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FEMINISTS 4 A PEOPLE'S VACCINE PODCAST EP14 Transcript



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What AIDS can teach us about the COVID-19 response

With Richard Parker, Rajnia de Vito 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.

Rajnia de Vito [00:00:36] Countless studies have been conducted since the first reports of the COVID-19 epidemic to compare COVID-19 and HIV/AIDS. An early piece I read in 2020 was an essay by Richard Parker, in which the author reflects on the dangers posed by COVID-19 by drawing parallels to the lessons we can learn from the AIDS epidemic. Both epidemics, at this time, show a bleak picture of persistent inequality. Both an academic and a social justice advocate Richard Parker has a distinguished career. He's an Emeritus Professor of Socio Medical Sciences and Anthropology at Columbia University and a member of the university's Committee on Global Thought. He's also president of the Brazilian AIDS Interdisciplinary Association (ABIA). So, Richard, thank you again for joining us and for accepting the invitation to be on this podcast.

[00:01:30] So even with COVID still being considered as a Public Health Emergency of International Concern, the reports on the end of the pandemic are many. And this is also happening to HIV/AIDS and is happening for a long time. With that in mind, how should we operationalise the discourse on the pandemic ending? What are the epidemiological and political implications we should be focussing on in terms of this?

Richard Parker [00:01:56] So the first thing to say about that is the whole notion of an epidemic ending is far more complicated than it appears. And I think we'll also talk about the supposed end of the AIDS epidemic, but, well, the administrators of the AIDS epidemic, the administrators of the COVID-19 epidemic, the administrators of global health in general may declare the end, but that's really, it's a narrative. It's a discourse. It has relatively little to do with reality. And there's a long history in global health and what preceded global health as international health and what preceded international health as tropical medicine. When you do the genealogy of how we got to the mess that we're in today in global health, there's a long history of notions of eradication and elimination of diseases and many of the big campaigns during the historical period that's associated with tropical medicine, which runs from the mid-19th century to about the Second World War and then international health kind of starts at the end of the Second World War with the creation of the UN and the creation of the WHO and the promulgation of the International Declaration of Human Rights and so on and that runs up to about 1980s/90s. The turning point for international health to global health is not as clear as the turning point from tropical medicine to international health, which kind of has the Second World War as a marker. In my view, the transition takes place more or less at the end of the Cold War, and it's more or less at the start of the AIDS epidemic. And, in fact, AIDS in some ways is the trial balloon for much of what will become global health. So, as AIDS kind of gets in place in the 1980s and the 1990s, it starts creating global health. It invents global health in the way that it responds to AIDS. And so it's no surprise that in the 2010s, the idea of the end of AIDS becomes a discourse, an "AIDS-free generation", that all of the policymakers, politicians, UNAIDS, the United Nations, all pick up this discourse. But AIDS wasn't about to end. It was just invented as a way of justifying many of these things on the part of policymakers and administrators. By that time, the United Nations had signed a huge declaration that AIDS would end in 2030, sort of magically at the same time that the Sustainable Development Goals came to an end, AIDS would also end. But that's all policymaker jargon. It became a kind of a smokescreen, I think, for the fact that the epidemic was in fact continuing globally, but it was continuing with the most marginalised populations. It was continuing with the people who the global health industry and the neoliberal, globalised capitalist system that sustains the global health industry basically is okay with the fact that it would continue with some marginalised poor people in some parts of the world. And so it was really a false premise. It was a smokescreen to cover up what was really happening, which was actually about scale down and, in my interpretation, which may or may not prove to be correct, I think it also coincides with a crisis in neoliberalism and a crisis in neoliberal, globalised capitalism. I mean, it's an accident maybe that COVID-19 made the jump from bats to human beings or what have you, but it's no accident that it became a global pandemic because the world was ripe for another global pandemic with a rapid form of transmission, which contrasted with the HIV pandemic, which was a very slow moving epidemic because it was much more difficult to transmit and so it developed over a much longer period of time. But COVID-19 with its characteristics, biologically, it moved very much more quickly and then the social conditions that existed in this moment of a kind of crisis in neoliberal capitalism sort of sent it scurrying around the world very rapidly, and it also unleashed a scientific response. There was lots of scientific activity contrasting with HIV, for example, where science was much slower, much less interested, because HIV basically affected marginalised populations that were already stigmatised and discriminated against in a variety of ways and clearly not at the heart of anybody's interest in terms of who should be a priority for science, who should be a priority for health. In the case of COVID-19, it was an epidemic that could affect everyone in rich places as well as poor and so it was much harder priority for science to do something about COVID-19, because

when you affect rich people, that makes the world stand up and take notice. So, there was a huge scientific response and very quickly the development of effective vaccines, but without social and political organisation of a response that would be equitable around the world. And lo and behold, surprise, surprise, the rich countries ignored global governance mechanisms and bought up vaccines as soon as they became available and vaccinated their populations and responded dragging their heels to any kinds of attempts that would make access to vaccines more equitable around the world. That quickly led to the declaration that COVID-19 was also ending. But that declaration probably is about as accurate as the declaration that was the prediction that AIDS was about to end. I don't think COVID-19 is over yet. I think that you will see returns. And I think that the unevenness of vaccine coverage aids and abets that in a whole variety of ways, and the inability of the global health industry to organise policy decisions around questions of vaccine access, inequity in ways that would actually make vaccines available for the whole world's population. The fact that that didn't happen is the big thing that needs to be explained. My sense is that what is happening is that the world where COVID-19 has more or less been conveniently resolved for the majority of the privileged population really doesn't want to think about COVID-19 anymore, let alone put money into it. It's declaring the end of COVID-19 without that and really taking place because it doesn't care anymore. And it's striking taking the two cases that I know best from personal experience, which is the US and Brazil, it's as if COVID-19 didn't happen. I mean, you look at the disaster in Brazil, nearly 700,000 lives lost less than two years ago and 50% of the population votes in favour of the political candidate who was responsible for that. I haven't been in the United States for a long time, but everything that all of my contacts tell me, it's like the epidemic never happened. Rather than memorialising and remembering, what you have is almost a constant will to forget. And I don't think COVID-19 has ended. What has ended is the concern of the majority of the population and the leadership in most well-to-do countries that had good access to vaccines. They're no longer concerned with this, and they're no longer concerned that there are parts of the world that don't have that good access. So, at that level, it's a reproduction of a long-standing colonial and neocolonial way of organising the whole notion of health worldwide.

Rajnia [00:09:45] You said that one of the aspects that you attribute to the end of the pandemic discourse and the global health crisis is also a crisis of neoliberalism. What are you referring to exactly when you mention this?

Richard [00:09:58] I don't have a completely worked out answer, but I think that between World War II and about the end of the 1970s, when there is a kind of stability in what some people, like Hobsbawm, describe as the "golden age of capitalism" and the dollar and the gold standard are linked together and there's a lot of economic stability. And that begins to come apart in the 1970s through a series of crises in capitalism. To respond to the crisis in capitalism, the way in which leading capitalist countries move is to bring in these ideas of neoliberalism that were floating around out there and bring them in. Thatcher in the United Kingdom is one of the first people to do that. And then, of course, Reagan gets elected in the USA and other leaders in different parts of Western Europe. It gets exported to places like Chile and one thing to another. So, the neoliberal era starts in the 1980s, and then it progresses through the 1990s, the 2000s, up to the 2008 financial crisis. And there's an analysis, in fact, which I found very influential by people, like Nancy Fraser, the Marxist political theorist who had coined the notion of "progressive neoliberalism", which she kind of associates starting with the Clinton administration and the alliances that the Clinton administration

makes with social movements, with the feminist movement, with the LGBT movement, with the civil rights movement. And it all gets kind of packaged together with partnerships with, you know, Washington policymakers and Silicon Valley, Hollywood and Wall Street in a kind of what Fraser analyses as a “progressive neoliberalism”, which is quite different from the “conservative neoliberalism” of the Thatcher-Reagan years in the 1980s. Those coalitions get built together in exactly the time period when global health is being created and founded. They build over the course of the 1990s and especially the early 2000s, which is when the big scale-up to AIDS takes place and when the global health industry gets created. After the 2007-2008 age financial crisis, that becomes a kind of extended crisis, it happens quickly, but it keeps going over the course of the 2010s. And a lot of, you know, the social upheaval with new social movements like Occupy Wall Street, in Brazil it was the 2013 protests during Dilma government, the Arab Spring. I mean, there’s lots of social upheaval, and that begins to open up the case for the crisis in liberal democracy that begins to become felt in around 2016 with the election of Trump, 2018 with the election of Bolsonaro. Again, I’m just using the two cases that I know best. It’s all over Western Europe. It’s all over lots of different places. It’s like neoliberal capitalism is in a crisis, and it isn’t clear to anybody yet where that’s going and how it’s going to play itself out. But one thing is clear, which is that neoliberalism has kind of pulled the rug out from under democracy and democratic debates. And the idea of a democratic space has been problematised. That has opened up possibilities for extreme right-wing political movements. It’s opened up possibilities for authoritarian populist kinds of movements, and that’s playing itself out from the mid-2000s to the present. And so that’s the world that COVID-19 comes into. What nobody realises is that the rug gets pulled out of that with the financial crisis of 2000, 2008, and you don’t notice it in global health, because, of course, most of the money is mandated by legislatures, like the US Congress. And so it gets approved in 2007, 2008. You’ve got money locked in, so the financial impact of the crisis isn’t seen until about the middle of the 2010s. You still have rising levels of funds being put into global health until well into the next decade, but that’s because it’s locked in, not because the money is still flowing in the same kind of way or it’s still been approved. So I think we’re now by about, well, the last part of the 2010s you’re in a time period when there’s a backlash. There’s already been a backlash against AIDS and now there’s a backlash against global health more broadly. Its reaction to that is to create narratives like the “end of AIDS”. The “end of AIDS” gets approved by the UN in 2016, at precisely the time when you’re getting the “end of AIDS” funding not the end of AIDS. I mean, it’s hard to work out the timing of all of this. It isn’t exact, like there’s a date when something happens and goes in a different direction, but it’s a [00:14:49]new you [0.2s] in which the crisis in neoliberal capitalism, which we’re currently living through, is reflected in the crisis in democracy, which is reflected in global health. But with the election of people like Trump, you have Trump pulling the US out of the World Health Organisation or US funding at least out of it. Bolsonaro does the same thing. “Let’s imitate Trump” kind of thing by the Trump of the tropics and so on. So, the consensus that global health is a good thing that was built during the “progressive neoliberal” era has fallen apart, in my opinion, and the global health establishment hasn’t yet realised that. I mean, with all of the problems that the World Health Organisation had, it represented governments in a way that is no longer the case in global health. It’s like we’ve gone back to the early days of colonial empires and wealthy individuals who ran the response to COVID-19. The response to COVID-19 was basically... It looked maybe like it was being run by the WHO, but the WHO is being manipulated by the Gates Foundation, by GAVI, by the Wellcome Trust. The people who run global health and who have the money and influence to make the big decisions are basically wealthy philanthropists and wealthy individuals rather than states or governments or what have you. Global health is so much

less democratic now than international health was. So it's almost like you're going back to the colonial era in the way that health-related policymaking decisions are being made. And that had a huge impact on COVID-19, as I'm sure you guys know, in terms of the discussions about the waiver, the fact that it took two years for the proposal, that was India and South Africa that brought the proposal. It took two years of debate. And during that time, the pharmaceutical industry and the Gates Foundation and a whole bunch of people who are major defenders of intellectual property rights were very busy actively lobbying and advocating for their point of view and got the decision after a couple of years that they wanted basically. The opening that activism managed to make with AIDS access to AIDS medications at a time when progressive neoliberalism was still trying to find its way in the world and you had important voices arguing for human rights as the major frame that should be used for thinking about health and social justice as well as human rights were the order of the day. And you had, you know, sort of UN leadership during Kofi Annan's time that was sympathetic to that kind of civil society involvement. And you had a whole bunch of politicians ranging from Nelson Mandela to Bill Clinton, who had been pretty much disasters in what they did when they were in power. But after they left power and created their foundations, they became spokespeople for global health and for investing in global health and doing what was seen as the right thing, but without challenging the fundamental operation of capitalism. And so I think during that period, leading up to the "end of AIDS" narratives and then the "end of COVID-19" narratives, you have a system which gets put in place in which the people who have power and financial interests at play have learnt how to operate that system so that the fundamental structural principles don't get called into question. It may be a house of cards, and that's my theory. I think that if you follow the analysis of neoliberalism and neoliberal capitalism and where things are right now with the way neoliberalism has sort of ended democratic functioning in so many parts of the world, you've got a house of cards that's waiting to fall in on itself. Will it? I don't know. I'm certainly influenced by those analyses that there is something deeply awry and that global health would be profoundly affected by it. So all of these things we're talking about, whether it's AIDS, whether it's COVID-19 or whether it's next, you know, the next pandemic that's on its way, because there certainly is going to be a next. And we don't know what exactly it will look like. We don't know if it'll be a slow-moving pandemic, like the AIDS pandemic that allowed decades of building a response. Things that happened over decades happened over a couple of years in relation to COVID-19 and how it will work depending on what the next one is, it's hard to know, but I'm guessing that just like AIDS is never going to end, it's going to continue being something that affects poor people in marginalised parts of the world.

Shree [00:19:24] So right now we are depending on, you know, like you said, these global sort of knowledge sources that are more or less westernised and more so the global North dictating all those information to us. How do we go about starting with this work on access and the end of COVID-19 at the national level, taking into account the political context that exists?

Richard [00:19:47] The most interesting responses to the COVID-19 pandemic really were local responses. I mean, that's where they were actually response to COVID-19 epidemic, not the COVID-19 pandemic. We know epidemics and pandemics. We know epidemics from our personal experience because that's the way we experience it. We know pandemics because it's mediated through information, and the internet and one thing and another. So we know both of them, but at the level of the most interesting responses to COVID-19, it was the local-level responses in places like Brazil,

for sure, that were by far the most interesting. And I do think one insight that I think is a lesson from AIDS that's going to be true with COVID-19 as well, I think probably you need to open the box. It makes more sense to not focus exclusively on COVID-19. You need to focus on vaccine equity broadly, in which COVID-19 is a classic example of the big problem. One of the lessons of the HIV response was that you needed to build alliances that involved LGTBTTQI, feminists, drug user coalitions, racial equity organisations. You needed to not just focus on AIDS, you needed to focus on inequity, you needed to focus on discrimination, you needed to focus on oppression, and you needed to show how AIDS was a classic example of a key health issue affecting lots of people that were driven by all of those things. It's important to think about the broader issue that COVID-19 is just a hugely intense example of, but that ties in with these other issues and with other kinds of questions that have to do with equity and social justice and human rights more broadly, and building it into that kind of framework, it seems to me, is the most likely way of moving forward in some positive kind of way under circumstances that in general, I think, are pretty adverse to trying to develop meaningful kinds of responses at this moment, which is a moment of crisis that is unacknowledged. Access is a fundamental thing. It means access to contraceptives, access to services. I mean, I think it's important to recognise that access to medications is one specialised line of work related to access to health more generally. And to the extent that we can make it a broader conceptual frame that gets applied to, in this case, access to vaccines, but it's access to technologies, it's access to services, it's access to, you know, all sorts of things. And access is really where it's at, and where I think around access it's easiest to build the kind of conceptual linkages between both prevention and care and treatment, you know, because all of those things require access. And it also is where you can build the linkages between human rights and social justice, because access depends on recognition of both.

Rajnia [00:22:52] I think we've covered a lot in what was the main goal of our conversation to understand better what AIDS can teach us. And I guess we ended up talking even about global health more generally and the crises and just general crises that we are in. So one aspect, I guess, that sometimes we neglect to mention regarding this scenario is WTO. How does WTO fit into this picture?

Richard [00:23:16] You know, it's one of those agencies that is often seen as a specific health agency. It's certainly not like WHO and it's certainly not like UNAIDS or the Global Fund or any of these, you know. It's a specialised UN agency, but which has become terribly important in health-related things because it adjudicates so many different things that, you know, have to do with the business of health. And I am no expert on it, but it is one of the agencies that needs to be looked at in any kind of systematic analysis of what the status of the assemblage of global health. It's one of the big important agencies that is there and that's had a key role. And its role comes to the foreground in times of crisis. So it's in times of crisis like AIDS, it's in times of crisis like COVID-19. And, in-between the crises, it kind of recedes from view, even though it continues to be doing things, a variety of things that are relevant. So we need a kind of WTO watch sort of thing, just like we need, you know, WHO watch, we need activists and advocacy organisations which monitor the activities of big, important, influential sorts of agencies. And WTO is one of those. And I think there has been more of a focus on its work related to intellectual property and probably less of a focus on other aspects of the business, the trade, the industry, kinds of things that are related to health. And it would be interesting to try and figure out if there are other people doing that. I honestly don't know, but I think it's something that should be done. I mean, when I think, for example, of the most important institutional players who become active in the AIDS response in the 1990s, it's WHO passing the baton on to UNAIDS.

It's the creation of UNAIDS. It's the fact that the WTO is formalised as an institution the year before UNAIDS is created. The GATT turns into the WTO in 1995, and then it begins doing things that you never would have had the scale-up process in response to AIDS in the 2000, without what the WTO did from like 95 to 2001, 2002. So, you know, it's a major kind of player and it really was a disappointment in terms of COVID-19. So that needs to be taken apart and looked at critically with a great deal of detail.

[Vanita \[00:26:02\]](#) The Feminist 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.