



**FEMINISTS
FOR A PEOPLE'S
VACCINE**

FEMINISTS 4 A PEOPLE'S VACCINE PODCAST EP10 Transcript



What lessons has COVID-19 taught us so far?

With Ariane Abreu, Satyajit Rath and Vanita Nayak Mukherjee

Vanita Mukherjee [00:00:04] Welcome to the Feminists for a People's Vaccine podcast, a space for imaginations, 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 imagine a fair and just world for all.

Ariane Abreu [00:00:35] Welcome to this episode of The Feminist for a People's Vaccine podcast. My name is Ariane Abreu, I'm an epidemiologist and public health researcher from Brazil. Today I am joined by Dr. Satyajit Rath, professor and scientist from the National Institute of Immunology in India. Thank you for joining us, Satyajit.

Satyajit Rath [00:00:53] Thank you. I should add that after two and a half decades at the National Institute of Immunology, I have retired and I'm an honorary faculty member at the Indian Institute of Science, Education and Research in Pune, in India.

Ariane Abreu [00:01:06] Just a huge professor and scientist joining us today. Satyajit, I wanted to start asking you about how do you compare the current state of the COVID-19 pandemic and its differences between the global North and South now, from what it was two years ago, in the beginning of this all?

Satyajit Rath [00:01:26] When the pandemic started, it was quite apparent that it was going to be severe in its effects on those with pre-existing medical conditions and that it was going to be relatively mild - all of these are relative quantities - in children and in healthy young adults. And what that was projected to lead to is a difference between the Global North and the Global South was a peculiar combination. On the one hand, because in the Global South, demographically,

populations communities are skew young, it was expected that the numerical effect would be smaller. On the other hand, given the relative lack of access to critical healthcare, particularly for the elderly, particularly in remote communities, particularly for the comorbid who need continuing access to affordable medical health, the consequences for them in terms of poor outcomes of COVID were likely to be harsher. How these factors would play out in terms of the spread of the pandemic was not clear. Even today, that lack of clarity remains, and part of the reason for that lack of clarity is the lack of data and the lack of transparency from national governments across a swathe of the Global South. I'm counting India as part of the Global South and part of the problem in this regard. And, as a consequence, there is a great deal of uncertainty about how many people died of COVID-19. There is a great deal of uncertainty about how many people died not because of COVID-19 during the pandemic, but as a by-product of strained, overwhelmed healthcare systems, community resources during the pandemic. Until we get access to sufficient, credible data, we are never going to be able to answer the question of what the consequences of COVID-19 in purely health terms have been in the Global North versus the Global South. That's one issue. The second issue is that it was abundantly clear in the early weeks of the pandemic that provision of appropriate, accessible health care directly and protection of livelihoods for marginalised communities in the inevitable restriction related to public health policies that were likely to be implemented, were going to be critical features of how communities were either protected or not protected and that these were going to be very different between the Global North and the Global South. And we are now beginning to see emergent economic analysis that say that the divergence is quite stark. I want to make a third point, and that third point is: in the early weeks of the pandemic, it had already become quite abundantly clear that we, globally, were not going to respond by governments taking the health of the people as their responsibility. Instead, we were going to depend on the competitive marketplace to come up with technological solutions to the pandemic, whether they were antiviral drugs, whether they were appropriate efficiency masks, and, of course, whether they were vaccines. And as soon as that became apparent, it became very clear that the Global South was going to suffer in comparison with the Global North in terms of access.

Ariane Abreu [00:05:10] Thank you, Satyajit. We saw a lot of different waves related to variants from COVID-19. Do you believe that now, with Omicron, people are conflicting its mild effects with what will be actually the effect of mass vaccination that we have now?

Satyajit Rath [00:05:28] Clearly, there is reason to believe that that is the case. So let me make a couple of points about this. Firstly, the question of strains and small differences in the relative risk of severe illness and death has to be seen in year-by-year variant tracking, if you like. So the ancestral strain or the alpha variant, were in that sense a little milder than the Delta variant. The Delta variant landed maybe about 30, 40% more people in hospital compared to, say, the Alpha variant. That's not a huge increase because we have to keep in mind that not even 10% of infected people with the alpha variant landed in hospital. So a 30-40% increase in that proportion is not a huge increase. It's a meaningful increase in public health terms. It's not a massive increase in personal risk. That proportion has not stayed the same with Omicron. But we need to keep in mind that the Delta variant was spreading primarily in unvaccinated populations. Omicron strains family members have been spreading primarily in vaccinated populations. When Omicron has spread in unvaccinated populations, it has behaved kind of sort of like the Alpha variant, not like the Delta variant, but kind of sort of like the Alpha variant. But this whole notion that because the Omicron strain have mild illness, therefore we don't need to worry about it is a fallacy. And it's a fallacy because the underprivileged communities where vaccination

has not reached or the conspiracy theory informed the communities which are choosing not to be vaccinated. And amongst them, Omicron is likely to have taken the same toll that the alpha variant would have taken two years ago, number one. Number two, because the Omicron strains have enhanced their ability to spread in vaccinated populations, the virus population is enormous, and wherever the virus population is enormous, evolutionary possibilities for the selection and emergence of newer variants, variants that begin to bypass vaccine immune responses in more ways than one, variants that begin to cause unanticipated damage in specific human communities, groups and categories exists. And in all of these ways, we need to stay aware of the risks, the dangers and the policy instruments that we are still in need of to respond to those risks and dangers.

Ariane Abreu [00:08:11] Thank you. When SARS happened and MERS happened, I was too young to understand anything. But when I joined the university, it was when we had the 2009 pandemic from influenza. Looking back at the trajectory of the past pandemics, what parallels could we draw from the current one, from COVID-19, and the lessons we can take and apply to this current pandemic and also, from the past ones, how can we perceive maybe when this pandemic will be over and over to whom?

Satyajit Rath [00:08:44] Let me take the second half of the question first, and let me respond to that by pointing out that a century ago we had a global, massive pandemic, the 1918 flu. If anybody reads the history of the 1918 flu and the last significant outbreaks of the 1918 flu during the pandemic anywhere in the world were in the summer of 1920, two and a half years from the early outbreaks of the 1918 flu. So, a respiratory virus pandemic in an era when global transport was much slower, but global healthcare responses were also much more muted and much more wary. And global abilities to develop and implement vaccinations were, of course, nonexistent. It's salutary to realise that we are in what appears at this point to be by no means cessation of the pandemic, but in the later stages of this pandemic, two years and some months later, exactly like the 1918 flu, it's almost as though we have learnt no real lessons. We have simply offset the more rapid spread of the pandemic by global transport, by a certain amount of implementation of vaccination, by a little bit of easier communication amongst healthcare professionals. But by and large, our enhanced capabilities have not really contracted the duration of a respiratory pandemic. A final point since you said something about SARS and MERS. Remember where the COVID vaccines came from. Pretty much every one of the successful vaccine began to be designed for SARS, began to be designed for MERS especially the newer platform vaccines, the mRNA platform vaccines, the adenovirus platform vaccines. They did not follow through with full phase three clinical trials and production because the outbreaks did not translate into epidemic spread level on the pandemic. Therefore, we decided as global communities, especially global communities of the elite, that unless there was a large amount of money to be made from taking vaccine development forward through the pipeline of safety and efficacy testing, we didn't need to take them. Meant that SARS vaccine candidates, MERS vaccine candidates were put back on the shelf part of the way through the pipeline of development. This meant that they are the things that got taken off the shelf, brushed, tweaked for the COVID-19 member of the Betacoronavirus family, and very rapidly implemented as the COVID-19 vaccine. So there is a whole portfolio of lessons in a variety of orthogonal directions here to be unpackaged, and I will leave our audience to think about those.

Ariane Abreu [00:11:59] Thank you, Satyajit. So, since the beginning of the pandemic, we saw a lot of the behaviour from different governments to mimic what another one was doing. And now

we are seeing kind of that with the lift of restrictions related to the COVID-19 pandemic. Could you please elaborate a little bit more about that and the potential consequences we might see to mimic this type of policies in different regions from the globe, not considering the social culture behind it.

Satyajit Rath [00:12:28] So there are three ways in which governments across the world have worked in lockstep in responding to the pandemic. The first one I have already mentioned, so let me point it out briefly. Across the world, with the occasional exceptions, such as the People's Republic of China, with the occasional exceptions such as Cuba, governments decided that the response of putting together their technological resources and making them accessible to large swathes of communities were going to be mediated in a capitalist solution through the profit making private sector. In other words, the private sector was going to make good quality masks and sell. Governments were simply going to buy them and make them accessible, which is essentially subsidising the profit of the private sector. This was how drugs were to be developed and in the most stark of examples, this was how vaccines were to be completed in their development and implemented. I'm saying completed in their development because all current vaccines were initially developed in public health research institutions, universities and laboratories with public funding. This is one. A second major set of policies in lockstep was in following from that first point of staying with a capitalist framework. Governments across the world decided that the pandemic was simply an acute crisis. All we needed to do across the world was to greet our teeth, and it was very clear who was going to greet their tweets the hardest. But we would greet our teeth and wait, and the pandemic will pass and we can go back to business as usual. In other words, the pandemic was treated like a tsunami. The pandemic was treated like an earthquake, as something for which only crisis responses were called for from governments across the world. This was a convenient thing for governments to think because no fundamental restructuring of public health policies or economic livelihood support policies or empowerment of communities needed to be done. And this is, as one can imagine, both for the bureaucratic and the political arms of governments across the world. And it's no wonder that they marched in lockstep. So the third component is a peculiar outcome of the first two. Our solutions are going to come from the private sector. Our crisis is acute phase. And a consequence of this is that governments across the world have treated the pandemic directly, the public health policies, as problems in which a law and order approach, which is fundamentally a coercive approach, is to be taken. Therefore, we have mandates that precede effective community engagement and participation. Therefore, we have protracted mandates. Therefore, we have law, all the instruments of governance deployed first, middle and last. Therefore, insistence on government rules and regulations has become the policy as opposed to community empowerment, community informal business, community participation, community engagement being the norm of sustainable public health. All this is linked to learning the lessons of the pandemic, that it is not simply an acute phase crisis, but is teaching us lessons over the long term about how we need to reconfigure, both health care access in specific terms and economic and cultural educational empowerment of the marginalised over the long term.

Ariane Abreu [00:16:42] I have a very deep respect for viruses. I think they are the smartest things on the planet. So, basically, we are seeing that now from the cases rising again in different locations around the world, especially in Asia. And we are also seeing different policies coming into hands, especially the ones related to Zero-Covid approach policies. Do you think this is a viable approach? What do you think will be the socio-economic fallout from this type of initiative?

Satyjit Rath [00:17:13] Zero-Covid approaches over the first year or two of the pandemic when dealing primarily with unvaccinated communities where actual risk of death for vulnerable sectors of the communities were quite substantial, made a great deal of sense. Post vaccination, post the realisation that SARS-CoV-2, the COVID-19 virus, has huge reservoirs in nonhuman animal species across the world. Post the realisation that mutational emergence of variant strains of the virus are going to make it impossible for vaccination to effectively and radically control transmission of the virus. The zero COVID policies are beginning to make less and less sense to me. Here's something else that I would like to say about the contribution of emerging strains and public health policies going forward. The reason virus strains emerge is the sheer number of viruses, each one of which is slightly different from the other, because during their reproduction, during their copying, small areas generate an extraordinarily diverse population. And the greater the size of the virus population, the more likely it is that somewhere in that population there is a potential incipient variant that will get some sort of an advantage even in vaccinated communities, and will begin to get a growth advantage and will begin to spread and will become prominent. And if that's the case, we need to limit the numbers of viruses, which means we do need to limit the rate of transmission. The only way that is virus variant independent that we have in limiting the rate of transmission has been, from day one, high-efficiency masking, which, rather than physical distancing, can be configured to allow for marginalised livelihoods to still continue. And it is a matter of the deepest distress that over two years no state interventions have provided the sustainable, biodegradable, large scale, free supply of high-efficiency masks to marginalised communities. This is one issue. The other issue is we already know what to do about variant viruses. In fact, segmented virus families, to use a technical term, such as the influenza viruses generate far greater possibilities for variant generation as compared to the betacoronaviruses to which our current COVID-19 virus belongs. And yet we have a global public health system and network to respond to the influenza virus problem. What does that network consist of is instructive for us to think about. We have globally public health laboratories that monitor streams. Can we develop this for COVID-19? Of course we can. All we need is the political will. We've been doing that for the past two years in specific research laboratories across the world. And, finally, with influenza viruses, we have a committed network and agreement amongst global vaccine manufacturers that appropriate high-risk influenza virus strains serotypes, as they are called in the influenza virus context, will be plugged into the vaccine development and generation and deployment pipeline so that, every couple of years, as we know, it's quite possible to get a new influenza serotype vaccine in the global marketplace. Is this impossible for us to do for the COVID-19 problem? Not at all. What do we need? We need the ability to think, to agitate for in structured fashion all components of this long term network to be plugged into place and to go into the background of a far more enhanced and globally equitable attention to public health care.

Ariane Abreu [00:21:55] Thank you so much. Such a deep I want to give you the floor to give our listeners a take-away message.

Satyjit Rath [00:22:01] I don't have anything much more to add, but what I would like to say to all of us is: pandemics and their consequences, not just their biomedical consequences, but as I keep pointing out, their governmental policy consequences, their law and order related consequences tend to make all of us feel disempowered, tend to depress all of us. We've all had our own individual lives disrupted or turned over, abrupted, and we live with this sense of helplessness. We need to build communities. We need to build communities that inform themselves about what can be done in incremental, stepwise ways, both to empoweringly

inform ourselves, and to begin to demand more and more specifically from our representative governments public health related commons related interventions not simply over the short term but configured over the long term. This is what we should take individually as a lesson that the pandemic is teaching us.

[Vanita Mukherjee \[00:23:15\]](#) The Feminists for a People's Vaccine podcast is produced by DAWN - Development Alternatives with Women for a New Era and TWN - the Third World Network. Today's episode was edited by Alice Furtado and engineered by Ernesto Sena. Thank you for joining us today. I'm Vanita Nayak Mukherjee. See you on the next episode.