



## FEMINISTS 4 A PEOPLE'S VACCINE PODCAST EP1 Transcript

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### Why Should Feminists Care about Access to Medicines in the Context of Covid-19?

*With Sonia Corrêa and Gita Sen*

**Vanita [00:00:04]** Welcome to the Feminists for a People's Vaccine podcast, a space for imagination, discussion, and feminist analysis from the global South. In this creative journey, we approach the tough questions brought to light by the pandemic. Join us to look at this once in a lifetime event as a passageway to a fair and just world for all.

**Sonia [00:00:35]** My name is Sonia Correa. I'm Brazilian, I'm a feminist, and I'm here today with my dear, old friend Gita Sen, the Indian feminist economist, to share some ideas around the question of access to COVID vaccines as an important issue to be addressed by feminists all over the world.

**Gita [00:01:02]** As Sonia said, my name is Gita Sen. I am one of DAWN's two General Cocoordinators. DAWN, if you don't know it, stands for Development Alternatives with Women for a New Era. We have been working in partnership with many other organisations, but most particularly with the Third World Network on a campaign which calls itself Feminists for a People's Vaccine. And I hope to tell you a little bit more about it during this podcast. Back to you, Sonia.

**Sonia [00:01:46]** As we know, obstacles to access to medicine in general and to the COVID-19 vaccine in particular, are many and rather distinctive, including across countries or across regions. Can you give us a brief overview of that cartography- where we are today in relation to access to COVID-19 related medicines, in particular the vaccines?

**Gita [00:02:20]** At one level you could say what determines access to medicines are the things that determine access to any good or any commodity. First of all, who is producing it? What is their production capacity for whatever it is- the medicines, the vaccines, the equipment? It depends on whether there is funding, the raw materials, and sometimes there can be challenges and barriers on the side of production. The second one is the distribution element. And here is where access starts becoming much more critical because there is a difference that's happened in the world to access to medicines after the World Trade Organisation got established. And one of the important things that happened when the World Trade Organisation came into being in the 1990's is that the old system of patents regulation changed, and all the countries were brought under the World Trade Organisation's very strong rules on intellectual property rights, ensuring that nobody could produce in violation of patents. Let's take the example of HIV/AIDS antiretrovirals. For a long time, the drugs were not available, but once the drugs became available, the famous cocktail was known and was known to be effective. It was only accessible to those in countries that actually were producing it under the patents. And these typically were big pharmaceutical companies who were producing them in a very large parts of the world- in Latin America, in Africa, in Asia- where HIV/AIDS was growing by leaps and bounds. You could not get access to the cocktail, and people were dying literally by the hundreds of thousands of millions because of lack of access. Now, what you could do before the WTO came in was what a company like Cipla in India did, which is to reverse engineer the drugs, to dramatically reduce the price at which they would be available, saving literally millions of lives in the process of doing that. The World Trade Organisation patent rules, intellectual property rights rules made it impossible. So, the big question of access post WTO has been "what do you do with intellectual property rights and intellectual property rights, patents, trademarks and all of the different forms of intellectual property rights that have become a major barrier in distribution and therefore in access?". There's a third element to access that is as important as the other two, and that is inequalities. Part of what the global neoliberal paradigm has done, as we all know, has been to explode not only economic inequalities all across the world between richer and poorer, but also other forms of inequality which are intersectional social inequalities that we all live with and that we've been living with as part of our histories for a long time. We are seeing it in really tragic ways. One example is the richest country in the world, the United States, where the

death rate from the pandemic was double amongst the African American population to what it was in the white population - in the richest country in the world!

**Sonia [00:06:59]** I want to add a question about obstacles to you, because I think that you're totally right, that you will have intellectual property rights, obstacles and the huge obstacle of growing inequalities and sexual inequalities. This also applies to Brazil, because all the data on lethality of COVID show it is Black people and people living in the slum areas that are the most affected by the infection. And in addition to that, I think there is another dimension of obstacles to be looked at, which is what my dear friend and partner Richard Parker has been naming as the political determinants of health and access to health. Can you elaborate a little bit on that and how politics and policy create obstacles to access to medicines and to vaccines, in particular?

**Gita [00:07:56]** If there is one thing that the pandemic has sort of crystallised, and has caused to bubble to the surface, it is the effect of politics and governance. In country, after country, after country, we are seeing that if you had an illiberal politics, authoritarianism, growing democracy only in name and failing miserably, and institutions collapsing, that place or that country's ability to handle the pandemic has been pathetic. You mentioned Brazil, and the United States itself under President Trump was an example of that. I think what we see in this is two things which are coming together. One, in the authoritarian governments that are growing- Sri Lanka is another example- what you can see is the coming together. When authoritarian governments are in power, institutions start crumbling and collapsing. The authoritarian surround themselves with 'Yes' Men and 'Yes' Women who would simply salute and say, "yes, marvelous, everything is wonderful". Meanwhile, of course, you have disasters happening all around and people dying. It's very clear that this rise of authoritarianism has absolutely shown us that it's not just a matter of elections, it's a matter of who lives and dies during a pandemic. But I think the other thing that has come together with this is the fact that thanks to neoliberal economics, health systems have been crumbling. Health system capacity has been crumbling in countries thanks to neoliberal economic policies that have been pushed, and pushed, and pushed by the Bretton Woods institutions and by the other institutions of neoliberal governance. And what has happened as a result of that? Not surprisingly, there's not been money for help and whatever there has been collapsing. So now we can only point to a few places- New Zealand, Costa Rica- a few, where in fact institutions are holding to some extent and are able to handle the pandemic. Or we have places like the rich northern countries- the US, with the Biden administration throwing huge resources behind the vaccination drive. But even there, their vaccination drive has run into a limit because of the crazy politics that has swept into the country, thanks to the authoritarianism that preceded it. So, I think that

these two things coming together are a perfect storm for what we're witnessing.

**Sonia [00:11:33]** ...which can be very correctly named as necro-politics. Which is reaching an unacceptable indignation levels in some places as it is the unfortunate case of Brazil right now after we have reached five hundred thousand [deaths from COVID].

**Gita [00:11:51]** Yes. And we don't know how many deaths we have had. You know, you have used the term necro-politics many times, Sonia, and when it started happening in this pandemic, I kept thinking of that again, and again, and again. It's absolute necro-politics at work.

**Sonia [00:12:25]** Both of us have been preoccupied in discussing issues related to access to medicine for a very long time; in my case in particular, because of my connection with ABIA that began in the 90s when Brazil adopted legislation providing free and universal access to antiretroviral drugs as soon as they were made available. So, in Brazil, we have been coping with the question of access to medicines, intellectual property rights issues, discussing the WTO requirements, and compulsory licensing. So, I have been following that track for quite a long time and throughout that journey I have remarked that it's very hard to capture the attention of feminist groups to this agenda. It has not been easy for those long years. On many occasions I have tried to do so in Brazil. DAWN itself has tried to capture that attention when the issue was discussed in 2001 in the first special session of the UN General Assembly on HIV/AIDS. But it does not catch- the feminist hearts and minds are not captured by the imagination of that agenda. Why do you think that happens?

**Gita [00:13:51]** What I think may have been the reasons was, one, it was not affecting everybody. It was affecting subpopulations. And somehow this didn't sort of catch as a general issue. There's always been a difficulty amongst feminist groups with addressing structural and economic issues, and the WTO and its negotiations were so full of technicalities and "legal-ese" and this and that, that people couldn't see how this related directly to them. Now, I don't- I mean, I say that with knowing that, on the other hand, feminist groups have addressed legal-ese and technical issues on other matters, but somehow this one, much to your frustration than mine, never seemed to catch. I think what's different now- and I really do believe it's different- is that this is a pandemic that's affecting everyone. If there is a single thing that is at the top of everybody's minds all the time, it's the pandemic. You cannot escape this pandemic, and therefore recognising the centrality of the question of access. I think there are a number of reasons why we need to be engaged- the explosion of inequalities, and gender inequality being central to that in this pandemic. Women, for instance, have really been hit disproportionately by the decline in employment and jobs. But there are other reasons as well. One of the things that has

happened with the lockdowns- and this is in country, after country- is we have the evidence there is a hidden or not so hidden pandemic of violence in the home where abusers and the abused are locked in together within a closed space and confined for long periods of time. And it doesn't matter which country we are looking at right now, that evidence is there as well. We need to be able to get out of that context. Eighty percent of the health workers are women on the front lines. And while it's true that in most countries, frontline health workers are in fact seen as priority for vaccines- if vaccines are available in the very many countries, vaccines are just not available, which means that frontline health workers are going out without protection when hospitals are not sufficient, when health systems are unable- as they are in many countries- to cope with the pandemic. People are just told to "take care at home", "stay at home", "don't come to the hospital". We've seen this in our own countries, yours, and mine. And who takes care? Is this a fully protected, vaccinated PPE'd person who's taking care? Of course not. It's very clear that if we are to get out of this pandemic, we need to do everything we can to increase people's knowledge, to increase people's awareness and increase people's activism. Being a feminist doesn't mean just looking at what is the distinction between men and women. It also means looking at all of the structural factors that proliferate inequalities. And let me say that in terms of the Feminists for a People's Vaccine campaign, we have found far more interest and enthusiasm than I've ever seen on this issue.

**Sonia [00:18:20]** Now, you said something about the nature or the scale and scope of the pandemic that reminded me- and I think this is interesting in this conversation- in the 90s when Brazil approved legislation of universal access to antiretroviral drugs, there were many people asking- in the country and outside the country- what made that possible at this point in time? Because no country in the world but Brazil, which was the first country to adopt universal free access to ARV's. People in the World Bank and other places are asking "how you have been able to do so?". And my own interpretation is that at that point in time-it is not any more like that- but at that point in time, HIV/AIDS was a democratic tragedy. It was affecting people from the top of the pyramid to the very bottom. And it was that common humanity affected by the pandemic that made it possible to have universal access. And I think this is something to recover, perhaps, and revisit in the context of COVID, which is having the same drastic, dramatic, and democratic effect.

**Gita [00:19:35]** I think there may be a bit more something there, Sonia. When you have something affecting everybody across all pyramid's, it can go towards a necro politics which grabs everything for those who have and lets the others die, basically. And there has to be something beyond the democracy of the problem; it's the genuine democracy of the environment which was there in Brazil at that time and which I think brings us back to

that challenge of authoritarian politics that we were talking about before. We don't have that environment. So instead, what do we have? We have a global necro politics. The Americans can pat themselves on the back for what a marvelous job they're doing under the Biden administration, gobbling up the vaccines of the world, as also in Europe and other rich countries. And then, you know, clucking their tongues and saying, we will do our best to help you. Nobody is looking for charity here. We need a just international health and economic and political system, and we won't get that with rules of the game, which are neoliberal, and which prevent at the time of the worst pandemic- we can't do the fundamentals of getting vaccines to everybody. That has to be the worst joke of our lifetimes, really. And so, I really do think that the rich countries think that necro politics is only in our countries in the South. No, but there's a global necro politics that is going on which needs to be fought against. And I think that has to be part of our campaigns. And Third World network with whom we partner very closely is really in there in the WTO negotiations to support the push for the waiver on intellectual property rights for the duration of the pandemic and beyond as well. And there's a lot more that we clearly need to do.

**Vanita [00:22:20]** The Feminists for a People's Vaccine podcast is produced by DAWN - Development Alternatives with Women for a New Era and TWN, Third World Network. Today's episode was edited by Alice Furtado and engineered by Ernesto Sena. Thank you for joining us today. I am Vanita Nayak Mukherjee, see you on the next episode!