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FEMINISTS 4 A PEOPLE'S VACCINE PODCAST EP16 Transcript

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A Fair and Just Pandemic Response Through a Feminist Intersectional Approach

With Cristiane Pereira and Sara Davis

Vanita Mukherjee [00:00:04] Welcome to the Feminists for a People's Vaccine podcast, a space for imaginations, discussions and feminist analysis from the Global South. In this creative journey, we approach the tough questions brought to life 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.

Vanita Mukherjee [00:00:33] In today's episode, we focus on the interplay of inequality and intersectionality during the COVID-19 pandemic and the potential consequences on access to health and medicines. During health emergencies, our assumption is that everyone is equally affected, as viruses do not discriminate. The reality, as we know and have observed, is that where you stand in terms of your entitlements and what you have determines how you can get through a pandemic. This raises the question: What does access to health and medicine look like? And what does recovery look like for those from marginalized groups, and how? And in what ways do inequalities based on intersectional identities like race, class, gender, ability, caste, age and others affect health outcomes during a pandemic? To answer these important questions, we have with us, Cristiane Pereira, a young Brazilian researcher from Sao Paulo, in conversation with Professor Sara Davis from Griffith University, Australia. Cristiane has worked on the consequences of the pandemic on women and is recently involved in looking at international cooperation and its impact on the Brazilian health system. Sara Davis is the deputy director of the Indo-Pacific Centre for Excellence for the Elimination of Violence Against Women, which is funded by the Australian Research Council Centre.

Cristiane [00:02:12] Just to present myself, my name is Cristiane Pereira. I was born here in Sao Paulo and I am mostly interested in gender, race, and class inequalities. First, around 2017, I started studying the Zika epidemic and its consequences on women and children. Then during the COVID-19 pandemic, I focused on the consequences of the pandemic on women. And nowadays, I am more interested in international cooperation to supply vaccines and medicines to the Brazilian health system. Of course, I still have a gender approach, but it's a more intersectional question now.

Sara [00:02:50] Thank you Cris, and it's such a pleasure to be talking to you. Thank you so much for the invitation and congratulations on your brilliant dissertation, and thank you for the invitation to join you. I'm Sara Davies, I'm a professor of International Relations at Griffith University, Australia, and I am also Deputy Director for Indo-Pacific Research at the Center of Excellence for the Elimination of Violence Against Women, which is an Australian Research Council-funded center. I've always been really interested in research that's been focused on advocating for the rights of those who are facing marginalization, oppression, and persecution and one of the reasons why I was really interested and became interested in health governance is because to me, it seems to be an area where we can see such tremendous possibilities. Health equity and access to health care can be transformative, but it also can be grossly unjust. I find our division between what we think about in terms of what's technically and scientifically possible, and then what we think is ethically and legally and politically possible. And for me, a lot of my work is trying to combine those together and have those conversations and moments where the social system is under immense stress. Like in a health emergency, there tends to be the sense that everyone's affected. But actually we know, and your work captures that beautifully, Cris, that actually where you stand and what you have at the beginning of a health emergency, intersectionality is really determinant of how you get through that emergency and what recovery looks like, and it's just vital to be thinking about that. And also, of course, to be thinking about that in terms of access to medicines as well. So, yeah, the work that you're doing is really pivotal and essential for this area.

Cristiane [00:04:36] So what do you think is the main bottlenecks faced by global health in terms of literature and policy implementation from a feminist perspective?

Sara [00:04:45] Thank you. Yeah. So I've been thinking a lot about this actually, because we're at a situation right now where we've had so much understanding from the impact of COVID-19, in terms of the scale of a crisis that affected everyone. The idea that those low, middle, high incomes tell us something about how a country is going to perform, how it's going to manage health is not always clear. In fact, we can see that, you know, there's been countries that have had tremendous success managing COVID-19 where economically the odds were stacked against them. But they really invested in resources and in thinking about how to protect populations, you know, and we have very high-income countries where the excess deaths were horrific, you know, and inexcusable. So a lot of the presumptions that we have around income or health insurance, you know. A lot of the conversations around the financing to me were actually, I think, has come out of the bottlenecks right now, is a rights-based approach. And really thinking through what does a rights-based approach mean in terms of the individual, where that individual is in their life, their relationship to others, their relationship to the State? And what are those duties between individuals and the State, between the State and private companies that are increasingly having a lot of power over our access to health care and our health data? I think we're really at a cusp

right now where there's a lot of change that's coming in through technological and scientific change. There always is. But I think right now we're going through another turning point again. And I think bringing it back to that rights-based framework and thinking about what do we mean when we talk about rights, whose rights, how do we think about the rights of our community and individuals within our community compared to the rights of other communities? It's trying to think through the rights that we owe to ourselves and to others and how we realize them. And I felt COVID-19 exposed the fact that we haven't grappled with that. You know, when we had the WHO Director-General Doctor Tedros talk, I remember back in 2020 about, you know, if we've got vaccines, we should vaccinate around the world, the most vulnerable healthcare workers and the most vulnerable. That should be our duty. And we saw governments just unable, for the most part, to do that. There was this desire to vaccinate all of their populations. And the consequences that that had was a longer pandemic and of course, the tragedies that unfolded. So I think coming back to that, the rights, what do we think about rights? What do we owe to each other in health to think about how we manage that collectively? I feel we've gotten kind of wrapped up in a lot of the conversations about the financing and the access, and I think these are important conversations. But I think we need to come back to why are we having these conversations.

Cristiane [00:07:34] Is that since we agree, I think the main thing that I have noticed during the pandemic, is it's not only about capacity but also about political priorities because here in South America, a lot of countries were focused on keeping the economy going regardless of the consequence of the pandemic over populations, especially Brazil. We had more capacity with some of our neighbors in terms of a great health system and expertise on vaccines. But in Argentina for example, they had some policies focused on gender in a way that Brazilian authorities were not concerned about. So it's also about thinking about priorities. And we had at the time, an extreme right government. Brazilian authorities had the European model in their mind in a way that older people should be vaccinated before the older ones, but here in Brazil, there is a difference, especially about race, that usually older people are white and richer. So somehow keeping this European approach of vaccinating the older people created a kind of inequality between vulnerable populations that are usually in the suburbs and are Black or indigenous. So when looking for models during the pandemic, there are important differences that we should focus on when looking at different countries. But thank you, Sara, do you want to add anything?

Sara [00:09:00] So this is where the tension lies sometimes because the desire at the international level or the global level is to give this command almost, you know. Thou shall do this and everyone shall do it. And they can sometimes be a principle or logic or science behind this that doesn't take into account the social systems, the social contexts, and political realities on the ground. And that's where these tensions arise. This call to just listen to the science, can be really problematic. As you say, there are environments where to do that actually could entrench more injustice and inequality.

Cristiane [00:09:38] I think it's a matter of context, but we had that idea that during the pandemic, we should focus on the same approach universally, and they created some kind of inequality between each group of the population. So it's a matter of thinking about context, but also about vulnerable groups. How they are differently affected by these kind of emergency issues. We interviewed some Brazilian authorities about how and why they decided to distribute vaccines the way they did. They said the virus spreads the same way anywhere to everyone. So we had to focus

on a universal approach and not specific groups, because thinking about gender or thinking about race, they don't think that was the best approach at the time because the virus affects everyone the same way. Could you elaborate on this concept of tyranny of the urgent and how it appears in virus outbreaks elsewhere like Ebola, Zika, and COVID-19?

Sara [00:10:41] We have an emergency, and we need to identify what data we have and what resources we have, and deliver a response that will maximize the best outcomes for the population efficiently and greatest good. The greatest number. And of course, the consequence of that can be two-fold. The first one is, you know, your data is as good as what your data is. So who you're looking for, who you're thinking about, when you're thinking about who needs access to this medicine, right? You need access to treatment or protection right now. And then also, the other consequence of that is what is being sacrificed? What has been the urgency, the priority for populations until that emergency? And if you're devoting all your resources to this emergency, what and who is being lost as a consequence of that decision? And I think we've seen that in the case of the first Ebola outbreak in West Africa, which we look back with hindsight and we can say, you should have done this, you should have done that. And I wasn't there on the ground. But I think what strikes me was that at the time, as it was unfolding, there actually were voices in the country. Typically in Liberia, for example, about the gendered impact of the emergency lockdowns. How that was going to affect particularly women who may need to have access to ongoing sexual and reproductive care. The issues around how was reproductive maternity care going to be delivered and prioritized in this environment where there were so much resources being turned towards containing it. And I had a number of people I talked to who said to me that they were working in sexual and reproductive care and they couldn't access the meetings, the rooms where the emergency response was being discussed because they weren't emergency responders. And yet for them, this was going to be an emergency. If they weren't in that room, there was going to be serious consequences. And sadly, there were.

Cristiane [00:12:38] Actually I have two things regarding the tyranny of urgent and the Ebola example, because I remember during the Zika epidemic here in Brazil, but also globally, women were at the center of the global response, especially regarding the concern of being pregnant and have the microcephaly and that were in newspapers. Everyone was speaking about this, but not in a way that could somehow put the women's necessities and voices at the center. Women were mostly the object of concern, but not really participating in the strategic plan. And also somehow, we think that after everyone discovered that the most affected were women in poor regions here in Brazil, the issue just faded out. Like it's not an issue, it is not a question that may affect the most rich region, not only Brazil. Regarding the tyranny of the urgent, during the COVID-19 pandemic. I remember in my dissertation, I argued that somehow, even during that tyranny of the urgent here in Brazil specifically, the federal government was not interested in health at all, not even in an urgent perspective, because Bolsonaro at the time, had some idea that only the weakest would take the disease and that we should focus on keeping the economy going. And he had this idea of nationalism and army, how he was a soldier. And somehow the men here in Brazil should have the opportunity to go outside and bring food home. This kind of stuff, trying to say that we shouldn't, like, isolate ourselves or use mass vaccination because that was a weaker way to see the pandemic. And that's a very masculinist way to see an epidemic. But the strange issue that he usually ignored

is how women are the main providers, usually in families. It is not these metaphorical men that is going outside to bring food home. It is usually women, and these women were facing those consequences during the pandemic. Do you have any thoughts on that?

Sara [00:14:58] I think one of the things that I agree with you, that was also particularly disturbing to me during the COVID-19 outbreak refers to what you were saying just then. The way in which gendered stereotypes became really, almost unconsciously and sometimes consciously, brought into the response. And for me, there were a couple of areas with the militarization of the response and the militarization language and the sentiment. And we had this in Australia—of turning to the military and our defense as a site of stability, of security, of safety, of command and control, you know. And thinking through the consequences of that and what it means—that we were kind of thinking that that’s a sign of success, when actually you could alternatively say that’s a sign of a serious problem and failure. You know, that we’re having to rely upon a person in a uniform standing in front of the TV to tell us that it’s all under control in a democracy. To me, that doesn’t seem like it’s all under control. You know, and in other countries, too, I think that would be quite fear-inducing as well, you know, because we’ve got countries with histories of coups. And in fact, that to me, what was really interesting in the research and the conversations that I had with some countries across the Pacific in Southeast Asia, was actually a real careful thought about the consequences of who is displayed on TV and who is viewed as the expert and who was viewed as the authority because of the historical implications of who you present as holding knowledge, as giving instructions. Because that can prevent certain populations from coming forward, from being tested, from wanting to access vaccines. So again, I think it’s also indicative of when we’re thinking about who should be doing the risk communication and who would be trusted. There can often be a kind of, like you say, a masculine approach: “Oh, we’ll send this person out who’s in a uniform looks strong and tough” versus actually thinking about, well, maybe we actually need someone who can communicate, who will address populations who may feel actually quite marginalized if they have that other representations. And again, and I think in the emergency situation, there’s a tendency to bring out the tools of what we’ve used in the past to respond to this emergency. And as you said, Cris, those tools that are brought out can sometimes be the ones that privilege certain populations. And I thought your story about Zika, without awareness of who was being affected, once it became understood that this was a general population concern, it was a particular group of women in a particular location. And then there was this switch off. That is the tragic consequence, right, too, of the tyranny of the urgent. Is then what is urgent for who? It’s still urgent for them, you know, and it’s going to have lifelong consequences for those families. But then that political attention, that resource, that financial support, all of a sudden, you know, that’s become smaller and smaller and smaller. And for me, that was the thing with COVID-19 originally, was when everyone said, we’re all in this together, we’re all feeling it. And then you saw as it went on, who was able to work from home and who could not, who could afford download bandwidth for their children to keep doing schooling and who could not. I like to think that there’s been lessons learnt from that, but I also worry that, as you said, the lessons that were learned from that were individuals need to be positioned in the best way they can to survive it. And that inequity continues.

Cristiane [00:18:22] Regarding this inequality between populations and different groups around the world. I think the COVID-19 pandemic occurred during a period marked by centering confidence in institutions such as the UN and W.H.O. Like we were discussing about the W.H.O. and

if they had some kind of bias or just kind of stuff at the same time. We are discussing now the humanitarian crisis in Gaza and some grave transgressions against international humanitarian law. And somehow in the global South, a lot of people are starting to distrust in the human rights framework, especially in the West. So some voices, some people in the global South are questioning themselves—if the human rights approach will protect them. So at the same time, we were discussing now and reforming the International Health Regulations. So how can we discuss these things? How can we discuss the approach of W.H.O. and UN and a feminist perspective, but also from intersectional perspectives that will put the vulnerable groups in the global South, in the center of the concerns?

Sara [00:19:37] Yeah, I mean, I agree in the sense that that crisis of multilateralism, a distrust of institutions, it's always been there. But I think coupled with what we're seeing in terms of the fact that inequity is increasing, not decreasing, and we're seeing, as you say, a number of humanitarian disasters around the world, some political, some are also driven by climate change. So it's understandable to say that there's this sense that coming together to pursue collective action to solve these problems is not always working. And I think it's because from a feminist perspective, it's about power. You know, we're always told to be thinking about who has power, who holds it, who decides, who determines. And I think in this case there's this realization about who holds power. And I think sometimes it is States. In other situations, it's non-State actors, and in other situations, it's private industry. And I can completely understand why the rights-based approach seems ineffectual to address the power imbalance. And even this sense, is the United Nations the place to have these conversations? When you may have actors who are participating in the crisis or the cause of the crisis who aren't being held to account at the U.N., you know. And I'm thinking in particular, private corporations, so I can understand where that sense of injustice and departure is coming from. And I'd like to know your thoughts crisis about then what are our alternatives and what do those look like? Do we need alternatives? You know, I'm really keen to have these because I started off saying, I think rights-based approaches and you're absolutely right. My view is not one that a lot agree with, you know, at this point in time.

Cristiane [00:21:18] I guess nowadays I put a lot of hope on social movements, mostly because I noticed during the COVID-19 pandemic, usually vulnerable groups, somehow they were more protected by social movements because the vaccine only arrived to traditional population here in Brazil. Because the social movements questioned the judicial system like to guarantee vaccines, for them to guarantee the same as for traditional people. But also some social movements, feminist social movements guaranteed women's rights during the pandemic, like having someone with them during childbirth. Regardless of the COVID-19 protocols and the way these social movements are engaging with different platforms, I think they're working at international organizations, they are working at the government. So I think that's where I'm putting my real hope nowadays. But I understand we should focus on different approaches, like we can have different strategies, like social movements in the streets, but also pressuring governments and pressuring international organizations. Nowadays, we are observing the discussions regarding the new pandemic agreement, and we know some private institutions, especially pharmaceuticals, are very interested in these agreements, trying to push the idea that we should keep the (intellectual) property rights, like we should keep the (intellectual) property rights for medicines and vaccines, because they keep saying that the question of guaranteeing the rights of innovation everything. There is a big difference of

resources for social movements to build this kind of environment. And the resources are usually private actors who have to do lobby and this kind of stuff. But I think nowadays we not only feel but also, witness the social movements as the ones more able to push for change. Like I said, I'm not romanticizing anything because it's a strong difference of resources. There is a strong inequality in terms of power imbalance, but I guess we have to help these social movements find ways to have their voices heard. Do you have any comments on that?

Sarah [00:23:41] No, I completely agree with you. And I think perhaps the thing that is most concerning or difficult around the negotiation to reform the International Health Regulations and the discussions around the Comprehensive Accord, the Pandemic Treaty that's being discussed at the World Health Organization, is that they can seem removed and distant from the day-to-day lived realities of people's lives. And actually distant and removed from those social movements as well. Social movements are resource-intensive and time-intensive, and they require a lot of effort and tremendous bravery, particularly depending on the locations of where they're trying to do (their work). You know, and I'm thinking about during COVID-19, we were doing some amazing work with individuals from based in Myanmar. And then literally as we were talking to them and thinking about developing work with them, the coup unfolded, you know, on February 21st, and that had a massive impact on their social movement work. You know, what they could safely then do, you know, so when we're looking at those formal instruments, you know, you think about, well, who gets to participate in those, who gets to keep track of it, who gets to read the new drafts that are being released, who has time to do the surveys that may be issued? And it seems like these are all quite boring process things, but they're actually really important. Because what I also see is a lot of the people who are really demanding this reform, this change, this awareness and doing this on top of all the work that they're also doing. You know, they're often having to keep track of all of this whilst also doing, you know, work for livelihood.

Cristiane [00:25:18] Knowing that we are somehow criticizing the biological approach, what do you think should be a good framework from a feminist perspective, to redefine our strategies for handling emergencies? Like what is the feminist framework we could be using to think about epidemics and pandemics in a way that we are not ignoring the importance of the emergency and the first decisions had to be made during these times, but how can we engage all feminist perspectives in this kind of situation?

Sarah [00:25:54] That's a great question. I look forward to hearing your insights actually. I think there's been a lot of talk after COVID-19 about the feminist ethic of care, the importance of care, the importance of making sure that we recognize, care, not quantify, not do the cost-benefit analysis of it, but think about what it means to care and what that looks like and how that really can create, like you say, a community and a society. The other area that I think is really important, and I have so much tremendous respect for indigenous-centered approaches and the work that is being done there in research, as well as in the health research area, as well, to demand to require that science acknowledges and respects difference and really engages with material equity, the legacy of colonization, and to recognize leadership and governance in indigenous communities as being sources of knowledge to thousands and thousands of years. You know, and I think it's really important to bring this into these spaces in a meaningful and respectful dialogue with global health.

Cristiane [00:27:05] Well, I have a lot of things to say about it, actually. Care, it's a main concept here, as I said before, during the COVID-19 pandemic, but also during the Zika epidemic. Usually women are responsible for caring and guaranteeing how to provide things for the family, how to provide things for their children and everyone around. So it's not that difficult to incorporate the women's perspective or gender perspective during the epidemic, because they are the ones who are doing the hard work already. I haven't mentioned before, but my supervisor is Professor Daisy Ventura and we are really concerned about this community approach. We agree, of course they have social movements and they are engaged in bigger ways to respond to epidemics and pandemics and health issues in general, where we are investigating if we shouldn't be careful when using this idea that the answer is the community, because sometimes it can be a way to ignore how these communities need somehow access to resources and access to political support beyond resilience. You see, because they are resilient, they are very engaged. We saw here in Brazil that some communities in favelas, for example, who were very organized to get access to food and medicines and doctors. They have a very creative approach to health emergencies, but they also have a lot of difficulty accessing basic resources. And when we are talking about the community approach and focusing on communities, we need to acknowledge their efforts and acknowledge how they are facing their own problems without ignoring the importance of pointing out how they have difficulty to accessing the basic resources that we should, as a general, guarantee. There is an opportunity to engage women, to engage vulnerable groups in their responses. They are doing that already. It is a matter of acknowledging that. But also we should somehow engage in political discussions to guarantee more distributions of risk services. And that's a domestic issue in Brazil. But it's a global issue, as we had witnessed during the distribution of vaccines and medicines. And that's another thing we are going to face nowadays to prepare ourselves for future challenges and health.

