment of beer promoters in Phnom Penh, Sept. 2003) and, with the exception of a few news releases and two conference presentations in July and August, 2004, are not in the public domain, nor currently posted on the CARE, Australia website. In the past year, my co-researchers and I interviewed a small sample of 'graduates' from A and X's programme (*N*=28), who reported on their participation in these three-day workshops (shortened in Siem Reap). We found no evidence of behaviour change – thus, for example, nightly consumption of large quantities of beer with the customers remained constant, even after learning about addictions. Knowledge about workplace sexual harassment and violence had increased; but knowledge about procurement of HIV tests, of anti-retrovirals, and willingness to discuss any serious illness with managers were lacking. The programme provides educational understandings designed to prevent transmission of HIV/AIDS in the community. **This programme does not provide ARVT for the promotion women, nor does it fundamentally address the economic reasons underpinning the risky behaviour,** i.e. that women cannot support 4.2 dependants on $US55 monthly.

What can beer drinkers and brewery shareholders do about this?

The HIV/AIDS infections (and consequent deaths) of beer promotion women has been annually tracked by the Cambodian government for the past decade; in 2000, the *Wall Street Journal* highlighted the problem in Cambodia for breweries and their shareholders, as have other journalists since (see Press Accounts at www.fairtrade-beer.com) We still await a more complete answer from each of the companies making profits on beer or alcohol beverages in Cambodia, while their 'promotion staff' or employees continue to work, and die, **in an unsafe work environment with a 20 per cent mortality rate**. Company officials know what is going on here and many companies have

[6] The Interfaith Center on Corporate Responsibility is a 34-year-old international coalition of 275 faith-based institutional investors working to improve the financial and social performance of the companies in which their members have invested – an estimated $US110 billion. ICCR seeks to build a more just and sustainable society by integrating social values into corporate and investor decisions and has become one of the foremost shareholder advocacy organisations in the world. They have had recent success in getting Coca Cola's Board of Directors to agree to give ARVT in Africa. Recently, concerned about the high costs for ARVT, they have asked major pharmaceutical companies to become transparent about political contributions, to evaluate the economic effects of HIV/AIDS on their business strategy, and address the opportunities and risks posed by global pandemics. Beginning in December, 2003, ICCR contacted three major brewers (including X, as well as a European and American rival) about their concerns about their workplace policies for 'beer promotion women' in South East. Asia. Progress with the beer companies has been unusually slow, with only two companies responding to the inquiry. ICCR was continuing (March, 2005) to evaluate their responses and research possible future actions, which could include a shareholder resolution, meetings with management, etc. Similarly, a challenge to X from a major European trade union in 2004 ended with efficient public relations work allaying complaints.

offered strikingly similar narratives from their public relations staff to the press. Most companies seem to be simply continuing with their profitable business as usual, and are not proactively tackling the risks to women. Instead, various NGOs have stepped in to try to deal with this problem. But the beer companies themselves continue to use a highly profitable marketing system which puts their female sales force at risk of death before the age of 30. These women may bring in between $US13,000 and $US32,000 in sales each year that they remain healthy and alive, but are paid $US600 to $US800, when they require $US1300, and certainly cannot afford the additional $US360 per year for clone anti-retrovirals to stay alive. These **'throwaway beer promotion women'** – a name they gave themselves after the death of Vee – may remain invisible to the shareholders and corporate investors who read the companies' annual reports, and they are skilfully – some might say shamefully – listed by corporate headquarters among the various 'advertising/promotion' costs, alongside the throwaway coasters and posters, sports event sponsorships, etc.

In France, under certain circumstances, it is a criminal offence not to come to the assistance of a person known to be in danger. In many countries, one can be convicted of a violent act such as murder even if one does not pull the trigger, but knowingly plans a scenario of harm to another. Parents can be charged with neglect for not taking necessary actions to keep their children in proper healthy and safe circumstances. Neighbours, social workers and teachers can be charged for not reporting situations of child abuse. Political leaders can now be tried in an international court for war crimes, and crimes against humanity. Companies, their boards of directors and their decision-makers are now very wary of improper stock trading; but with the exception of wartime factory owners using slave labour, and a few celebrated cases of corporate harm to workers or communities, it seems as if few company officials are ever held accountable for willfully endangering or doing violence to their work force, whether by commission or omission of acts. Which court, other that that of public opinion, is competent to hear a complaint on behalf of the at-risk promotion women of Cambodia, China, Vietnam and elsewhere? Some might say there is a slippery, perhaps even immoral corporate-world technicality that differentiates between 'direct' and 'indirect' employees, or 'marketing staff' vs. 'promotion staff', or that then **excludes** the profit-producing promotional personnel from company benefits provided other workers, especially those involving their health, safety, security and ultimately, their lives.

Why this treatment? Is it because they're poor? Uneducated? Cambodian? Women?

Why do the women of Cambodia have to wait so long for X's life-and-death deliberations? Why are solutions of A and X only partial? Some of the women will not survive the corporate procrastination and recalcitrance to move quickly and dramatically forward. Srei Neamb, aged 30, did not. Some of the other women who have died during the past two years are listed at the www.beergirls.org website. Their beer companies have replaced them with new rural recruits, and can thus continue to profitably sell their products, while public relations staff offer their 'spin'. Such inactivity or procrastinating about 'results' might be judged nowadays unethical, according to modern HIV/AIDS research standards involving life-threatening situations.[7]

Withholding life-prolonging anti-retrovirals from some members of a corporate family **after publicly promising their availability corporation-wide** might be seen by

[7] Medical research, in the face of life-and-death crises such as AIDS, has given up classical research designs involving long, controlled pilot studies with control groups getting placebos. Now that anti-retroviral medications have been shown to be life-prolonging, and relatively easy to regularly administer, there really apears no need to 'wait' for further pilot data to come in before instigating a workplace ARVT programme.

some as violence by omission. Those sensitive to issues of gender, sexism, economic status, identity group membership, racism, etc., may perhaps see patterns in some of this corporate behaviour. For some consumers, this may offend their sense of fair play. Others might see such corporate decisions as simply demonstrating slow or poor judgement; still others might deem them morally despicable. Women die, new young recruits from the countryside are hired to replace them.

We have asked X and other international and local breweries using 'beer promotion women' in Cambodia to act **fairly** towards these women: (1) to provide them with adequate income to preclude the necessity of additional indirect sex work, e.g. **a monthly salary over $US110**; (2) to provide health education and HIV/AIDS prevention information and **effective behaviour change strategies**; (3) to provide health benefits including **free anti-retrovirals and other medications** should the person be HIV+ and require them; and (4) we will shortly be adding a request that the women no longer drink nightly with the customers, as the preliminary results of our recent workplace alcohol survey are confirmed.

Websites such as www.fairtradebeer.com and www.ethicalbeer.com will highlight these companies' progress towards a more ethical treatment of women workers. As well, those beer and related companies not taking such steps towards protecting their sales force will be listed for their consumers, shareholders and investors , each of whom may find ways to make their feelings known to the companies – model letters are available on these websites to address to the companies of your choice. Corporations generally respond to economic indicators such as cancelled orders, declining quarterly sales and/or investment/share price figures. Coffee dispensing machines in the Netherlands Universities now offer 'Honesta' or 'fair-trade coffee'. Perhaps student pubs on university campuses world-wide, some of the biggest customers for the breweries, might reconsider their brand line-up.[8]

In memorium – Srei Neamb, 1972–2002

We first met Srei Neamb in 2000. She was one of the most skilled beer salespersons and had probably sold over $US80,000 worth of beer, for various international brands including A's. As an HIV/AIDS peer educator, she had proved most capable and enthusiastic. Srei Neamb told us (7 July, 2002) of her plans to leave her job as a beer promotion woman after seven years, and open her own stall in the market place. Three weeks later, her health situation had rapidly deteriorated; she went home to her mother's village and died within the week of complications of HIV/AIDS. She received no health education, benefits nor treatment from the beer companies. She was 30-years-old. Some of those who knew her asked that she be remembered and an obituary has been posted on www.beergirls.org.

While companies slowly conduct studies, take half-measures, issue press releases about not intervening in wage policies in developing countries, and ponder what to do for these women, the money from beer sales continues to roll in, share dividends are paid out, the companies expand to new markets such as China. Although the women are paid proportionately higher in China, the economic remuneration in Cambodia has not been adequately addressed by the beer companies, nor is ARVT being offered by companies **– $US360 per year is the cost to an employer for the life-prolonging anti-retrovirals.**

I and my colleagues will continue to try to educate industry, consumers, legislators and investors about the **urgency** of solutions. We can do this through publishing case studies of recalcitrant companies alongside memorials for their late 'employees' at www.beergirls.org. But the next time

[8] One community organization in Canada, which held a fund-raising concert-dance for the HIV/AIDS prevention work of SiRCHESI, switched its patronage to a local micro-brewery away from a multi-national beer brand which was not being proactive in Cambodia.

someone in a crowded pub suggests: I'm just dying for an 'X' or any other beer/ale/lager/whisky/cognac/wine or cooler, please remember the real women in Cambodia who are literally dying for these brands and find your own personal response to help us alleviate this situation.

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