## AFF

#### Intellectual property rights, specifically TRIPS enforces neocolonialism

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The TRIPs Agreement and the long-established intellectual property conventions which it incorporates serve as an essential device in the building and strengthening of an informal empire of economic colonialism by the industrialised nations in the nonWestern world. These international instruments introduced or reinforced Western style intellectual property rights in non-Western countries according to minimum standards which predominantly advance the interests of the intellectual property producing and -owning industrialised nations. One justification for this development has been the promotion of global technology transfer; an argument which overlooks the economic and social imbalances between industrialised and developing countries. Actual technology transfer is thus far less effective than perhaps envisaged. In fact, the principal concern in the drive for global intellectual property protection of a Western nature and Western level is the successful enforcement in developing countries of intellectual property rights which originate in the West or are owned by enterprises of industrialised nations. The intellectual property-owning enterprises are often large multi-national corporations which are able to wield impressive power by asserting worldwide their intellectual property rights that are backed by international conventions. These conventions are, in turn, the legal basis for political and economic pressure on formally independent and sovereign states. In this way, an informal system of socio-economic dependence with similarities to the colonial era is established. Formal imperialism has come to an end with decolonisation, but informal economic colonialism continues to exist and increases in its importance, and intellectual property rights play a far more significant role in this process than in the past. Informal colonialism does not seek formal political control in the dependent states, most commonly developing countries. This phenomenon can therefore be termed as neo-colonialism as opposed to the historical situation in the formal colonial (and later imperial) epoch, when, unlike today, national pride, international political power and prestige were at least as important as commercial success. Modern informal neo-colonialism establishes a network of economic, social, and consequently political, dependence which is increasingly based on licensing and enforcement of intellectual property rights. Western countries, especially the United States, now constantly press for higher levels of intellectual property protection beyond the standards of TRIPs in bilateral agreements and thus consolidate the framework of dependence. Connected with the present tendency towards the expansion of exclusive rights is another, less apparent, neo-colonial legislative project: the protection of “traditional cultural expressions”, in so far as this term is understood in the limited sense of what Western lawyers would loosely associate with traditional art and the scope of copyright protection. Again, this idea reflects colonial features. The protection of the “tradition” (essentially a Western construct) in fact creates this tradition and serves Western interests, and is to be administered by organs of the indigenous community in a kind of indirect rule. Modern non-Western art and its potentially critical force can in this way be defused, and the worldwide commodification of “ethnic” and “traditional/authentic” artefacts can be pursued even better, though with a moral label. The requirement of ascertaining the members of the indigenous community, the intended beneficiaries of this protection, invites racialist and segregationist legislation if this measure wants to be effective at all.

#### The TRIPS agreement and other IP protections are just methods to ensure western hegemony. They increase disparities between western and non western countries and reinforce ideas of colonialism.

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This brings us to the present and how this dysfunction continues to be normalised in the current pandemic. Moderna, for example, has filed [over 100 patents](https://www.nature.com/articles/d41573-020-00119-8) for the mRNA technology used in its vaccine, despite receiving funds from the [US government](https://www.forbes.com/sites/judystone/2020/12/03/the-peoples-vaccine-modernas-coronavirus-vaccine-was-largely-funded-by-taxpayer-dollars/?sh=1363197b6303) with its IP partly owned by the US [National Institutes of Health](https://www.axios.com/moderna-nih-coronavirus-vaccine-%25252520ownership-agreements-22051c42-2dee-4b19-938d-099afd71f6a0.html). [Pfizer/BioNTech](https://www.citizen.org/article/biontech-and-pfizers-bnt162-vaccine-patent-landscape/) have also filed multiple patents on not only their COVID-19 vaccine product, but also on the manufacturing process, method of use and related technologies even though BioNtech was given [$450 million by the German government](https://www.reuters.com/article/health-coronavirus-germany-vaccine-idUKL8N2GC2J0) to speed up vaccine work and expand production capacity in Germany. It has become increasingly plain that IP makes private rights out of public funds while benefitting particular corporate interests. In fact, [report](https://www.defense.gov/Explore/Spotlight/Coronavirus/Operation-Warp-Speed/)s show the US government under Operation Warp Speed led by the US Department of Health also funded other vaccines developed in 2020 by several pharmaceutical corporations including Johnson and Johnson, Regeneron, Novavax, Sanofi and GlaxoSmithKline, AstraZeneca, and others. In spite of this boost from public funds, and with many governments wholly taking on the risks for potential vaccine side effects, drug manufacturers fully own the patents and related IP rights and so can decide how and where the vaccines get manufactured and how much they cost. As a result, taxpayers are paying twice for the same shot: first for its development, then again for the finished product. Meanwhile, a [New York Times](https://www.nytimes.com/2021/01/28/world/europe/vaccine-secret-contracts-prices.html) report has revealed that in some of the agreements between pharmaceutical companies and states, governments are prohibited from donating or reselling doses. This prohibition helps explain the [price disparity](https://www.npr.org/sections/goatsandsoda/2021/02/19/969529969/price-check-nations-pay-wildly-different-prices-for-vaccines?t=1614153425644&t=1614181324128) in vaccine purchases among countries where poor countries are paying more. For example, Uganda is paying USD 8.50 per dose of the AstraZeneca vaccine while the EU is paying only USD 3.50 per dose. By prioritizing monopoly rights of a few western corporations, IP dysfunction not only continues to reproduce old inequities and inequality in health access, but helps frame our understanding about the creation and [management of knowledge](http://www.thecornerhouse.org.uk/resource/who-owns-knowledge-economy). And perhaps we begin to see the refusal of drug makers to share knowledge needed to boost global vaccine supply for what it truly is: [an extension in capitalist bifurcation of who is imagined as a legitimate intellectual property owner and who is envisioned as a threat to the (intellectual) propertied order.](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3050898) Supporters and opponents of a TRIPS waiver for the COVID-19 vaccines (February 2021) Despite calls to make COVID-19 vaccines and related technologies a [global public good](https://peoplesvaccine.org/), western pharmaceutical companies have declined to loosen or temporarily suspend IP protections and transfer technology to generic manufacturers. Such transfer would enable the scale-up of production and supply of lifesaving COVID-19 medical tools across the world. Furthermore, these countries are also blocking the TRIPS [waiver proposal](https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/IP/C/W669.pdf&Open=True) put forward by South Africa and India at the WTO despite being supported by 57 mostly developing countries. The waiver proposal seeks to temporarily postpone certain provisions of the TRIPS Agreement for treating, containing and preventing the coronavirus, but only until widespread vaccination and immunity are achieved. This means that countries will not be required to provide any form of IP protection on all COVID-19 related therapeutics, diagnostics and other technologies for the duration of the pandemic. It is important to reiterate the waiver proposal is time-limited and is different from TRIPS flexibilities, which are safeguards within the Agreement to mitigate the negative impact of patents such as high price of patented medicines. These safeguards include [compulsory license](https://www.southcentre.int/wp-content/uploads/2019/04/RP85_Access-to-Medicines-Experiences-with-Compulsory-Licenses-and-Government-Use-The-Case-of-Hepatitis-C_EN.pdf)s and [parallel importation](https://journals.sagepub.com/doi/abs/10.1177/14680181020020030201). However, because of the onerous process of initiating these flexibilities as well as the threat of possible trade penalties by the US through the [United States Trade Representative (USTR) “Special 301” Report](http://www.unsgaccessmeds.org/final-report) targeting countries even in the absence of illegality, many developing countries are reluctant to invoke TRIPS flexibilities for public health purposes. For example, in the past, countries such as [Colombia](https://www.keionline.org/22864#:~:text=However%25252C%252520in%252520a%252520letter%252520of,a%252520compulsory%252520license%25255Bii%25255D.&text=By%252520sending%252520this%252520letter%25252C%252520the,needs%252520of%252520the%252520Colombian%252520population), [India](https://msfaccess.org/sites/default/files/2018-10/IP_Timeline_US%252520pressure%252520on%252520India_Sep%2525202014_0.pdf), [Thailand](https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001154) and recently [Malaysia](https://www.ip-watch.org/2019/02/13/malaysia-still-pressure-make-hepatitis-c-medicine-expensive/) have all featured in the Special 301 Report for using compulsory licenses to increase access to cancer medications. It is these challenges that the TRIPS waiver seeks to alleviate and, if approved, would also provide countries the space, without fear of retaliation from developed countries, to collaborate with competent developers in the R&D, manufacturing, scaling-up, and supply of COVID-19 tools. However, because this waiver is being [opposed](https://www.politico.com/newsletters/global-pulse/2020/12/10/patent-fight-pits-rich-against-poor-in-vaccine-race-491105) by a group of developed countries, we are grappling with the problem of artificially-created vaccine scarcity. The effect of this scarcity will further prolong and deepen the financial impact of this pandemic currently estimated to cost [USD 9.2 trillion](https://iccwbo.org/media-wall/news-speeches/study-shows-vaccine-nationalism-could-cost-rich-countries-us4-5-trillion/?utm_campaign=covid19&utm_medium=email&utm_source=email), half of which will be borne by advanced economies. Thus, in opposing the TRIPS waiver with the hopes of reaping huge financial rewards, developed countries are worsening pandemic woes in the long term. Perhaps it is time to reorient our sight and call the ongoing practices of buying up global supply of vaccine what it truly is – vaccine imperialism. Another kind of scarcity caused by [vaccine nationalism](https://www.foreignaffairs.com/articles/united-states/2020-07-27/vaccine-nationalism-pandemic) has also reduced equitable access. Vaccine nationalism is a phenomenon where rich countries buy up global supply of vaccines through advance purchase agreements (APA) with pharmaceutical companies for their own populations at the expense of other countries. But perhaps it is time to reorient our sight and call the ongoing practices of buying up global supply of vaccine what it truly is – vaccine imperialism. If we take seriously the argument put forward by [Antony Anghie](https://www.jstor.org/stable/pdf/4017775.pdf?refreqid=excelsior%25253A05f55d67e4790ef5059f2e57482f608e) on the colonial origins of international law, particularly how these origins create a set of structures that continually repeat themselves at various stages, we will begin to see COVID-19 vaccine accumulation not only as political, but also as imperial continuities manifesting in the present. Take, for instance, the report released by the Duke Global Health Innovation Center that shows that high-income countries have already purchased [nearly 3.8 billion COVID-19 vaccine doses](https://dukeghic.org/wp-content/uploads/sites/20/2020/11/COVID19-Vax-Press-Release__28Oct2020-1.pdf). Specifically, the [United States](https://www.nytimes.com/2021/01/28/world/europe/vaccine-secret-contracts-prices.html) has secured 400 million doses of the Pfizer-BioNTech and Moderna vaccines, and has APAs for more than 1 billion doses from four other companies yet to secure US regulatory approval. The European Union has similarly negotiated nearly 2.3 billion doses under contract and is negotiating for about 300 million more. With these purchases, these countries will be able to vaccinate their populations twice over, while many developing states, especially in Africa, are left behind. In hoarding vaccines whilst protecting the IP interests of their pharmaceutical multinational corporations, the afterlife of imperialism is playing out in this pandemic. Moreover, these bilateral deals are hampering initiatives such as the COVID-19 Vaccine Global Access Facility ([COVAX](https://www.who.int/news/item/18-12-2020-covax-announces-additional-deals-to-access-promising-covid-19-vaccine-candidates-plans-global-rollout-starting-q1-2021)) – a pooled procurement mechanism for COVID-19 vaccine – aimed at equitable and science-led global vaccine distribution. By engaging in bilateral deals, wealthy countries impede the possibility of effective mass-inoculation campaigns. While the usefulness of the COVAX initiative cannot be denied, it is not enough. It will cover only the [most vulnerable 20](https://www.who.int/news/item/15-07-2020-more-than-150-countries-engaged-in-covid-19-vaccine-global-access-facility) per cent of a country’s population, it is [severely underfunded](https://www.devex.com/news/with-scarce-funding-for-act-a-everything-moves-slower-who-s-bruce-aylward-99195) and there are lingering questions regarding the contractual obligations of pharmaceutical companies involved in the initiative. For instance, it is not clear whether the COVAX contract includes IP-related clauses such as [sharing of technological know-how](https://www.devex.com/news/is-covax-part-of-the-problem-or-the-solution-99334). Still, even with all its faults, without a global ramping-up of production, distribution and vaccination campaigns via COVAX, the world will not be able to combat the COVID-19 pandemic and its growing variants. Health inequity and inequalities in vaccine access are not unfortunate outcomes of the global IP regime; they are part of its central architecture. The system is functioning exactly as it is set up to do. These events – the corporate capture of the global pharmaceutical IP regime, state complicity and vaccine imperialism – are not new. Recall [Article 7 of TRIPS](https://www.wto.org/english/docs_e/legal_e/27-trips_01_e.htm), which states that the objective of the Agreement is the ‘protection and enforcement of intellectual property rights [to] contribute to the promotion of technological innovation and to the transfer and dissemination of technology’. In similar vein, Article 66(2) of TRIPS further calls on developed countries to ‘provide incentives to enterprises and institutions within their territories to promote and encourage technology transfer to least-developed country’. While the language of ‘transfer of technology’ might seem beneficial or benign, in actuality it is not. As I discussed in [my book](https://www.bloomsburyprofessional.com/uk/patent-games-in-the-global-south-9781509927401/), and as [Carmen Gonzalez](https://digitalcommons.law.seattleu.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1631&context=faculty) has also shown, when development objectives are incorporated into international legal instruments and institutions, they become embedded in structures that may constrain their transformative potential and reproduce North-South power imbalances. This is because these development objectives are circumscribed by capitalist imperialist structures, adapted to justify colonial practices and mobilized through racial differences. These structures are the essence of international law and its institutions even in the twenty-first century. They continue to animate broader socio-economic engagement with the global economy even in the present as well as in the legal and regulatory codes that support them. Thus, it is not surprising that even in current global health crisis, calls for this same transfer of technology in the form of a TRIPS waiver to scale up global vaccine production is being thwarted by the hegemony of developed states inevitably influenced by their respective pharmaceutical companies. The ‘emancipatory potential’ of TRIPS cannot be achieved if it was not created to be emancipatory in the first place. It also makes obvious the ways international IP law is not only unsuited to promote structural reform to enable the self-sufficiency and self-determination of the countries in the global south, but also produces asymmetries that perpetuate inequalities. What this pandemic makes clear is that the development discourse often touted by developed nations to help countries in the Global South ‘catch up’ is empty when the essential medicines needed to stay alive are deliberately denied and [weaponised](https://www.thebureauinvestigates.com/stories/2021-02-23/held-to-ransom-pfizer-demands-governments-gamble-with-state-assets-to-secure-vaccine-deal). Like the free-market reforms designed to produce ‘development’, IP deployed to incentivise innovation is yet another tool in the service of private profits. As this pandemic has shown, the reality of contemporary capitalism – including the IP regime that underpins it – is competition among corporate giants driven by profit and not by human need. The needs of the poor weigh much less than the profits of big business and their home states. However, it is not all doom and gloom. Countries such as India, China and Russia have stepped up in the distribution of vaccines or what many call ‘[vaccine diplomacy](https://www.theguardian.com/world/2021/feb/19/coronavirus-vaccine-diplomacy-west-falling-behind-russia-china-race-influence).’ Further, Cuba’s vaccine candidate [Soberana 02](https://www.cnbc.com/2021/02/23/soberana-02-cubas-covid-vaccine-could-be-made-eligible-for-tourists.html), which is currently in final clinical trial stages and does not require extra refrigeration, promises to be a suitable option for many countries in the global South with infrastructural and logistical challenges. Importantly, Cuba’s history of medical diplomacy in other global South countries raises hope that the country will be willing to share the know-how with other manufactures in various non-western countries, which could help address artificial supply problems and control over distribution. In sum, this pandemic provides an opportune moment to overhaul this dysfunctional global IP system. We need not wait for the next crisis to learn the lessons from this crisis.

#### Medicinal hierarchies in the squo only reinforce colonialism by causing dependence on developed countries–further legitimatizes structural violence in the Global South

Sekalala et al 21(Professor in law school at the university in Warwick. “Decolonizing human rights: how intellectual property laws result in unequal access to the COVID-19 vaccine”, BMJ Global Health, July 2021,  [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8277484//](http://monthlyreview.org/2015/07/01/imperialisms-health-component/))

Global health law encompasses the legal norms, processes and institutions needed to create the conditions for people throughout the world to attain the highest possible level of physical and mental health.[16](https://gh.bmj.com/content/6/7/e006169#ref-16) The legal landscape for global health is fragmented, with multiple competing actors and regimes covering areas such as health security, border control, surveillance, trade and IP.[17](https://gh.bmj.com/content/6/7/e006169#ref-17) At the intersection of global health and human rights, this fragmentation is further exacerbated by a division of global health law into separate regimes emanating from the International Health Regulations (IHR), on the one hand, and international human rights law, on the other. This has led to calls for global health law and human rights law to be ‘harmonized’.[18](https://gh.bmj.com/content/6/7/e006169#ref-18) The development and dissemination of COVID-19 vaccines has highlighted how the international legal system pertaining to global health is driving global health inequalities instead of alleviating them. As a result, in part, of neocolonial ‘development’ models that promote inequitable IP laws, most of the vaccine supply has been manufactured in the Global North and purchased by governments in those countries to be stockpiled for their own populations—a practice sometimes described as ‘vaccine hoarding’ or ‘vaccine nationalism’.[19 20](https://gh.bmj.com/content/6/7/e006169#ref-19) Even where countries in the Global South have produced vaccines themselves in significant quantities, they have sometimes been guilty of perpetuating inequity of other Global South countries through vaccine nationalism and vaccine diplomacy, in which vaccines are offered to poorer countries in order to achieve geopolitical objectives.[21 22](https://gh.bmj.com/content/6/7/e006169#ref-21) A decolonised approach to global health enables us to conceptualise this behaviour as a reproduction of a neocolonial system which pits some formerly colonised countries against others.[23 24](https://gh.bmj.com/content/6/7/e006169#ref-23) This has meant that some countries in the Global South also benefit from this uneven system, and they too contribute to the exploitation of poorer countries in the Global South.[21](https://gh.bmj.com/content/6/7/e006169#ref-21) Although the WHO cocreated the COVAX Facility, a donor-funded mechanism that seeks to pool procurement to enhance access to vaccines for LMICs, the charitable funding scheme is facing a serious shortfall in meeting global needs. The WHO has estimated that most people in LMICs will not be vaccinated until the end of 2023,[25](https://gh.bmj.com/content/6/7/e006169#ref-25) and even this estimate may be optimistic, given the delays in initial distributions through COVAX.[26](https://gh.bmj.com/content/6/7/e006169#ref-26) This prompts the obvious question: How is it that existing legal mechanisms, or at least the prevailing interpretations and understandings of them, have permitted and even enabled this inequity? International IP law embedded in international trade agreements allows pharmaceutical companies time-limited rights to prevent others from making, using or selling their patented invention without permission. Under the 1995 Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), which was included in the Uruguay Round of multilateral trade negotiation, pharmaceutical companies have at least 20 years from filing a patent to profit from their investments in developing, testing and upscaling pharmaceutical products throughout the world.[27](https://gh.bmj.com/content/6/7/e006169#ref-27) This protection is given to pharmaceutical companies to incentivise them to engage in greater research and development for new drugs. However, there is evidence that challenges previous assumptions about the linkages between Research and Development spending and innovation for essential medicines.[28](https://gh.bmj.com/content/6/7/e006169#ref-28) The current COVID-19 crisis has brought this into sharp focus, with projections that the global public sector had spent at least €93 billion on the development of COVID-19 vaccines and therapeutics—€85.6 billion of this on vaccines.[29](https://gh.bmj.com/content/6/7/e006169#ref-29) Global IP rights, whether adopted in accordance with TRIPS, or subsequent bilateral and multilateral agreements, are part of a wider legal system which facilitates global neocolonialism. For instance, powerful actors such as the European Union (EU) and the USA have included TRIPS-plus provisions in bilateral and multilateral agreements. These agreements often force countries of the Global South to concede to more stringent patent protections in order to gain trade advantages and also to escape trade sanctions.[30](https://gh.bmj.com/content/6/7/e006169#ref-30) In so doing, IP law commodifies medicines that are essential to human survival and well-being, and sacrifices the lives and health of the poor and otherwise marginalised on the altar of corporate profitability.[31](https://gh.bmj.com/content/6/7/e006169#ref-31) Common interpretations and understandings of the international IP system are that healthcare goods and services derive their value from their tradability.[14](https://gh.bmj.com/content/6/7/e006169#ref-14) (‘We use the term “public good” as it is used in global health to mean a good that should be available universally because of its critical importance to health, and not as the term is used in economics to mean a good that is both non-excludable and non-rivalrous.’)[14 32](https://gh.bmj.com/content/6/7/e006169#ref-14) However, many, including critical Global South scholars, have questioned the prioritisation of property rights (including IP rights) over other rights (especially the rights to health, life and equal benefit from scientific progress) in a manner that is inconsistent with international human rights law.[31](https://gh.bmj.com/content/6/7/e006169#ref-31) Many low-income countries have long been active in resisting the IP system as an unjust extension of a colonial trade system. At the height of the HIV pandemic, in which millions of people in the Global South were denied life-saving medicines, civil society treatment access campaigns galvanised states within the World Trade Organization (WTO) into agreeing to the Doha Declaration on TRIPS and Public Health.[33](https://gh.bmj.com/content/6/7/e006169#ref-33) This WTO Declaration recognises human rights and allows states to use all of the ‘flexibilities’ within the TRIPS regime to protect public health, acknowledging the need for access to medicines in a public health emergency.[34](https://gh.bmj.com/content/6/7/e006169#ref-34) However, this international consensus on IP has always been strongly contested by pharmaceutical companies and their host governments, predominantly in the Global North. This remarkably strong resistance to employing TRIPS flexibilities has continued in the current COVID-19 crisis, as the attempts of countries largely from the Global South to try to obtain a TRIPS waiver to increase their supply of vaccines for COVID-19 have been unsuccessful. Although the USA has recently supported a watered-down version of a TRIPS waiver, it remains far from certain whether other states in the Global North will support this prioritisation of health over IP rights, or whether this would be sufficient, as we discuss in the section on flexibilities below. Rather than allowing for equitable vaccine access as a human right for all people everywhere, states have instead turned to a charitable donation and market purchase scheme through the COVAX initiative. This type of model, which focuses on charity and not rights, is consistent with exactly the kind of understandings of human rights and public health that are in need of decolonisation. While there have been public consensus statements issued by the Human Rights Council, in which states have agreed that all states have the right to access vaccines and the right to use TRIPS flexibilities, this statement reflects a disappointing failure to acknowledge any corresponding state obligations to employ such flexibilities.[35](https://gh.bmj.com/content/6/7/e006169#ref-35) This has allowed countries from the Global North, and their few Global South allies, to agree to this statement and support the right to vaccine access rhetorically, and in principle within the Human Rights Council, while resisting any calls for a TRIPS waiver within the WTO, and thus consolidating a denial of their obligations to employ TRIPS flexibilities. Although countries from the Global South have the option of engaging TRIPS flexibilities in the absence of a general waiver, they often do not do so because the process of using these flexibilities is often stacked against them, reproducing neocolonial dynamics. For instance, TRIPS allows states with limited manufacturing capacity to waive a patent for a limited duration so as to import essential medicines through a compulsory licence. However, in practice, this process is lengthy and complex, as it relies on ensuring that both the importing and exporting countries have enacted local laws that permit them to use TRIPS flexibilities. Further, the importing country needs to negotiate with the pharmaceutical company in order to establish a fair price, which is always tricky, but made significantly more difficult in a crisis. To date, this process has been used only once, when Rwanda obtained access to generic antiretrovirals through an importation agreement with the Canadian company Apotex. However, even in that context, although Rwanda notified the WTO Council of its intention to use the mechanism in July 2007, it took 15 months before it could import its first batch of antiretrovirals. Despite its strong support, the manufacturer Apotex felt that the process was too cumbersome to use again.[36](https://gh.bmj.com/content/6/7/e006169#ref-36) This complexity has been heightened during the COVID-19 crisis due to the speed at which vaccines were manufactured, which has created a lack of transparency around the patent process.[37](https://gh.bmj.com/content/6/7/e006169#ref-37) Thus, the Bolivian government, which is seeking to use TRIPS flexibilities through compulsory licences, recognises in their application that there is a lack of clarity around the exact extent of product and process patents for any of the existing COVID-19 vaccines due to inadequate information about manufacturing or regulatory processes in different countries.[38](https://gh.bmj.com/content/6/7/e006169#ref-38) Additionally, many countries that have manufacturing capacity, such as those in the EU, have not sought to support countries in the Global South that want to use these flexibilities. In sum, cumbersome rules, political and economic pressures and a lack of transparency conspire to enable the Intellectual Property Regime (IPR) system to sustain and deepen global health inequities. The current global distribution of COVID-19 vaccines is largely dictated by power disparities and inequities in financial and other resources, with predominantly high-income countries contracting bilaterally with individual pharmaceutical companies (many in their own countries) for specific vaccines, leaving countries from the Global South facing inequitable vaccine access. Bilateral deals between states and pharmaceutical companies, whether completed by Global North or Global South states, significantly compromise the effectiveness and equity of the COVAX initiative, limited as it already is by the coercive influence, vested interests and participation of pharmaceutical companies and their host nations. The African Union, for example, endorsed the TRIPS waiver to relax WTO rules so that LMICs could create their own COVID-19 vaccines, but this collective effort across African countries faced resistance from Global North countries and pharmaceutical companies. The IP system appears to have pushed countries in the Global South that may prefer not to be dependent on the charitable model of the COVAX scheme to join high-income countries in engaging directly with manufacturers to purchase COVID-19 vaccines. This has included African countries, despite the African Union’s criticism of the inequities resulting from IP law protections. This process has reproduced colonially entrenched power dynamics, in which poorer countries lack the bargaining power to obtain competitive rates and, consequently, typically end up paying far more than the wealthier, developed countries. More broadly, countries in the Global South are pressured into participating in global systems of trade that result in the exploitation of their own populations by unjust global economic systems and IP laws.[39](https://gh.bmj.com/content/6/7/e006169#ref-39) The high cost of vaccines for countries from the Global South constitutes a large proportion of their health expenditure, and this comes at the expense of other health priorities. In many cases, the only way in which Global South countries can purchase vaccines is to move themselves further into debt. Given the detrimental neocolonial implications of debt, with a long history of loan conditionalities through structural adjustment programmes, increasing debt to service health needs contributes to the worsening of inequalities between the Global North and Global South.[40](https://gh.bmj.com/content/6/7/e006169#ref-40) These programmes may increase debt and undermine development in ways that limit the realisation of the right to health.[41](https://gh.bmj.com/content/6/7/e006169#ref-41) The World Bank has set aside US$12 billion and has already disbursed loans of US$500 million for vaccines in low-income and middle-income nations;[42](https://gh.bmj.com/content/6/7/e006169#ref-42) poorer nations, instead of servicing already depleted health systems, are forced to divert additional funds to servicing debt.

#### The Western ‘patent controlling’ countries role of a global doctor is the same that of a global cop, where the U.S. still justifies policing and expansionism through exploitative big pharma industries

Waitzkin & Jasso-Aguilar 15 (Howard, distinguished professor emeritus of sociology at the University of New Mexico and adjunct professor of Internal Medicine at the University of Illinois, and Rebecca, instructor of sociology at the University of New Mexico. “Imperialism’s Health Component”, Monthly Review, Volume 67, Issue 3, July-August 2015, <http://monthlyreview.org/2015/07/01/imperialisms-health-component/>) // IS

Medicine and public health have played important roles in imperialism. With the emergence of the United States as an imperial power in the early twentieth century, interlinkages between imperialism, public health, and health institutions were forged through several key mediating institutions. Philanthropic organizations sought to use public health initiatives to address several challenges faced by expanding capitalist enterprises: labor productivity, safety for investors and managers, and the costs of care. From modest origins, international financial institutions and trade agreements eventually morphed into a massive structure of trade rules that have exerted profound effects on public health and health services worldwide. International health organizations have collaborated with corporate interests to protect commerce and trade. In this article we clarify the connections among these mediating institutions and imperialism. A cheap labor force also becomes an advantage for multinational corporations. The efficiency of labor became an important goal of public health programs sponsored abroad by philanthropies closely tied to expanding industries in the United States. The Rockefeller Foundation’s activities in public health, for instance, sought improved health conditions, especially control of infectious diseases, as a way to enhance the productivity of labor.2 Population-control programs initiated by the United States and other dominant countries also fostered more reliable participation by women in the labor force. Through public health initiatives, a healthier, more predictable, and more productive labor force could enhance the fortunes of corporations seeking to expand in the global South. Another thrust of imperialism has involved the creation of new markets for products, including medical products, manufactured in dominant nations and sold throughout the rest of the world. This process, enhancing the accumulation of capital by multinational corporations, has appeared nowhere more clearly than in pharmaceutical and medical equipment industries.3 The monopolistic character of these industries, as well as the stultifying impact that imported technology has exerted on local research and development, has led to advocacy for nationalized drug and equipment formularies in the global South, with varying success. Such advocacy also has provided a framework for resistance to trade rules that protect patents and therefore enhance the financial interests of pharmaceutical and equipment corporations that operate in such countries. Imperialism has reinforced international class relations, and medicine has contributed to this phenomenon. As in the United States, medical professionals in the global South most often come from higher-income families; even when they do not, they frequently view medicine as a route of upward mobility. As a result, medical professionals tend to ally themselves with the capitalist class—the “national bourgeoisie”—within these countries. They also frequently support cooperative links between the local capitalist class and business interests in economically dominant countries.4 The class position of health professionals has led them to resist social change that would threaten the current class structure, either nationally or internationally.5 Even after the decline of formal colonialism, imperialism frequently has involved military conquest in addition to economic domination. Despite its benign profile, medicine has contributed to the military efforts of European countries and the United States. For instance, health workers have assumed armed or paramilitary roles in Indochina, North Africa, Iraq, and Afghanistan. Health institutions also have taken part as bases for counterinsurgency and intelligence operations in Latin America and Asia.6 The connections among imperialism, public health, and health services have operated particularly through several institutions that have mediated these connections: philanthropic foundations, international financial institutions, organizations that enforce trade agreements, and international health organizations. With the rise of export economies and the expansion of international trade during the late nineteenth and early twentieth centuries, conventional maritime public health went into decline. Instead, concerns about infectious diseases as detrimental to trade in the expanding reach of capitalist enterprise became a motivation for international cooperation in public health. An incentive for redesigning international public health emerged from a need to protect ports, investments, and land holdings such as plantations from infectious diseases. The Report emphasized its central theme at the beginning: “Improving the health and longevity of the poor is, in one sense, an end in itself, a fundamental goal of economic development. But it is also a means to achieving the other development goals relating to poverty reduction.”26 Therefore the goal of improving health conditions of the poor became a key element of economic development strategies. From this viewpoint, reducing the burden of the endemic infections that plagued the poorest countries—AIDS, tuberculosis, and malaria—would increase workforce productivity and facilitate investment. A policy emphasis on “investing in health” (the Report‘s subtitle) echoed the influential and controversial World Development Report, Investing in Health, published in 1993 by the World Bank.27 The terminology of the title conveyed a double meaning—investing in health to improve health and productivity; and investing capital as a route to private profit in the health sector. These two meanings of investment, complementary but distinct, pervaded the macroeconomic Report. As Jeffrey Sachs, the Commission’s chair (an economist previously known for “shock therapy” in the implementation of neoliberal policies of public-sector cutbacks in Bolivia and Poland), stated in an address about the Report‘s public health implications at the American Public Health Association’s annual meeting in 2001, “What investor would invest his capital in a malarial country?”28 The Ebola epidemic epitomizes the failures of WHO’s leadership and the vertically oriented policies of the past. From its underfunded circumstances and dependency on the World Bank and Gates Foundation, WHO mounted a delayed and hopelessly inadequate response to the epidemic. As usual, a race for the magic bullet emerged, with predictable financial bonanzas for the pharmaceutical industry. But because no effective vaccine or treatment of Ebola yet exists, an infrastructure of clinics and hospitals must provide supportive services like hydration and blood products, as well as educational efforts and simple supplies such as adequate gloves and materials to block transmission of the virus. Such an infrastructure, nonexistent in West Africa largely due to failure of past public health policies, would prove feasible if the powers that be would recognize the practical benefits of a horizontal approach to the development of public health infrastructure. But that approach contradicts a long tradition of top-down vertical policies that have nurtured the political and economic foundations of empire. But that age is ending. Conditions during the twenty-first century have changed to such an extent that a vision of a world without imperialism has become part of an imaginable future. In struggles throughout the world, especially in Latin America, a new consciousness rejects the inevitability of imperial power. This new consciousness also fosters a vision of medicine and public health constructed around principles of justice, not capital accumulation. Such scenarios convey a picture very different from that of the historical relation between imperialism and health—a picture that shows a diminishing tolerance among the world’s peoples for the public health policies of imperialism and a growing demand for public health systems grounded in solidarity rather than profitability and commodification.

#### **The domination inherent to neocolonial imperialism creates large-scale war.**

Dutt 10 [Amitava Krishna, professor of economics and political science at University of Nodre Damn, "Imperialism and War", The Oxford International Encyclopedia of Peace, 2010, [http://www.oxfordreference.com/view/10.1093/acref/9780195334685.001.0001/acref-9780195334685-e-330]](http://www.oxfordreference.com/view/10.1093/acref/9780195334685.001.0001/acref-9780195334685-e-330%5D) JH

In its broad sense imperialism makes war more likely. Because the center has to dominate the periphery, this domination will be contested. Thus, the center has to threaten and actually engage in wars of conquest. Moreover, the peripheral countries are likely to initiate revolts and wars of independence. To keep control of some colonies, yet others may need to be acquired through wars. In addition, competing centers may engage in wars with each other to maintain and extend their empires. Finally, cultural imperialism—because of which people in the periphery feel inferior and are perceived as such (or even dehumanized) in the center—can make war more feasible by weakening the former and making it more acceptable to a larger group of people in the latter. In the narrower sense, although it is in principle possible that profits can be increased through foreign interactions without imperialism, conquest and domination can help in securing these benefits, as the history of colonialism attests. First, economic activities cannot occur (except on a very limited scale) in an institutional vacuum: investment requires the prevention of forcible expropriation by others, and trade and production require the enforcement of contracts. These problems are usually solved within countries through the evolution of legal systems enforced by the government (with its monopoly on legitimate violence), and of social norms, though not usually between countries. Imperialism can provide the means of protection of property rights and the enforcement of contracts. Second, other countries may not buy the products of the center because they may have no demand for them, because they produce—or aspire to produce, under trade protection—the goods domestically, and they may not produce raw materials required by industries in the center even if geography allows them. Military domination or outright conquest can contribute to the destruction of industries producing goods that the center exports and prevent their development, and force peasants and others to produce raw materials rather than subsistence products. Third, imperialism can allow profits for the center to be higher than they would otherwise be, for instance, by keeping wages low in mines and plantations by the use of forced labor (sometimes forcibly taken from other countries), and by obtaining more favorable prices. Fourth, because there may be rival imperialist countries, imperialism is likely to result in wars between these countries. Marxist theorists of imperialism have interpreted both World Wars as resulting from such inter-imperialist rivalry. Fifth, imperialism can make wars more likely if the imperialist system allows imperial powers to obtain military and economic support for wars in which they would not otherwise engage.

#### Thus the plan: The member of nations of the World Trade Organization ought to eliminate patent protections for medicines.

#### The removal of patents would give people better access to some of the same privileges as western countries and reduce the effects of neocolonialism

Oxfam 21, Organization working to end the injustice of poverty. Intellectual property and access to medicine. Oxfam.com, Summer 2021 < https://www.oxfamamerica.org/explore/issues/economic-well-being/intellectual-property-and-access-to-medicine/> KK

Today, more than two billion people across the developing world lack access to affordable medicines, including many patients in countries negotiating in the Trans-Pacific Partnership (TPP) free trade agreement. Two critical factors limit access to treatment: the high prices of new medicines, particularly those that are patent-protected, and the lack of medicines and vaccines to treat neglected diseases, a consequence of lack of R&D. Intellectual property (IP) has different forms; in the case of access to medicines, we are talking about patents. Patents are a public policy instrument aimed at stimulating innovation. By providing a monopoly through a patent—which gives inventors an economic advantage—governments seek to provide an incentive for R&D. At the same time, the public benefits from technological advancement. This trade-off underpins patent systems everywhere. Governments need to maintain an appropriate balance between incentivizing innovation, on the one hand, and, on the other, ensuring that new products are widely available. High levels of IP protection in developing countries exacerbate, rather than help solve, the problem of access to affordable medicines. Extensive patent protection for new medicines delays the onset of generic competition. And because generic competition is the only proven method of reducing medicine prices in a sustainable way, such high levels of IP protection are extremely damaging to public health outcomes. A word on background: The 1994 TRIPS Agreement represented the single greatest expansion of IP protection in history, but it also includes a range of public health safeguards and flexibilities, which were reinforced by the 2001 Doha Declaration on the TRIPS Agreement and Public Health. Yet US trade agreements over the past decade have sought to redefine and even undermine the Doha Declaration, as FTAs have included provisions that curb governments’ ability to use the health safeguards in TRIPS and have mandated higher levels of IP protection. These provisions block or delay the onset of generic competition, keeping medicine prices high. Higher treatment costs are devastating to poor people, and they undermine the sustainability of public health programs—particularly in low- and middle-income countries, where public finance for health care is limited and most patients pay for medicines out of pocket. The agreement reached between Congressional leadership and the Bush administration on May 10, 2007, broke this trend of imposing increasingly stricter IP protections in trade agreements by scaling back so-called TRIPS-plus rules in the FTAs with Peru, Panama, and Colombia. This agreement was very significant—not only did it confirm the importance of the Doha Declaration on the TRIPS Agreement and Public Health, but it also recognized that higher levels of IP protection can in fact run counter to public health interests and US trade and development goals. Under this agreement, which has become known as the May 10 Agreement, three key TRIPS-plus provisions that Oxfam believes have been most harmful in delaying generic competition were rolled back: namely, patent linkage and patent-term extensions were made voluntary, and important flexibilities were included in the data exclusivity (DE) provisions to speed up the introduction of generic medicines. Patent linkage prohibits a country’s drug regulatory authority from approving a medicine if there is any patent—even a frivolous one—in effect. It requires regulatory officials to police patents in addition to their core work of evaluating the safety and efficacy of medicines. Patent extension provisions allow companies to seek extensions of the 20-year patent term to compensate for administrative delays by patent offices and drug regulatory authorities. (Such delays are inevitable in developing countries, where these offices are chronically underfunded and are facing increasing numbers of patent applications.) [Data exclusivity](https://policy-practice.oxfamamerica.org/work/trade/data-exclusivity) creates a monopoly that is separate from patents by prohibiting a country’s drug regulatory authority from approving a generic medicine based on the clinical trial data provided by the originator company. Although the May 10 Agreement did not eliminate all TRIPS-plus rules, Oxfam considered it to be a step in the right direction—after a long time going the wrong way. It reflected a meaningful effort to ensure that US trade policy more appropriately balances IP protection with public health considerations in developing countries. Oxfam fully expected this new approach in US trade policy to continue. But the Office of the US Trade Representative (USTR) effectively abandoned the May 10 Agreement in TPP negotiations and added new provisions that would further constrain generic competition—for example, by expanding the scope of what can receive monopoly protection—and Oxfam’s concerns with the USTR TPP proposal relate not only to the IP chapter, but also to a proposed chapter on “transparency” in pharmaceutical reimbursement, which would hinder government efforts to control the cost of reimbursing medicines through public health care programs. The reality is that fragile gains in health in developing country TPP partners are at risk from the USTR proposal. For example, Peru is a low- to middle-income country with high levels of poverty and inequality and with a high burden of chronic and noncommunicable diseases that require medicines over the long term. Prices for patented medicines to treat cancer, for example, are unaffordable for households and have exhausted most of the government’s resources available to pay for treatments under the public health system. A 2010 study by a Peruvian government entity (the Director General of Medicines, Supply and Drugs, or DIGEMID) revealed this stark reality: the monthly cost of one key patented medicine needed to treat head and neck cancer is equivalent to 880 times the daily minimum wage in Peru, an amount that would take a worker more than two years to earn, without a single day off. The TPP would not only undermine the efforts of other countries to protect public health, but would also undermine US efforts to improve access to health care around the world. Thanks to the cost savings from use of generics, PEPFAR (the President’s Emergency Plan for AIDS Relief) has successfully initiated treatment for more than three million people worldwide, and saved $380 million in 2010 alone. In Vietnam, where more than half the population lives in poverty, 97 percent of antiretroviral medicines purchased under PEPFAR ($323 million in 2004–2009) are generics. If Vietnam had to adopt what USTR is proposing in the TPP trade agreement, it would undermine the sustainability of HIV and AIDS treatment under PEPFAR, and also undermine broader efforts by the Vietnamese government to ensure access to affordable medicines. Not surprisingly, the USTR IP proposal has generated stiff resistance from TPP negotiating partners. It’s been hard to sell greater monopoly rights and less competition as facilitating access to medicines. What’s more, the USTR proposal will not enhance pharmaceutical innovation. It’s important to challenge the argument that stricter IP rules and high prices are essential to promote innovation. This logic is flawed in rich countries and simply does not apply in most developing countries. Additional IP protection in developing countries does not alter the calculus that multinational pharmaceutical companies employ when deciding where to invest limited R&D resources. Even accounting for recent economic growth, developing countries still only represent in total about 1 percent of global pharmaceutical demand. Stricter patent rules in a few countries may generate greater profits for drug companies, but won’t lead to additional innovation that would meet the public health needs of those countries. And such rules could undermine patients’ access to new treatments. In order to generate greater innovation, changes need to be made within the pharmaceutical industry itself. This is not something that a trade agreement can achieve. The problem of access to affordable medicines cannot be solved through trade agreements, but it can be exacerbated. That will be the outcome if USTR succeeds in its insistence that TPP partners institute far-reaching IP rules that upset the important balance between access and innovation, thereby rewarding multinational companies with excessive monopolies at the expense of the public interest.

#### **The Role of the Ballot is to prioritize the most ethical approach to debate, which necessitates exposing and challenging Eurocentrism**

De Lissovoy 10 [Noah, Assistant Professor of Cultural Studies in Education at the University of Texas–Austin, “Decolonial pedagogy and the ethics of the global”, Discourse: Studies in the Cultural Politics of Education Vol. 31 No. 3, July 2010, http://uv7gq6an4y.search.serialssolutions.com/?ctx\_ver=Z39.88-2004&ctx\_enc=info%3Aofi%2Fenc%3AUTF-8&rfr\_id=info%3Asid%2Fsummon.serialssolutions.com&rft\_val\_fmt=info%3Aofi%2Ffmt%3Akev%3Amtx%3Ajournal&rft.genre=article&rft.atitle=Decolonial+pedagogy+and+the+ethics+of+the+global&rft.jtitle=DISCOURSE-STUDIES+IN+THE+CULTURAL+POLITICS+OF+EDUCATION&rft.au=De+Lissovoy%2C+N&rft.date=2010&rft.pub=ROUTLEDGE+JOURNALS%2C+TAYLOR+%26+FRANCIS+LTD&rft.issn=0159-6306&rft.eissn=1469-3739&rft.volume=31&rft.issue=3&rft.spage=279&rft.epage=293&rft\_id=info:doi/10.1080%2F01596301003786886&rft.externalDBID=n%2Fa&rft.externalDocID=000286821300001&paramdict=en-US]JH

Although education has historically claimed an ethical mission, and has attempted to articulate senses of pedagogical community that respond to social needs and dilemmas, posing the question of ethics in the context of globality implies a basic challenge to actually existing forms of teaching and learning. In the first place, the senses of community and collaboration that are predominant in educational rhetoric and methods conceal a consistent commitment to the individual. At a deeper level, dominant and progressive approaches to education are generally unreflective about the cultural and epistemological determination of their own basic senses of what counts as authentic, democratic, and ethical teaching and learning. An ethical approach to education in the present, if it is to discover the complexly shared history described above, has to first expose and challenge the historical and contemporary fact of Eurocentrism in social life, as well as in the processes of curriculum and instruction themselves. My argument here responds to the call in recent education research for an attention to the scale of the global, and for a complex understanding of globality. Thus, Lingard (2006) argues that education scholarship needs to be deparochialized beyond the boundaries of the nation-state, and that this new focus needs to be sensitive to the complexities of globalization as a space of ongoing neocolonial relationships and cultural hybridization. Indeed, the disciplinary origin of much of the field of globalization studies in sociology and political science has meant that considerations of culture and globality have taken place under other headings 􏰀 in particular, anthropology and postcolonial studies (e.g. Appadurai, 1996; Said, 1993). Educational research has been influenced by this disciplinary division. By contrast, I believe that educational researchers concerned with globalization should crucially attend to culture 􏰀 not as separate from politics or economics, but as deeply interwoven with these spheres. In addition to challenging the economistic idiom of much globalization discourse, such a comprehensive attention can on the other hand have the salutary effect, as Rizvi, Lingard, and Lavia (2006) argue, of making postcolonial theory itself more critical, inasmuch as it is articulated to a considera- tion of the ongoing material legacies of imperialism. My foregrounding here of the notion of the decolonial is an effort in this direction. In contrast to the postcolonial, the decolonial emphasizes the ongoing process of resistance to colonialism, while also connoting a wider field of application 􏰀 one which extends from material projects that challenge the hegemony of capital to philosophical projects aimed at reconstructing fundamental understandings of ethics and ontology. Capital itself, as Hall (1997) argues, is after all not only a crude homogenizing force, but also a complex dialectic that knows how to work with and through cultural difference as it constructs the cosmopolitan consumerist spaces of the ‘global postmodern’. Critical education, in this context, should recognize cultural and philosophical questions about globalization as at once questions about power, domination, and liberation (Smith, 1999), and should imagine pedagogies informed by an understanding of the deep collaboration between capitalism and imperialism.

#### The 1AC embraces an anti-colonial pedagogy from which we can imagine global ethics born out of the imperial experience.

De Lissovoy 10 [Noah, Assistant Professor of Cultural Studies in Education at the University of Texas–Austin, “Decolonial pedagogy and the ethics of the global”, Discourse: Studies in the Cultural Politics of Education Vol. 31 No. 3, July 2010, http://uv7gq6an4y.search.serialssolutions.com/?ctx\_ver=Z39.88-2004&ctx\_enc=info%3Aofi%2Fenc%3AUTF-8&rfr\_id=info%3Asid%2Fsummon.serialssolutions.com&rft\_val\_fmt=info%3Aofi%2Ffmt%3Akev%3Amtx%3Ajournal&rft.genre=article&rft.atitle=Decolonial+pedagogy+and+the+ethics+of+the+global&rft.jtitle=DISCOURSE-STUDIES+IN+THE+CULTURAL+POLITICS+OF+EDUCATION&rft.au=De+Lissovoy%2C+N&rft.date=2010&rft.pub=ROUTLEDGE+JOURNALS%2C+TAYLOR+%26+FRANCIS+LTD&rft.issn=0159-6306&rft.eissn=1469-3739&rft.volume=31&rft.issue=3&rft.spage=279&rft.epage=293&rft\_id=info:doi/10.1080%2F01596301003786886&rft.externalDBID=n%2Fa&rft.externalDocID=000286821300001&paramdict=en-US]JH

A decolonial perspective on ethics poses the question of the vantage point from which a global community is imagined. As Mignolo (2005) describes, a vision of this community that emerges from within the experience of the ‘colonial wound’ (p. 106) will look very different from one that emerges from the vantage point of empire. Against Eurocentric images of a consolidated sociality that binds diverse commu- nities to shared and absolute principles 􏰀 for example, private property, tolerance, or individual rights 􏰀 a global ethics borne out of the colonial experience starts from the principle of coexistence, in which the radical differences between hegemonic and indigenous standpoints are not suppressed. A decolonial perspective on ethics radicalizes the cosmopolitan and multiculturalist consideration of difference; rather than a simple contingency to be acknowledged and respected, difference is understood as bound to histories of resistance and survival. Therefore, a global ethics and education founded on the principle of coexistence can never surrender the sovereign right of cultures to their own political, cultural, and epistemological autonomy (Deloria, 1999; Grande, 2000). This is especially important in the context of a contemporary globalization that intensifies the appropriation of indigenous lands, resources, knowledge and cultures within a colonial dynamic that coincides with and extends transnational processes of capital accumulation (LaDuke, 2005). A decolonial conceptualization of ethics in the global context offers more than an alternative to Eurocentric ones; importantly, it exposes the several dimensions of a constitutive contradiction and hypocrisy in the Western traditions of political and ethical philosophy, and in the concrete projects of democracy-building that have been informed by them. In the first place, the enlightenment humanism of Europe developed together with a systematic refusal of the humanity of the ‘periphery’; the universalism it proclaimed was distorted and attenuated at the very moment of its enunciation: Discourse: Studies in the Cultural Politics of Education 283 Leave this Europe where they are never done talking of Man, yet murder men everywhere they find them, at the corner of every one of their own streets, in all the corners of the globe. (Fanon, 1963, p. 311) In a second moment, and in the context of a disavowal of colonialist violence, the totalizing conceptions of European philosophy and the finality and authoritativeness of its abstract assertions of the very truth of Being worked to repeat the disappearance of the other 􏰀 this time at the level of philosophy itself 􏰀 that the violent campaigns of imperialism and the ‘civilizing mission’ of the church undertook concretely against actual bodies and minds. While this epistemological violation cloaked itself discursively in the soaring periods and spectacular subver- sions of the bourgeois philosophical tradition, in the colonies themselves it produced the calculations and rationalizations of genocide and cultural annihilation. Maldonado-Torres (2008) calls this a ‘master morality’ premised on an absolute refusal to engage the colonized person as ethical being; for Mills (1997), this is the discursive norming of non-white bodies as sub-human. This systematic blindness to the actual violence of conquest, and to the fact of philosophy’s historical complicity in the projects of material, epistemological, and spiritual subjugation, results in a crucial gap or failure in the dominant discourses of ethics and politics, even as they congeal into the hegemonic common senses of everyday life. Unable to confront and comprehend the fact of domination, whiteness and Eurocentrism nevertheless continue to assert themselves as the origin of authentic moral experience and understanding (e.g. in the detached ratiocination of contemporary analytic philosophy, or in the discourse of resentment undergirding the moral pedagogy of the culture industry). Confronting Eurocentrism and colonialism in history, culture, and knowledge does not mean rejecting the idea of a common ethical project at the level of the global, or even the notion of humanism itself. Precisely against the reificatory and positivistic logic of European knowledge traditions, Deloria (1999) argues for a knowledge based on a recognition of relationships and interconnectedness. Fanon (1963) imagines a new and different humanism, against the violent project that has generally claimed that mantle. And Mohanty (2003) seeks to articulate a politics of solidarity that forges bonds across differences in a struggle against patriarchy, colonialism and capitalism. Of course, any effort in this direction has to acknowledge the difficult conundrum represented by the fact that notions of unity, commonality, and to some extent even solidarity have been infected by the assimilative impulse of Eurocentrism, and that any truly global ethics will have to break with the epistemologically predatory determinations of this tradition. On the other hand, to reject a global ethical project altogether, and to insist on resting in the moment of simple difference, is only to recoil into the obverse of a colonial universalism; a purely deconstructive project cannot offer an alternative to concrete forms of hegemony. A global ethical and decolonial politics and knowledge ought to be centered outside of Western traditions while nevertheless reaching out to commu- nicate with and include them. After all, the hallmark of imperialism and colonialism are their partitions and divisions of the world; this conceptual and cultural partitioning ought to be challenged from the standpoint of a global common, without covertly reinscribing the epistemological centrality of Eurocentric reason. Such a global standpoint cannot erase its particular nodes and moments in the process of constructing a singular vision, but should always be the provisional product of dialogue and collaboration between differences. In fact, it is increasingly clear that even from within these historical and cultural differences, we are profoundly imbricated in each other 􏰀 not merely in the high- cultural domains of literature and art that postcolonial theory has emphasized (Bhabha, 1994; Said, 1993) 􏰀 but also at the level of everyday life and experience. The networks that characterize transnationalism expose an essential kindredness of persons and populations to each other, which in being constructed (through processes of global communication, political movements, and immigration, for example) turns out in fact to have always already been there. This kindredness can no longer even be restricted to human beings 􏰀 the natural facts of ecological catastrophe and dwindling biodiversity now assert themselves as ethical crises internal to the global community. A recognition of this basic entanglement does not mean overwhelming difference in a renewed gesture of universalism, but rather means imagining an ethical, political, and spiritual foundation for a genuine opening to the other. Such an opening is not made possible by an abstract imperative to ‘egalitarian reciprocity’ (Benhabib, 2002, p. 19); instead, it depends on a radical receptivity of being, a receptivity which is at the same time a commitment against violence. Building a global ethical community depends on our recognition of the natural and constructed family that the planet is, and it means defending that family and ‘planetary paradigm’ (Dussel, 1998, p. 4) against the dominative logics and processes that injure it.