

# Nygaard Notes

## *Independent Periodic News and Analysis*

Number 663

December 22, 2020

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### The Movement for A People's Vaccine

In the last Nygaard Notes I discussed the Trump initiative to expedite the discovery and distribution of a vaccine to protect against COVID-19. It's called Operation Warp Speed, and I summarized it like this:

“Operation Warp Speed is a market-based solution, in which private companies compete for the profits to be gained by selling their ‘intellectual property’ to a market of billions of desperate people around the world who are left with a simple choice: Buy Or Die.”

Standing in stark contrast to Operation Warp Speed, although largely unknown in the United States, is a growing global movement demanding that when safe and effective vaccine(s) are available they be produced rapidly in quantities sufficient to be made available for all people everywhere, free of charge. This global movement, coming from the grassroots and based on solidarity rather than competition, is the movement for a People's Vaccine.

The call is coming from various places, from individuals and organizations, from the public and private sectors, and while it is emerging in different forms, there are a few principles and philosophical structures upon which there seems to be broad agreement.

I'll tell you about a few of the organizations calling for a People's Vaccine, and you'll see that the principles guiding them are remarkably similar. This is the stuff of which movements are made. I hope they'll inspire you and maybe move you to add your voice to the movement.

#### The People's Vaccine Alliance

The first organization I want to mention is called simply The People's Vaccine Alliance, and it is a coalition of organisations including Free the Vaccine, the Yunus Centre, Frontline AIDS, Oxfam, SumOfUs and UNAIDS. Find it here: <https://peoplesvaccine.org/>

The Alliance calls on governments and pharmaceutical corporations to:

- Ensure the vaccine is purchased at true cost prices and provided **free of charge to people.**
- **Prevent monopolies on vaccine and treatment production** by making public funding for research and development conditional on research institutions and pharmaceutical companies freely sharing all information, data, biological material, know-how and intellectual property.
- **Ensure the vaccine is sold at affordable prices:** Pricing must be transparent and based on the cost of research, development and manufacturing, as well as taking into account any public funding provided.
- Implement **fair allocation of the vaccine** which prioritizes health workers and other at-risk groups in all countries. Distribution among countries should be based on their population size. In-country vaccination programmes should include marginalized groups, including refugees, prisoners, and people living in slums and other crowded housing conditions. Allocation between and within countries should be based on need and not ability to pay.
- Ensure **full participation of governments** in developing countries as well as civil society from north and south in decision-making fora about the vaccines (and other COVID-19 technologies) and ensure transparency and accountability of all decisions.

#### Free the Vaccine for COVID 19

A coalition including Oxfam, UNAIDS, and the World Health Organization, as well as hundreds of world leaders and Nobel Laureates, has come together to form

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Greetings,

Last week I talked about how the market values of Individualism and Competition have shaped the official U.S. response to the COVID pandemic. The issue that you are reading now highlights a few of the many millions of people who are working, even as I type these words, to build a global health infrastructure that is based on Social and Cooperative values, values for which capitalism has no use.

The good news about the COVID-19 pandemic is that it is stimulating more people to question the conventional wisdom of "The Market." This issue of Nygaard Notes encourages you to think outside the box, to reject the market forces that are creating a "global vaccine apartheid" in which the wealthy minority buys itself an early escape from the suffering of the pandemic while the poor wait helplessly for vaccine crumbs to fall from the table.

We're all thinking about COVID these days, it seems, but the pandemic invites us all to look beyond the gross public health disparities and begin to question capitalism itself. It doesn't have to be like this. Another world IS possible. Let The People's Vaccine inspire you to add your voice to The Movement.

In Solidarity,  
Nygaard

### Vaccine *from page 1*

a campaign calling for "universities, organizations, and companies receiving public funds for COVID research to sign the Open COVID Pledge, a legal commitment to open licensing of the intellectual property needed for the cure." (More on the Pledge in a moment)

The campaign is called "Free the Vaccine for COVID 19" and it has been organized around the following three principles:

1. The need for global solidarity is now stronger than ever. Communities across the globe must have equitable access to diagnostic tools, treatments, and vaccines for COVID-19.
2. Governments have invested billions of tax-payer funds into research and development to save lives from the virus. We should not have to pay again.
3. COVID-19 diagnostic tools, treatments, and vaccines must be free from patents and available to everyone everywhere, free at the point of delivery.

The project is led by two non-profit organizations; Universities Allied for Essential Medicines (UAEM) and the Center for Artistic Activism.

<https://freethenvaccine.org/why-sign-on/>

### The Open COVID Pledge

The organizers of The Open COVID Pledge explain that it "is a commitment by holders of intellectual property to share some or all of their intellectual property for the purposes of ending and mitigating the COVID-19 Pandemic." Their website offers opportunities for organizations or individuals to sign the Pledge or endorse the Pledge. If you are interested in the technical, geeky aspects of Intellectual Property—licensing, anti-trust issues, and so forth—this is the site for you! The Pledge itself is less than 100 words long and, well, here it is:

*"Immediate action is required to halt the COVID-19 Pandemic and treat those it has affected. It is a practical and moral imperative that every tool we have at our disposal be applied to develop and deploy technologies on a massive scale without impediment.*

*"We therefore pledge to make our intellectual property available free of charge for use in ending the COVID-19 pandemic and minimizing the impact of the disease.*

*"We will implement this pledge through a license that details the terms and conditions under which our intellectual property is made available."*

<https://opencovidpledge.org/>

### The Yunus Center Appeal

On June 18<sup>th</sup> the Yunus Center in Bangladesh issued an “Appeal to Declare Covid19 Vaccine A Global Common Good Now.” Signers of the Appeal call on “all the global leaders, International Organizations, and Governments to adopt legal measures and make official statements declaring COVID-19 vaccines as a Global Common Good, free from any patent right belonging to anyone.” Signatories include many people whose names you may recognize—Desmond Tutu, Mikhail Gorbachev, Rigoberta Menchu—and many Nobel laureates, former heads of state, academics, and activists whose names you probably won’t recognize. You can sign on as a supporter on their website: <https://www.vaccinecommongood.org/>

### FRONTLINE AIDS

COVID-19 is not the only virus threatening global health. The folks at **FRONTLINE AIDS** remind us that “AIDS Isn’t Over,” and for 27 years they have worked “to break down the social, political, and legal barriers that marginalized people face, to create a future free from AIDS.”

They say on their website that “The coronavirus (COVID-19) pandemic is a global health emergency. It represents a significant threat for people living with HIV and AIDS, and for the global HIV response.”

FRONTLINE AIDS brings “three important lessons from the HIV epidemic to the coronavirus response: The essential role of communities; The importance of dignity and human rights for all, and; The need to ensure that “new treatments and vaccinations for COVID-19 that become available are accessible to all of humanity from the outset.”

Check out their “COVID-19 and HIV hub” at <https://frontlineaids.org/>

### UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) “works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals.” Like FRONTLINE AIDS, they stress the links between the global response to the AIDS pandemic and the response

to COVID-19.

In a statement released on December 9<sup>th</sup>, UNAIDS Executive Director Winnie Byanyima notes that “9 out of 10 people in poor countries are set to miss out on COVID-19 vaccine next year. Once again poorer countries find themselves at the back of the queue and will have to watch many more of their people die before a vaccine becomes affordable for them.”

She adds, “The response to COVID-19 is reinforcing existing inequalities within and between countries and the global economy will continue to suffer so long as much of the world does not have access to a vaccine.” Apart from the moral imperative, Byanyima reminds us that “No-one is safe from COVID-19 until everyone is safe.” And her point is clear: “We must have a People’s Vaccine, not a profit vaccine.”

### OXFAM

“The race is on to make a vaccine for the COVID-19 virus—but when will we have one, who will get it, how much will we pay for it?”

That’s the first line of a September 17<sup>th</sup> letter from the international anti-poverty group Oxfam published under the title “What’s a People’s Vaccine, and How Can We Get One?”

They list “five things we need to do.” Here they are:

1. Governments and pharma corporations must make the vaccine patent-free
2. Make the vaccine available to everyone
3. Keep politics out of the process
4. Insist on transparency instead of “business as usual”
5. Use the People’s Vaccine to fight poverty and inequality

Read the letter; the details are fascinating: [www.oxfamamerica.org/explore/stories/whats-a-peoples-vaccine-and-how-can-we-get-one/](https://www.oxfamamerica.org/explore/stories/whats-a-peoples-vaccine-and-how-can-we-get-one/)

Then check out Oxfam’s “COVID-19 Action Center,” where you can read their Open Letter to President-elect Biden, sign their petition, make a donation, and join virtual events. [/www.oxfamamerica.org/explore/emergencies/coronavirus-crisis-how-to-help/](https://www.oxfamamerica.org/explore/emergencies/coronavirus-crisis-how-to-help/)

### Solidarity Call to Action

In May the Director-General of the World Health Organization and the President of Costa Rica teamed up to issue a “Solidarity Call to Action.” The call, which has now been signed by numerous individuals, organizations, and nations (although not the U.S.) includes the following:

“Now more than ever, international cooperation and solidarity are vital to restoring global health security, now and for the future. Toward this aim, we call to action key stakeholders and the global community to voluntarily pool knowledge, intellectual property and data necessary for COVID-19. Shared knowledge, intellectual property and data will leverage our

collective efforts to advance scientific discovery, technology development and broad sharing of the benefits of scientific advancement and its applications based on the right to health.”

The Call is only three pages long. You can read it here, under the heading “Making the Response to COVID-19 a Public Common Good”:  
[www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/covid-19-technology-access-pool/solidarity-call-to-action](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/covid-19-technology-access-pool/solidarity-call-to-action)

As big a deal as it is, COVID is not the only threat to the global public health. So let’s have a quick look at some other vaccines that we have, or should have, and some of the voices demanding that we all have access to life-saving vaccines. ♦

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## Vaccines: Going Beyond COVID

The issue of vaccines and equitable access to them has been around for a long time, far longer than the current pandemic has been around.

I first talked about what are known as “vaccine-preventable” diseases back in Nygaard Notes #220 (in 2003!) in an article headlined “Orphaned by Industry.” I cited a group called “Campaign for Access to Essential Medicines” sponsored by the aid group Doctors Without Borders. (They’re still around.) They put out a report in 2001 that said,

“Basic research leading to discovery of compounds—and thus potential drugs—has almost always been publicly funded. However, because politicians naturally respond to the needs of their constituencies, and because wealth is concentrated in industrialized countries, research money goes to the diseases primarily affecting these wealthier constituencies. While some government money has been devoted to diseases affecting developing countries, it is a pittance compared with overall spending on drug development.”

I remarked at the time that “the United States is firmly committed to protecting ‘intellectual property rights.’ These include the patent rights of pharmaceutical manufacturers, ‘rights’ which raise the costs of many medicines, including vaccines, beyond the reach of poor people both here and abroad.”

It’s an outrage that these words are still tragically relevant nearly 20 years later.

### 1.5 Million Deaths

This little two-part Nygaard Notes series is mostly about vaccines against COVID-19. But readers may be aware that safe and effective vaccines are already in existence for such diseases as measles, whooping cough, polio, tetanus, rotavirus, hepatitis A, hepatitis B, chickenpox, influenza, and more. Despite the existence of vaccines, these diseases still kill untold numbers of people around the world every year. The World Health Organization says that “Immunization currently prevents 2-3 million deaths every year,” and another million-and-a-half deaths could be avoided, they tell us, “if global vaccination coverage improves.”

Think about those numbers for a second. The COVID pandemic is generally considered to be a global emergency, and rightly so. As of this week, the global COVID death toll has risen to 1.6 million people. We know, as I just mentioned, that this is the number of people who die every year from diseases for which we have vaccines.

There are a number of reasons why this is so and, as is the case with COVID, there are committed activists working on this ongoing emergency. I’ll mention three of them here.

## Universities Allied for Essential Medicines

Since so much of the public support for medical research comes via colleges and universities, I am particularly interested in the work of UAEM. Their website tells us that “Since its founding in 2001, UAEM has grown into an international network of students in medicine, law, public health and related fields with chapters on nearly 100 university campuses in 20 countries.”

UAEM summarize their understanding of the issue very succinctly: “By increasing their focus on innovative neglected disease research then sharing or ‘licensing’ that research in globally accessible ways, universities can help save countless lives worldwide.”

Organized as a non-profit, UAEM seeks to:

- 1) Promote access to medicines for people in developing countries by changing norms and practices around university patenting and licensing;
- 2) Ensure that university medical research meets the needs of the majority of the world’s population;
- 3) Empower students to respond to the access and innovation crises.

These activist students are inspiring! Check out their website: <http://uaem.org>

## The GAVI Alliance

The GAVI Alliance (formerly the Global Alliance for Vaccines and Immunisation) promotes all sorts of vaccines all over the world. It’s been around for 20 years as a partnership between the World Health Organization, UNICEF, the World Bank and the Bill & Melinda Gates Foundation, among others. (Anti-vaccination people apparently believe that Bill Gates “is behind a sprawling conspiracy to control the world through vaccines, [and an] engineered COVID-19 pandemic,” as USA Today put it recently. I am not one of those people.)

The GAVI Alliance—which I wrote about in these pages back in 2006—is strongly in favor of vaccinations, and not just COVID-19 vaccinations. That is not to say that they are not working on COVID-19 vaccinations. They are, and on their website you can learn about things like: the Global Vaccine Summit that was held last June; the Access to COVID-19 Tools

(ACT) Accelerator, and; COVAX, which is the vaccine part of the ACT Accelerator. GAVI claims that the COVAX project “is the only truly global solution to this pandemic because it is the only effort to ensure that people in all corners of the world will get access to COVID-19 vaccines once they are available, regardless of their wealth.”

In a sense, I could have listed GAVI in last week’s article on the People’s Vaccine, but I think they are more notable for their ongoing work on the larger issue of global vaccine accessibility. See what you think, when you check out their website: <https://www.gavi.org/>

## The Immunization Action Coalition

When it comes to educating people about the importance of vaccines in promoting public health, it’s hard to think of a more effective organization than The Immunization Action Coalition. The IAC is headquartered in St. Paul, not far from the global headquarters of Nygaard Notes. (Full disclosure: the founder and executive director of the IAC is a personal friend and supporter of Nygaard Notes.)

The mission of the IAC is “to increase immunization rates and prevent disease by creating and distributing educational materials for healthcare professionals and the public that enhance the delivery of safe and effective immunization services. The Coalition also facilitates communication about the safety, efficacy, and use of vaccines within the broad immunization community of patients, parents, healthcare organizations, and government health agencies.”

If you have ANY questions about vaccines, about safety, effectiveness, side effects, availability or, really, anything you can think of having to do with vaccines, the IAC has probably published a handout on it, and you can get it for free on their website. Very recently the Journal of the American Medical Association published a 2-page handout “Answering Key Questions About COVID-19 Vaccines,” on which the IAC consulted. Worth reading.

<https://jamanetwork.com/journals/jama/fullarticle/2772138>

If you need reassurance about the safety of the new COVID-19 vaccines, or if you know someone who does, check out the Immunization Action Coalition. They’ll give you the straight scoop. [www.immunize.org/](http://www.immunize.org/) ♦

## Public Health Outside the Box

For those who care to look, the current COVID-19 crisis is exposing major policy shortcomings in regard to public health that go far beyond COVID. We must remember that, after the COVID-19 emergency drifts off the front pages, we will be left with a global public health environment that will continue to consign millions of people—poor people, mostly—to needless suffering and death.

An effective response is readily available, and is neither mysterious nor complex. I spelled it out back in 2006, in Nygaard Notes #331

<https://www.nygaardnotes.org/archive/issues/nn0331.html>, and since the system of public health hasn't really changed much in the past 15 years, I will close by reprinting just a bit of what I said then, in a piece I called "Imagining a Different Philosophy: Part III in the 'How Ideas Affect Policy' Series."

I suggested that human beings are both selfish and not-selfish, and that a political and economic culture of a society can bring out the selfish side, or the non-selfish side. Then, speaking of the needless suffering and death in our current public health system, I said something like this (with little updates because it is now 2020):

Effective solutions to our very serious public health crises exist which are inexpensive and easy to provide.

However, those who currently have the means to provide those solutions are not providing them, so we need to come up with some truly innovative public policies to deal with this reality.

Given the constraints of the of Individualistic and Competitive (IC) ideology that predominates in U.S. society, the innovative policies put forward (think Joe Biden et al here) are all about new incentives aimed at making the infectious diseases market more attractive to industry. Sort of like Operation Warp Speed.

Now, twist your mind around and let go of one of the key ideas in the IC ideology: the idea that it will only be "attractive" to someone to save millions of lives if they can make a profit doing so. Just think about it, and think about the fact that it is PEOPLE—not corporations—who actually do the work of public health. That is, it's PEOPLE who figure out how diseases work, PEOPLE who do the research that gives us vaccines, PEOPLE who drive the trucks that deliver the vaccines, PEOPLE who actually give the shots, PEOPLE who build the clinics

where the shots are given, and on and on.

Think further, about the people you know. What would you have to offer them in order to give them the "incentive" to make malaria vaccines, or bird flu vaccines, rather than Viagra or Botox? I suggest that some of the most basic things that people want are security, the means to feed and clothe themselves and their families, and the opportunity to do meaningful work. So you wouldn't have to offer a lot more than that to most people to get good things to happen. To corporations, on the other hand, you can and must offer only one thing: money.

Here, then, are a few examples of starting points for developing some genuinely innovative public policies that could make it possible for people to do the work necessary to meet the needs of society when it comes to public health:

1. Take, or keep, the public health infrastructure out of the hands of corporations;
2. Forbid the patenting of needed medicines, as they "belong" to everyone;
3. Set up a system for providing secure jobs to people who want to work at providing for the public's well-being;
4. Develop a democratic means for gathering the resources together that these people will need in order to address public health needs;
5. To back up the moral incentive, allow for PEOPLE to profit to the extent that they solve problems or improve quality of life. (As opposed to allowing corporations to profit from meeting the market demands of affluent consumers.) That is, the people who work hard to produce socially useful things get paid more, rather than people making money simply because they bought the most profitable stock.

That's basically what I said in 2006, and it still makes sense to me. We don't need new ideas, really. We need to evolve our political and intellectual culture away from the Individualistic and Competitive culture that brings us market-based solutions like Operation Warp Speed. The new vision for which we need to build support is a vision of a culture based on the Social and Cooperative values that truly place people before profits. Let's work together to end the suffering being wrought by COVID, then let's keep working to build a Social and Cooperative culture that brings out the best in all of us. And that keeps us healthy. ♦

## “Quote” of the Week: “A Global Vaccine Apartheid”

On December 9<sup>th</sup> the consumer advocacy group Public Citizen released a document called “A Plan for the People’s Vaccine: How the Biden Administration Can Supply the World.”

It’s a remarkable “real world” document, laying out in some detail exactly what the new President *could* do to address the global pandemic in a new way that puts humanity first rather than “America First.” Public Citizen says:

*The new coronavirus has already plunged the world into the worst health crisis in a century. The pandemic has battered economies, fueled inequality, and killed at least one million people. Years of delay may compound the challenges, with consequences for political stability and international relations. Closer to home, critical industries may remain at a standstill. The sheer magnitude of disparity—with a few million people in rich countries protected, with billions left behind—could ultimately resemble a global vaccine apartheid.*

*President-Elect Biden can choose a different path. The U.S. government has the knowledge, skills, and resources needed to help others find a way out of this pandemic. In this report, we trace how the Biden Administration can help the world make as much vaccine as possible, as quickly as possible. We show an alternative to scarcity: a dose of vaccine can be used by only one person, but all of humanity can benefit from the underlying knowledge about how to make the vaccine. A strategy focused on sharing the vaccine “recipe”, building manufacturing capacity, and mobilizing countries and corporations to meet the needs of the moment can accelerate the global response. It can also help restore U.S. leadership.*

The whole Plan can be found HERE: [www.citizen.org/article/a-plan-for-the-peoples-vaccine/](http://www.citizen.org/article/a-plan-for-the-peoples-vaccine/)

## Bonus “Quote” of the Week: The Rich Get Vaccinated

The headline on page 6 of the December 15<sup>th</sup> New York Times read: “Rich Countries Have First Dibs on Vaccines, While Poor Nations Struggle to Get Enough.”

Here are three paragraphs from the article—the first two and a chilling one that appeared somewhere in the middle:

*As a growing number of vaccines advance through clinical trials, wealthy countries are fueling an extraordinary gap in access around the world, laying claim to more than half the doses that could come on the market by the end of next year.*

*Many poor nations may be able to vaccinate at most 20 percent of their populations in 2021. But some of the world’s richest countries have reserved enough doses to immunize their populations multiple times.*

*But the outlook for most of the developing world is dire. Because of manufacturing limits, it could be as late as 2024 before many low-income countries are able to obtain enough vaccines to fully immunize their populations.*

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