# Duke R5 1AC

## Harms

#### A] Inequitable access to Covid vaccines is vaccine apartheid - this entrenches colonialism. Paremoer ‘21:

(Lauren Paremoer, “A Pandemic of Vaccine and Technology Hoarding: Unmasking Global Inequality and Hypocrisy,” 7/12/21, <https://www.thecairoreview.com/essays/a-pandemic-of-vaccine-and-technology-hoarding-unmasking-global-inequality-and-hypocrisy>)

It is July in the second year of the Coronavirus, and suddenly Africa feels like Europe and the United States in the first months of the pandemic. Reports of infections burning through populations—and hospitals nearly buckling under pressure—are making news headlines from Johannesburg, Lusaka, and Kinshasa sound like they are being beamed in from Lombardy, New York, and London circa April and May 2020. The intensity of transmission that African states tried to avoid through early and somewhat regular lockdowns in 2020 has finally arrived. The irony, of course, is that this was avoidable—vaccines are available and with them COVID-19 deaths have also become avoidable. In the global North, the narrative is that the impossible has been done—vaccines for COVID-19 have been developed in under a year through massive public investment in research and development (R&D), and almost half of the populations of the United States and United Kingdom have been vaccinated. And then, too, for much of the rest of the world, the narrative is that the impossible cannot be done. While the coronavirus has billions in India, Brazil and Peru gasping for breath, the dominant narrative remains that it is too complicated and too cumbersome to transfer newly developed COVID-19 technologies to the south. The [EU has argued](https://www.hrw.org/news/2021/06/03/seven-reasons-eu-wrong-oppose-trips-waiver), for example, that dose-sharing is a more efficient response to the COVID-19 pandemic in the global South than a proposed COVID-19 [TRIPS waiver](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01151-X/fulltext) tabled by India and South Africa at the World Trade Organization (WTO) in October 2020, which aims at building local manufacturing capabilities. The waiver would exempt global South countries from intellectual property (IP) rights which have been protected since the introduction of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement in 1995. On this basis, many countries in the global North have stringently opposed the TRIPS waiver, though some within this block have shifted their position in recent months as evidenced by the newly announced [mRNA technology transfer](https://www.france24.com/en/africa/20210622-who-to-establish-first-vaccine-tech-transfer-hub-in-south-africa) hub France will be launching in South Africa to locally manufacture vaccines. It remains that a more equitable distribution of existing doses is a necessary step in addressing the pandemic of vaccine hoarding that has exploded since effective vaccines have been authorized for use. But it should not be used as legitimate grounds for blocking vital technology transfers that could help secure what Cameroonian philosopher Achille Mbembe has described as “[the universal right to breathe](https://terremoto.mx/en/revista/the-universal-right-to-breathe/)”. One wonders, given the speed with which mRNA technologies were developed, whether the issue is one of complexity. Perhaps a more accurate word would be sacrilege? This sentiment is captured by the words of Pfizer CEO Albert Bourla, who described C-TAP, the COVID-19 patent pooling mechanism, as [“dangerous” and “nonsense”](https://newrepublic.com/article/162000/bill-gates-impeded-global-access-covid-vaccines) —presumably in light of the fact that it would disrupt the sacred status attributed to intellectual property rights by the 1995 TRIPS agreement. Here, it is vital to state that this status is misplaced in the context of the pandemic. As the UN’s Committee on Economic, Social and Cultural Rights (CESCR) has correctly [pointed out](https://www.ohchr.org/Documents/HRBodies/CESCR/E_C_12_2020_2_AUV.docx), “intellectual property is not a human right, but a social product, having a social function”. This means that member states of the International Covenant on Economic, Social and Cultural Rights (ICESCR), who have a duty to interpret TRIPS in a manner that protects public health, should consider supporting the TRIPS waiver. These states have a legal obligation to ensure that multinational corporations domiciled in their territories do not violate the rights protected by the covenant abroad. In the time since the pandemic first hit, we have lost many lives—and have gained more infectious viral variants—while debating the “impossibilities” of technology transfer. Vaccine Apartheid Two words have been become commonplace in our conversations about the management of the COVID-19 pandemic: apartheid and solidarity. The second seems to offer hope; the first, despair. Apartheid is of course frequently used to describe the unequal distribution of access to vaccines globally. Vaccine apartheid is a now-familiar shorthand used to highlight that as of June 23, 2021 more than 2 billion COVID-19 vaccine doses had been distributed globally, with the lion’s share of [85 percent](https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html) administered in high-income countries (HICs) and by contrast [only 0.3% administered in low- and middle-income countries (LMICs)](https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html). Vaccine apartheid is a predictable consequence of the unequal power relations between states, particularly LMICs and pharmaceutical corporations, that was brought into being with the TRIPS regimen. This imbalance in power relations was highlighted in the work of Susan K Sell, a Professor of Political Science and International Affairs at George Washington University, who has written extensively on intellectual property and international development. In the [early 2000s](https://core.ac.uk/download/pdf/144224428.pdf), she vividly illustrated the importance of the human rights obligations of global pharmaceutical companies to allow the sick access to antiretroviral medications. Mirroring the racial apartheid of the South African regime prior to 1994, access to COVID-19 vaccines has been extremely limited in those parts of the world that historian Vijay Prashad has referred to as the “darker nations”—those African and Asian countries which newly liberated themselves from colonialism and declared their vision for remaking the world anew at the Bandung Conference of 1955. This vision of Third World internationalism shared at Bandung centered on economic cooperation aimed at securing human welfare, anti-racism, and political solidarity. The interdependent nature of these important principles was echoed in two other declarations that anchored the Third World political project: 1974’s [the Declaration on a New International Economic Order](http://www.un-documents.net/s6r3201.htm) (NEIO) and the [Alma Ata Declaration (1978)](https://www.who.int/publications/almaata_declaration_en.pdf). The close connections drawn between racial domination, technological progress and political independence are particularly striking in the NIEO, which was adopted at the Sixth Special Session of the UN General Assembly on May 1, 1974. The preamble of the NIEO declares that the international community wishes to “work urgently” to “make it possible to eliminate the widening gap between the developed and the developing countries and ensure steadily accelerating economic and social development and peace and justice for present and future generations”. Its opening paragraph frames technological progress as something that can ensure the welfare of “the community of free peoples”, but that this potential is undermined in the context of “the remaining vestiges of alien and colonial domination, foreign occupation, racial discrimination, apartheid and neo-colonialism in all its forms” perpetuated by a “system which was established at a time when most of the developing countries did not even exist as independent States and which perpetuates inequality”. The solution to this, the Declaration argues, is not simply more aid and greater technology transfer, but a fundamental restructuring of political power within global governance structures. It calls for “active, full and equal participation of the developing countries in the formulation and application of all decisions that concern the international community”. Like the NIEO, 1978’s Alma Ata Declaration explicitly argues that the value of technological progress and the global economy lies, first and foremost, in the ability to promote human welfare. Furthermore, it argues that promoting human welfare is unlikely to occur unless both technological progress and the global economy are subject to political oversight, and in particular, democratic decision-making procedures at the global governance level that include meaningful participation by the global South. Focusing on the right to health in particular, the Alma Ata Declaration emphatically maintains that “The people have the right and duty to participate individually and collectively in the planning and implementation of their health care”. These formulations are striking in their efforts to frame solidarity as a multi-dimensional and relational process that [transforms everyone involved in it](https://www.bloomsbury.com/uk/solidarity-9781848135956/). Former President of Mozambique [Samora Machel](https://www.marxists.org/subject/africa/machel/1973/solidarity.htm) said solidarity is “not an act of charity, but mutual aid between forces fighting for the same objective” and involves both “political tasks and material support”. His words are striking because in the context of vaccine apartheid, solidarity is more often framed as an act of giving by those who have to those who don’t, rather than a process. The [ailing COVID-19 vaccines Global access (COVAX)](https://www.reuters.com/business/healthcare-pharmaceuticals/exclusive-let-down-by-rich-failing-poor-global-vaccine-scheme-be-shaken-up-2021-06-23/) initiative is perhaps the most striking example of this approach to overcoming vaccine apartheid. It is explicitly described as a “[global solidarity initiative](https://news.un.org/en/story/2021/04/1089392)” and prioritizes providing material support to LMICs by subsidizing the price of vaccines for eligible countries and attempting to pool procurement. This objective has been [undermined](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01367-2/fulltext) by the rapacious behavior of countries in the global North that have bypassed COVAX by using bilateral deals to purchase excessive amounts of vaccines in proportion to their population size—effectively monopolizing access to the already-limited global supply of vaccines.This focus on material aid to countries that have been priced out of the market for vaccines effectively reduced COVAX to a charity mechanism. Moreover, the marginal role of the World Health Organization (WHO)—and its member states—in its decision-making structures ignores the “political tasks” that are necessary to enact solidarity. COVAX does not aim to dismantle the IP thickets that impede access to vaccines, and which have contributed to an official global death toll that has currently surpassed 4 million people. It certainly does not aim to dismantle the injustice created by the [unequal control of money, power and resources](https://www.bmj.com/content/372/bmj.n129) that has intensified since the 1990s, and that reflects a longstanding [extractivist orientation established in the colonial period](https://www.bmj.com/content/372/bmj.n73.full), These have led to COVID-19 disproportionately damaging the livelihoods and taking the lives of racial and ethnic minorities, women, migrants, indigenous peoples, and the poor. As the extracts from the declarations above show, a commitment to this political work was encoded in the forms of internationalism that led to, and were endorsed in the Bandung Declaration, NIEO, and the Alma Ata Declaration.

#### B] The global South suffers the harms of inequitable vaccine access as Western corporations use IP protections as a means of furthering their colonialist project. Mookim ‘21:

(Mohit Mookim, Wired, “The World Loses Under Bill Gates’ Vaccine Colonialism”, 5/19/21, https://www.wired.com/story/opinion-the-world-loses-under-bill-gates-vaccine-colonialism/)

AFTER WEEKS OF immense pressure, the Biden administration [came out in support](https://www.reuters.com/business/healthcare-pharmaceuticals/biden-says-plans-back-wto-waiver-vaccines-2021-05-05/) of waiving intellectual property rights to coronavirus vaccines. Shortly after the Biden announcement earlier this month, the Bill and Melinda Gates Foundation also [reversed course](https://www.devex.com/news/gates-foundation-reverses-course-on-covid-19-vaccine-patents-99810) and endorsed the patent waiver. But Bill Gates himself, subject to revived scrutiny around [sexual misconduct](https://www.nytimes.com/2021/05/16/business/bill-melinda-gates-divorce-epstein.html) and perhaps the most powerful person in global health, hasn’t budged. While United States residents are being quickly vaccinated and may see an end to the pandemic in sight, most countries in the world will likely have to [wait years](https://www.theguardian.com/society/2021/jan/27/most-poor-nations-will-take-until-2024-to-achieve-mass-covid-19-immunisation) for many of their vaccine doses, in a situation being described as “[vaccine apartheid](https://www.theguardian.com/world/2021/mar/30/coronavirus-vaccine-distribution-global-disparity).” Almost H[alf of all vaccine shots](https://www.washingtonpost.com/world/interactive/2021/coronavirus-vaccine-inequality-global/) have been administered in just 16 rich countries, and India is weathering a [horrific coronavirus crisis](https://www.theguardian.com/news/2021/apr/28/crime-against-humanity-arundhati-roy-india-covid-catastrophe). This could have been avoided. Early last year, Countries in the Global South compelled the World Health Organization to unveil a technology sharing pool, C-TAP, that would have removed intellectual property barriers for accessing Covid-19 treatments and vaccines. Global health czar Bill Gates had other thoughts. Maintaining his steadfast commitment to intellectual property rights, Gates pushed for a plan that would permit companies to hold exclusive rights to lifesaving medicines, no matter how much they benefited from public funding. Given the enormous influence Gates has in the global public health world, his vision ultimately won out in the Covax program—which enshrines monopoly patent rights and relies on the charitable whims of rich countries and pharmaceutical giants to provide vaccines to most of the world. A chorus of support from pharmaceutical companies and the Trump administration didn’t hurt. Should we be surprised that a monopolist-turned-philanthropist maintains his commitment to monopoly patent rights as a philanthropist too? In 2001, Gates emerged from an antitrust saga determined to vindicate his reputation. The federal government’s case against Microsoft was novel in that it targeted what was at the time a new type of monopolistic practice: “intellectual property antitrust.” In Microsoft’s case, this looked like the manipulation of its software in anticompetitive ways, and it painted Gates as a ruthless monopolist. (Microsoft ended up settling with the government.) Gates chose to launder his reputation by tried and true philanthropic giving. But as he pivoted to global health, his faith in exclusive IP rights remained unchanged. If they helped him build a global software empire, apparently they should help him save lives in the Global South too—despite evidence from the AIDS and polio epidemics to the contrary. Gates’ first foray began unexpectedly in 1999, on the heels of a failed Western crackdown on South Africa after it flouted AIDS medicine patents due to outrageous drug prices and a debilitating HIV outbreak. Ultimately, a global activist movement succeeded in pressuring the US government and large pharmaceutical interests to back down—despite the fact that the Gates Foundation was concurrently handing out pamphlets at the WHO touting the benefits of monopoly patent rights and investing in approaches to the AIDS crisis that would preserve companies’ property rights in the future. Throughout the last two decades, Gates has repeatedly advocated for public health policies that bolster companies’ ability to exclude others from producing lifesaving drugs, including allowing the Gates Foundation itself to acquire substantial intellectual property. This continues through the Covid-19 pandemic. On top of steering the global health community towards Covax rather than patent-free technology sharing, last year Gates bragged about convincing Oxford University not to open-license its vaccine. Gates leveraged his $750 million donation to the university for vaccine research—even though its vaccine was developed in a publicly funded lab. Eventually, Oxford sold the sole right of production to AstraZeneca, with no guarantee of low prices and an extraordinary opportunity for profit. Last October, recognizing that monopoly vaccine patents would be the norm and countries would have to compete against each other to purchase doses, a coalition of countries led by India and South Africa [brought a patent waiver proposal](https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/IP/C/W669.pdf&Open=True) to the World Trade Organization’s TRIPS (Trade Related Aspects of Intellectual Property Rights) council. As recently as a couple weeks ago, Bill Gates has [continued to speak out](https://observer.com/2021/04/bill-gates-oppose-lifting-covid-vaccine-patent-interview/) against this proposal. Gates’ argument about the TRIPS waiver—and the one being [vociferously lobbied](https://truthout.org/articles/pharma-breaks-lobbying-record-defending-high-drug-prices-and-vaccine-patents/?eType=EmailBlastContent&eId=c9910db5-40b4-4273-9e2f-2b01776b9776) by pharmaceutical companies—is that waiving patent rights would not help poor countries scale up manufacturing and would instead eliminate incentives for future research. South Africa has [strongly rebutted](https://www.keionline.org/35453) concerns about manufacturing capacity, and it is undeniable that waiving patent rights could only increase vaccination rates worldwide. Although this alone wouldn’t give poorer countries the instructions to make that vaccine, that is exactly why Biden must support a crucial aspect of the TRIPS proposal—mandating [technology transfer](https://science.sciencemag.org/content/early/2020/08/12/science.abc9588?versioned=true) for how to produce the vaccine. Moreover, vaccine companies have profited more than enough from their investments. Pfizer spent $3 billion in vaccine research but stands to make [$26 billion in vaccine sales](https://www.reuters.com/business/healthcare-pharmaceuticals/pfizer-lifts-annual-sales-forecast-covid-19-vaccine-2021-05-04/) in 2021. As economist Jayati Ghosh explained, [massive government subsidies](https://www.theindiaforum.in/article/political-economy-covid-19-vaccines), including $12 billion from the US alone, seemed to almost entirely cover the cost of vaccine research. It is no secret that Moderna’s vaccine was basically entirely funded by the US government. It should come as no surprise that a monopolist billionaire-philanthropist is committed to the [reinforce the] monopolistic status quo—Rob Reich and I had Bill Gates in mind when we wrote about the [risks of relying on elite philanthropists](https://www.wired.com/story/opinion-the-dangers-of-relying-on-philanthropists-during-pandemics/) to make decisions crucial to our health and democracy early in the pandemic. Prior to the Biden administration’s reversal, there was mounting criticism of Bill Gates’ role in the West’s vaccine hoarding. In the wake of the political reversal and news of Gates’ big-dollar divorce, that critical eye has seemed to move on. Yet full tech transfer hasn’t happened, TRIPS negotiations are [extremely slow](https://www.reuters.com/world/china/vaccine-ip-waiver-could-take-months-wto-negotiate-experts-2021-05-06/), and we can only assume that we will have this same dilemma in the next public health crises (or for that matter, in Bill Gates’ other main philanthropic area of interest, [climate change](https://twitter.com/jmijincha/status/1387989197273796614)). Going forward, How do we reckon with the global consequences of elite philanthropy when they have an [This has an] i[mperialist](http://unevenearth.org/2020/04/to-organize-in-times-of-crisis-we-need-to-connect-the-dots-of-global-resistance-against-imperialism/) flavor? Given the long history of the West’s extraction of wealth and resources from other countries, it should also not surprise us that those Western countries want to hoard scientific innovations that they have the wealth and stability to produce (often drawing on talent from the Global South). The question is not whether people in rich, Western countries will be prioritized over people in the Global South. Rather, it’s whether large Western corporations will benefit to the detriment of people [in the global South] everywhere—indeed, everyone loses if restrictive patents and [vaccine nationalism](https://www.aljazeera.com/features/2021/2/7/what-is-vaccine-nationalism-and-why-is-it-so-harmful) allow new strains to continue to extend the pandemic and its human toll. Again: Not even most Westerners are better off when corporate elites like Bill Gates and the pharmaceutical lobby seem consistently to call the shots. A patent-free [People’s Vaccine](https://peoplesvaccine.org/) that all countries do their part to aggressively distribute is the best way out.

#### C] There’s an invisible war between the global North and global South as IP protections are a mechanism used to further colonial indifference towards the suffering of those outside of our Eurocentric circle. Wallace-Wells ‘21:

(David Wallace-Wells, “The Invisible Dead of Covid Colonialism”, 6/7/21, NY MAG, https://nymag.com/intelligencer/2021/06/invisible-dead-covid-19-colonialism.html)

On the first day of June, Peru formally updated its COVID-19 death toll, nearly tripling a previous estimate and making the country not just the place in the world with the longest and strictest lockdown but also the one with the most lethal pandemic: 180,000 dead in a population of about 33 million. This is the equivalent of almost 2 million American deaths, and it has happened despite Peru’s closed borders, the shuttering of all nonessential businesses, and lockdowns enforced by the military in which citizens were allowed out of their homes only on alternating days of the week. Mask-wearing and driving without permission were policed, too. On Sundays last spring, no one was allowed out at all. A year later, the government abruptly added more than 100,000 names to a future coronavirus memorial. Invisible deaths have been a morally disorienting feature of the pandemic from its beginning. In Peru, the dramatic revision was the result of incorporating estimates of “excess mortality” — fatalities beyond the expected level in a normal year. Excess deaths are not uniformly the result of COVID infection, and skeptics have argued they reflect the brutality of lockdowns more than the disease itself, but in several countries where they have been studied closely, it has been estimated that three-quarters or more were undiagnosed COVID cases. Data collection has been a bigger problem in poorer parts of the world than in richer ones, in general, but even in the U.S., where most experts agree that, after the initial spring surge, testing has been relatively robust, we may be undercounting coronavirus deaths by 100,000 or more. One recent estimate suggested we are missing as many as 300,000 American deaths.If you are quickly doing that math in your head, what is the baseline you are adding to? [The correct answer is 600,000](https://nymag.com/intelligencer/2021/06/u-s-surpasses-600-000-covid-deaths.html), but the official figures long ago grew numbing for even the most informed. Some of those who could afford to follow the pandemic from their homes and their phones found their way to believing the disease was only as bad as the flu; others were so preoccupied by the failures of pandemic leadership they couldn’t see beyond the country’s borders to the experiences of nations elsewhere, many of them just as bad or worse. In India, the true death toll of the recent wave was almost certainly at least twice the official count, a recent New York [*Times*](https://www.nytimes.com/2021/04/24/world/asia/india-coronavirus-deaths.html) investigation found, and possibly five times as high — enough to bring the country, once considered a pandemic success story, into line with the devastating level of Europe. There was some chance, the *Times* suggested, that the true Indian figure was ten times as high. Globally, the [*Economist*](https://www.economist.com/briefing/2021/05/15/there-have-been-7m-13m-excess-deaths-worldwide-during-the-pandemic) recently calculated, the true total is likely between 7 million and 13 million dead — at least twice as bad as official figures and possibly as much as four times worse. Whatever your mental model of the lethality of the pandemic, you can probably safely double it and still find yourself underestimating by half. Revisions of this kind suggest that the full scale of the brutality will soon come into view, as our statistics accommodate deaths once unseen or unacknowledged. But for Americans now breathing sighs of relief, celebrating their own vaccinations and watching national trajectories decline, the opposite is just as likely: They will turn more and more away from a pandemic that is now concentrated abroad, [We are] treating deaths in the global south as invisible. This is both understandable and grotesque, especially because, as Zeynep Tufekci has recently suggested, the deadliest phase of the pandemic may still lie ahead of us, and “it’s now entirely possible that most COVID deaths could occur after there are enough vaccines to protect those most at risk globally.” Tufekci’s essay was published in the [*Times*](https://www.nytimes.com/2021/05/28/opinion/covid-vaccine-variants.html) the same week the newspaper discontinued the print section it had devoted to international coverage of the virus since April 2020. The following Wednesday, Brazil had its second-highest day of reported cases of the entire pandemic. On June 3, the World Health Organization warned of a third wave across Africa, where test positivity was rising in at least 14 countries, and where only 31 million, in a total population of 1.3 billion, had received even a single vaccine dose. Alarm about the Indian surge has subsided here without being replaced by concern about COVID spread elsewhere in the subcontinent. Over the past month, the infection rate in Nepal has been higher than in India; in the Maldives, it was often ten times as high. For much of the past year, the crisis was concentrated in the world’s richest places, a sort of pandemic reversal of fortune that gave those privileged to live in “advanced economies” the unusual experience of social distress they imagined only occurred in developing parts of the world. Indeed, a widespread sense of superiority to pandemic disease was partly what produced, across the West, a fatal complacency last spring. But while it was possible then, in the depths of our own COVID struggle, To believe that the suffering of the global north might yield some sense of common humanity and vulnerability with the rest of the planet, the arrival of vaccines has tightened our circle of empathy. The pandemic may well be “over,” or close to it, from the perspective of those vaccinated in the U.S. or the U.K. But entirely turning the page on the past year amounts to a return to that unfortunate status quo ante, [This is] defined by an acceptance of even an intensified global health inequality. This is the coronavirus’s colonial period, in which the world’s thriving rich regard the dying of its poor with a smug indifference, when they even bother to contemplate it. Perhaps they even take a perverse kind of comfort from it. *Thank God we’re not India*, plenty of Americans found themselves muttering last month, many of them, armed with vaccine passports, planning summer trips abroad to countries where the timelines to community protection can stretch into 2023. *Thank God for the vaccines.* That we *were* India, not that long ago, and would be still, or worse, were it not for those vaccines, seemed to produce something less like national humility than a restored, entitled pride. On June 3, following months of pleading by progressive advocates, Joe Biden announced that the [U.S. would donate 25 million “spare” vaccines](https://nymag.com/intelligencer/2021/06/the-u-s-will-begin-vaccinating-the-rest-of-the-world.html) to countries in need, promising another 55 million to follow. There are more than a billion unvaccinated Indians. Globally, about 5 billion adults are yet to be vaccinated. Last month, the administration endorsed a WTO plan to waive Intellectual-property rights on vaccines to more easily allow production in countries in need — but a month later, that plan is still being debated, indeed contested, by the E.U., and of course the legal right to produce is not the same as the industrial capacity needed to do so. In the U.S., with our first-class biotech, we had the IP by January 13, 2020, and only rolled out the vaccine to the public in December. Even when you have the resources, scaling up is hard. Not that it’s even so much money that’s required: According to a new [study](https://www.rockefellerfoundation.org/wp-content/uploads/2021/05/One-for-All-An-Updated-Action-Plan-for-Global-Covid-19-Vaccination-Final-06012021.pdf) by the Rockefeller Foundation, vaccinating half of the world’s poorest 92 countries would cost only $9.3 billion; failing to deliver vaccines to them, the International Chamber of Commerce has calculated, could cost the global economy more than $9 trillion — a thousandfold payoff. Even a cynic or profiteer should see that the[helps the] rich could get even richer through all this if we could only be bothered to care.

#### D] Vaccine colonialism is the latest iteration of this systemic dysfunction – intellectual property regulations are a channel of imperialism that have enabled hegemonic global powers to control vaccine access, leaving developing nations at the mercy of the pandemic.

Vanni ’21 -- Dr. Vanni obtained both her PhD and LLM degrees in International Economic Law from the University of Warwick, where her doctoral thesis was awarded the 2018 SIEL–Hart Prize in International Economic Law. She has BA(Hons) in International Relations and Politics from Keele University, where was awarded the Vice-Chancellor Partial Scholarship (2004-2007). Dr. Vanni currently teaches the undergraduate and postgraduate modules in intellectual property law (Amaka Vanni, 3-23-2021, "On Intellectual Property Rights, Access to Medicines and Vaccine Imperialism," TWAILR, <https://twailr.com/on-intellectual-property-rights-access-to-medicines-and-vaccine-imperialism/>, accessed 8-24-2021) //nikki

COVID-19, Intellectual Property and Vaccine Imperialism 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 for the mRNA technology used in its vaccine, despite receiving funds from the US government with its IP partly owned by the US National Institutes of Health. Pfizer/BioNTech 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 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, reports 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 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 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. 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. 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, 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 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 licenses and parallel importation. 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 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, India, Thailand and recently Malaysia 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 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, 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 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 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. Specifically, the United States 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) – 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 per cent of a country’s population, it is severely underfunded 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. 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.

### Thus, the plan: The member nations of the World Trade Organization ought to waive intellectual property rights for COVID-19 medicine.

## Solvency

#### A] A Covid waiver prioritizes the public good over neoliberal governance. This is the starting point for resisting the hegemonic discourse of profiteering. Paremoer ‘21:

(Lauren Paremoer, “A Pandemic of Vaccine and Technology Hoarding: Unmasking Global Inequality and Hypocrisy,” 7/12/21, <https://www.thecairoreview.com/essays/a-pandemic-of-vaccine-and-technology-hoarding-unmasking-global-inequality-and-hypocrisy>)

The challenge then becomes how to address Third World concerns whether another more equitable mechanism is possible. Endorsing the TRIPS waiver request submitted to the WTO by South Africa and India in October 2020 is one necessary approach. The waiver has been challenged on the grounds that it will not make a meaningful difference in increasing access to vaccine supply in the short-term, given that it will take some time for countries in the global south to build up local manufacturing capacity. A second argument is that we don’t need the waiver, as existing TRIPS flexibilities are sufficient for addressing supply shortages. These arguments miss the political and normative significance of the TRIPS waiver. The power of the waiver is that it sets a legal precedent in favor of prioritizing public good over profiteering, and it affirms this principle as non-negotiable and unambiguous in the context of international trade, R&D, and manufacturing practices. To borrow from Austro-Hungarian economist Karl [Polanyi](https://www.penguinrandomhouse.com/books/206182/the-great-transformation-by-karl-polanyi/), It re-embeds the market in society, thereby introducing a significant normative shift in light of the neoliberal discourse that’s become hegemonic in recent years. The waiver, much like the important recommendations of the [UN High Level Panel on Access to Medicines released in 2016](http://www.unsgaccessmeds.org/final-report) (and since systematically erased from initiatives to reform the global R&D landscape for essential medicines), affirms that the market works to promote collective wellbeing.

#### B] A waiver for Covid vaccines creates legal certainty which incentivizes collective action needed to assert political power over colonial control of the market. Paremoer ‘21:

(Lauren Paremoer, “A Pandemic of Vaccine and Technology Hoarding: Unmasking Global Inequality and Hypocrisy,” 7/12/21, <https://www.thecairoreview.com/essays/a-pandemic-of-vaccine-and-technology-hoarding-unmasking-global-inequality-and-hypocrisy>)

It also creates [legal certainty](https://msfaccess.org/sites/default/files/2020-12/COVID_TechBrief_MSF_AC_IP_TRIPSWaiverMythsRealities_ENG_Dec2020.pdf)—something that currently doesn’t exist when countries in the global South attempt to use TRIPS flexibilities. This is worth implementing because the space created by discounting the threat of retaliation (on the grounds of alleged copyright infringement) can [it] create[s] forms of collective action and collaboration that are currently not possible in the context of the existing legal and political landscape. From a technical point of view, patents might thus seem to be a small impediment to accessing vaccines. However, from a political and normative point of view, an IP waiver on the copyrights, industrial designs, patents and undisclosed information relevant to COVID-19 diagnostics, therapeutics, and vaccines is potentially revolutionary, as it reasserts political control over the market. This aspect of the waiver and the precedent it sets is perhaps why it is being resisted at all costs by big pharma and some powerful countries in the global North. Law functions as an important mechanism for regulating the interplay of public health and for-profit or private interest. The historical declarations cited above demonstrate that while legal reforms are a necessary component of addressing this crisis, they are insufficient. As argued by Australian social scientist [Fran Baum](https://academic.oup.com/heapro/article/24/4/428/572840), in addition to these reforms, an investment in “social vaccines” is needed: “A social vaccine is a process of [The waiver is thus key to] social and political mobilization which leads to increased government and other institutions’ willingness to intervene with interventions, applied to populations rather than individuals, aimed at mitigating the structural social and economic conditions that make people and communities vulnerable to disease, illness and trauma. While medical vaccines help develop immunity against disease, social vaccines develop the ability of communities to resist and change social and economic structures and processes that have a negative impact on health and force governments to intervene and regulate in the interests of community health.”

#### C] A Covid waiver reverses necropolitics which is critical to resisting structures of colonialism. Paremoer ‘21:

(Lauren Paremoer, “A Pandemic of Vaccine and Technology Hoarding: Unmasking Global Inequality and Hypocrisy,” 7/12/21, <https://www.thecairoreview.com/essays/a-pandemic-of-vaccine-and-technology-hoarding-unmasking-global-inequality-and-hypocrisy>)

The vaccine apartheid has legalized racially based discrimination. Today, the TRIPS regime is implemented in a manner that means people suffer pain, discomfort, death and permanent disability because they do not have the money to pay for patented medicines, and because their governments cannot easily manufacture or import these medicines or their generic equivalents. The hoarding of vaccines in the global North, their “gifting” to the global South, and the profound hesitancy to support local manufacturing of a life-saving technology in these countries, are all part of a long and disturbing history of global capitalism, which has allowed a small group of elites the power “to foster life or disallow it to the point of death,” in the words of French philosopher Michel Foucault. It is exactly this [necropolitics](https://muse.jhu.edu/article/39984)—this undemocratic concentration of power which dictates how people live and die—that was supposed to be challenged by the multilateral system born out of World War II and that the liberated nations of the Third World aimed to reshape. The TRIPS waiver offers an entry point for reversing this tide and must be supported as a matter of urgency. In tandem, we need transparent, multilateral mechanisms that allocate vaccines based on medical need—not purchasing power—and that [It] allow[s] governments of the global South meaningful participation in decisions about collective procurement and allocation of global vaccines supplies.

#### D] A Covid waiver decolonizes the global health system-inhibits power dynamics and fosters commitment to the global South. Irfan ‘21:

(Ans Irfan and Christopher Jackson and Ankita Arora, Scientific American, “We Must Enhance But Also Decolonize America’s Health Diplomacy”, 4/5/21, https://www.scientificamerican.com/article/we-must-enhance-mdash-but-also-decolonize-mdash-americas-global-health-diplomacy/)

COVID-19 continues to wreak havoc across the world, accounting for more than 2.7 million deaths so far; prolonged economic shutdowns; and the dismantlement of global health systems. In no small part, this is due to failures of governance and intentional health policy choices. Despite the swift and unprecedented development of multiple COVID-19 vaccines, More than 66 percent of the countries around the world—predominantly in the Global South—have yet to receive a single vaccine dose. In comparison, [10 countries have received 75 percent of the global vaccine supply](https://www.theguardian.com/world/2021/feb/18/wildly-unfair-un-says-130-countries-have-not-received-a-single-covid-vaccine-dose). These appalling statistics represent the outcomes of contemporary [neocolonial](https://www.globaljusticecenter.org/papers/coloniality-power-notes-toward-de-colonization) approaches—policies, programs and global governance structures that continue to sustain the same power dynamics and outcomes as during colonization—towards the non-Western world. The Western world's inability to move past its colonial mentality continues to perpetuate structural violence and social inequities across the globe. COVID-19-related Global health inequities, including in vaccine distribution, highlight our global health governance and programs' failures that uphold a Western commitment to the colonial status quo while relegating Black and brown people to collateral damage. Global health is the newest depoliticized and dehistoricized iteration of colonial medicine. Colonial medicine, which was started to protect white people from diseases present among colonized Black and brown people, has also been known over the years as international health, imperial medicine and tropical health. As part of the colonial agenda of “civilizing” the colonized populations, one of the historical aims of global health was to dismantle local systems of knowledge, including health and medicine, and impose Western biomedical models instead. These colonial foundations of global health [continue to persist](https://www.npr.org/sections/goatsandsoda/2019/12/30/784392315/opinion-its-time-to-end-the-colonial-mindset-in-global-health) in the United States, a [settler-colonial](https://www.oxfordbibliographies.com/view/document/obo-9780190221911/obo-9780190221911-0029.xml) nation. Nevertheless, global health is often taught uncritically, without a deeper reflection on Western scientists' social position as part of the Global North’s scientific enterprise and related positionality; power dynamics; historical context; and contemporary colonial approaches such as top-down global health governance and programming. Global health diplomacy, a critical tool in the U.S. foreign policy tool kit, is perhaps one of the key mechanisms that perpetuate contemporary colonialism. Rooted in white male saviorism, global health diplomacy often maintains imbalanced power dynamics. Further, it approaches formerly colonized, brutalized and looted nations—colloquially known as “developing countries”—with a deficit model that positions Western society as an omniscient benefactor for the rest of the world. This attitude is reflected in the top-down global health models imposed on countries in the Global South. From the Trump administration's [global gag rule](https://khn.org/morning-breakout/biden-lifts-anti-abortion-restrictions-on-global-aid/) to the Obama administration's [promotion of LGBTQ rights](https://www.theguardian.com/world/2011/dec/06/us-overseas-aid-human-rights), U.S. global health assistance too often comes with demands in sociocultural infrastructure changes that reflect the desires of the political party controlling the White House.To be abundantly clear, women's health; access to sexual and reproductive services; and LGBTQ+ rights are fundamental values that should be a part of the U.S.’s global agenda. However, it is critical to note that the Western morals imposed on the global population during colonization have caused many of the regressive, inhumane policies such as [anti-LGBTQ+ laws](https://theconversation.com/how-britains-colonial-legacy-still-affects-lgbt-politics-around-the-world-95799) to begin with. To that end, we must more consciously distinguish between health diplomacy that actually meets the needs of historically disenfranchised global populations and policies that merely advance an [imperialist](https://www.nytimes.com/2019/02/13/books/review-how-to-hide-empire-daniel-immerwahr.html) U.S. political agenda. U.S. health diplomacy can be an excellent tool for global social good if approached with a decolonial, anti-imperialist and equity lens. The COVID-19 pandemic has highlighted an increased need for global cooperation to take on challenges such as the existential threat of climate change. Despite this, the U.S. spends only a fraction of its foreign policy budget on financing global health diplomacy; the State Department and the U.S. Agency for International Development combined constitute roughly 1 percent of total spending. Instead, we see that the lion's share of spending goes to prop up a military-industrial complex that, as highlighted by COVID-19, is not what we need to make America safer in the 21st century. It is important to note that some military spending targets global health as a part of the strategic engagement activities; however, there is no central accounting mechanism for such spending. Global health diplomacy can and should play a central role as we work towards a safer world for both the U.S. and other countries. However, through a process of unlearning and reimagination, global health diplomacy must take an aggressively decolonial approach to ensure it is not reproducing colonial power structures and dehumanizing paradigms rooted in white supremacy. As the U.S. [prepares to meaningfully rejoin](https://www.washingtonpost.com/politics/biden-us-global-doubts/2021/02/27/3fe52862-781d-11eb-8115-9ad5e9c02117_story.html) the global stage after four years of isolationist policies, it is important to recognize that we should no longer presume the exceptionalism that has historically dominated U.S. diplomatic relations. Prior to the November 2020 election, public perception of the U.S. in other countries around the world was at its [lowest point](https://www.pewresearch.org/global/2020/09/15/us-image-plummets-internationally-as-most-say-country-has-handled-coronavirus-badly/) in 20 years. Furthermore, in contrast to the botched U.S. COVID-19 response, other countries, particularly those outside of the traditional Western power centers, [fared much better](https://nymag.com/intelligencer/2021/03/how-the-west-lost-covid-19.html). For example, Taiwan’s [early initiative](https://www.wsj.com/articles/which-countries-have-responded-best-to-covid-19-11609516800) to restrict travel, implement testing and provide economic support allowed it to drastically limit cases and avoid lockdowns. Others, like Liberia, learned from their past experience with epidemics such as Ebola to implement comprehensive control measures. Many of the challenges being encountered in the fight against COVID-19 around the world now are grounded in the U.S. top-down approach to global health, which focuses on solving problems in the [short term](https://theconversation.com/only-a-bottom-up-approach-will-deliver-global-health-development-targets-66079) but fails to address broader systemic issues that cause recurring issues. The U.S. has an opportunity to transcend the [mythology of American exceptionalism](https://www.npr.org/2021/01/10/955384329/the-myth-of-american-exceptionalism) and enter the global stage with humility to learn from and work with countries as equal partners. At the same time, we must recognize the role that international organizations have played in combating COVID-19, largely with minimal or nonexistent U.S. support. [COVAX](https://www.politico.eu/article/coronavirus-vaccines-poor-countries-equal-access/), a joint effort that includes the WHO; Gavi, the Vaccines Alliance; and the Coalition for Epidemic Preparedness Innovations (CEPI), has taken the lead on securing vaccine doses for 92 countries that can’t afford to buy vaccines on their own, as well as others who are simply unable to secure doses. We are encouraged by the Biden administration’s recent [financial contribution](https://www.nytimes.com/2021/02/18/us/politics/biden-novavax-covax-vaccinations.html) to this effort; however, the delay in providing vaccine doses to these countries until after vaccination has been completed in the U.S. is disturbing. This nationalist approach taken by the United States and other Western countries, particularly around COVID-19 vaccine hoarding, will inevitably not only cause mass deaths in the Global South but also have [worse economic consequences](https://www.nytimes.com/2021/01/23/business/coronavirus-vaccines-global-economy.html?action=click&module=Top%20Stories&pgtype=Homepage) than an equitable distribution approach. Equitable global vaccine production and distribution that does not dehumanize people in the Global South is critical; the U.S. is well-positioned to mobilize its resources utilizing existing military infrastructure to lead these efforts. Beyond distribution, the U.S. should also lead the effort for a COVID-19 vaccines’ [An] i[ntellectual property rights waiver](https://www.hrw.org/news/2020/12/10/urgently-waive-intellectual-property-rules-vaccine) to increase their production and availability exponentially. Moreover, we acknowledge the policy failures, lack of urgency and drastic steps needed to control the pandemic within U.S. borders As the Biden administration works to control the pandemic at home, it must simultaneously look outward to both learn from other countries and convey[s] leadership during a time of continued global uncertainty. The administration should continue to engage a wide variety of stakeholders and implement [recommended frameworks](http://nap.edu/25917) for the equitable distribution of COVID-19 vaccines. While we commend the swift commitment to rejoin the WHO, true leadership will require significantly increasing U.S. financial support for its operations to support vaccine distribution efforts.

## Framing

#### A] The Role of the Ballot is to prioritize the most ethical approach to education-which necessitates exposing and challenging Eurocentrism. De Lissovoy ‘10:

**(**Noah De Lissovoy, 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>)

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 [This] call[s] 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 de-parochialized 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.

#### B] Eurocentrism is the root cause of all harms and our flawed epistemology stems from a Eurocentric perspective. Decolonization comes first in debate because how we frame arguments is critical to avoiding oppressive modes of social control. Baker ‘12:

(Michael Baker, Professor at the Warner Graduate School of Education and Human Development, October 31 - November 4, 2012, American Educational Studies Association, Annual Conference Seattle, Washington, “Decolonial Education: Meanings, Contexts, and Possibilities,” <http://academia.edu/3266939/Decolonial_Education_Meanings_Contexts_and_Possiblities>, Accessed: 7/7/13)

Decolonial thinking developed by this group, now calling itself modernity/coloniality/decoloniality, is centered around a theory of modern/colonial power/knowledge relations that aims to explain the politics of our identities within a worldwide racial system of classification. The foundation of this system of classification was the imperial idea of humanity, an invention of early modern natural law theory allowing elite Europeans to interpret themselves in relation non-Europeans and the uncivilized European masses. In the debates over the humanity of the Amerindians at the School of Salamanca in 1542, a new conceptualization of the medieval concept of humanitas emerged that became the basis for the modern epistemological framework. Humanitas was conceived in the cognitive operation of creating the framework for western knowledge production (Tlostanova & Mignolo, 2012, p. 15). Rooted in the sixteenth and seventeenth century reformulations of medieval natural law theory and novel conceptions of the state of nature, the modern worldview was constituted by cultural conceptions andTheories of human nature, history, and destiny that set the outer limits and the internal possibilities for understanding the world, others, and oneself (Jahn, 2000, p. xv).

Based upon a rethinking of the biblical conceptualizations of the state of nature and the nature of man that emerged from the Reformation and the theological debates over the legal status of the Amerindians, Europeans came to understand themselves as a distinct cultural group, separate from Christendom, within a universal civilized-barbarian hierarchical classification system. Civilized humanity was constituted in a double movement that detached Man from God and distinguished European from non-Europeans (Mignolo, 2000). The Renaissance idea of man was used as a point of reference to identify and invent the boundaries of civilized humanity and to hierarchically classify people on the margins and exteriority of these boundaries. Humanitas and anthropos are the two central European constructs for human beings that emerged from [eurocentric] this intellectual formation that ranked and divided people around the world into knowing subjects and known objects (Osamu, 2006). From its sixteenth century reformulation, humanitas refers to the self-definition of the civilized ethno-class that controls knowledge through which anthropos, The object ofKnowledge, can be constructed, [as] known and managed. It was during this transition from the medieval to early modern periods that the world began to be hierarchically and racially conceived by a particular group of epistemic agents, supported by Christian theology, exploring, mapping, and classifying the whole world for the first time within a newly emerging epistemological framework that became the foundation of the conceptual/narrative we now call modern civilization (Mignolo, 2007, p. 115). The self-understanding of European elites that emerged during the sixteenth and seventeenth centuries was built upon a conceptual matrix of dual opposites where the barbarian, the woman, the child, nature, the homosexual, etc., were incorporated into a complex hierarchy tied to the changing divisions of labor in the modern capitalist system. This system of classification allowed European civilized males to interpret themselves at the apex of a universal hierarchy while providing a rationale for maintaining these categories and divisions.

From this modern/colonial perspective, the link between Eurocentrism and knowledge was rearticulated in linking coloniality with Eurocentrism (Quijano, 1999). As a way of conceiving and organizing knowledge based upon a universalized conception of humanitas, the colonial matrix of power enabled the subjugation of populations to various binary identities and colonial/imperial forms of self-understanding (Quijano, 2000). differences related to ethnicity, race, gender, class, sexuality, disability, nationalism, religion, etc., are interrelated today within the modern/colonial system of power/knowledge relations established by a particular ethno-racial group of elite[s], Christian, heterosexual, men in the sixteenth and seventeenth centuries. These various identities and differences were transformed into values within multiple and interrelated hierarchies. As a consequence, the ways in which both colonized and colonizing peoples have learned to interpret and understand themselves, others, and the world are inventions of a European colonial/imperial matrix of power and knowledge relations. This system of classification has enabled modes of control of social life and economic and political organizations that emerged in the European management of the colonies in the Americas at the beginning of the sixteenth century and subsequently became worldwide. Coloniality became a global model of power and integration of all people and places on earth into the process of building and expanding, both materially and intersubjectively, a new space/time called modernity.

#### C] The Role of the Ballot comes prior to all other frameworks because challenging Eurocentrism laden in society is a shift in educational pedagogy needed to reconstruct how knowledge is produced. Baker ‘12:

(Michael Baker, Professor at the Warner Graduate School of Education and Human Development, October 31 - November 4, 2012, American Educational Studies Association, Annual Conference Seattle, Washington, “Decolonial Education: Meanings, Contexts, and Possibilities,” <http://academia.edu/3266939/Decolonial_Education_Meanings_Contexts_and_Possiblities>, Accessed: 7/7/13)

¶ What do decoloniality and decolonial education mean? Where does this movement come from? What are the key ideas that underlie and comprise decolonial education? What does Decolonial education look like in practice? My presentation will introduce a decolonial perspective on modernity and sketch the implications of this perspective for rethinking modern education beyond the epistemological boundaries of modernity. The overall argument can be seen as an attempt to reveal, critique, and change the modern geopolitics of knowledge, within which modern western education first emerged and remains largely concealed. ¶ Decoloniality involves the geopolitical reconceptualization of knowledge. In order to build a universal conception of knowledge, western epistemology (from Christian theology to secular philosophy and science) has pretended that knowledge is independent of the geohistorical (Christian Europe) and biographical conditions (Christian white men living in Christian Europe) in which it is produced. As a result, Europe became the locus of remain[s] territorial and imperial. The claims to universality both legitimate and conceal the colonial/imperial relations of modernity (Mignolo, 2011). ¶ ¶ Decolonial education is an expression of the changing geopolitics of knowledge whereby the modern epistemological framework for knowing and understanding the world is no longer interpreted as universal and unbound by geohistorical and biographical contexts. “I think therefore I am” becomes “I am where I think” in the body- and geo-politics of the modern world system (Mignolo, 2011). The idea that knowledge and the rules of knowledge production exist[s] within socio-historical relationships between political power and geographical space(geopolitics) [This] shifts attention from knowledge itself to who, when, why, and where knowledge is produced (Mignolo, 2011). The universal assumptions about knowledge production are being displaced, as knowledge is no longer coming from one regional center, but is distributed globally. From this recognition of the geo and body politics of knowledge, education, including the various knowledge disciplines that comprise education and knowledge of education, can be analyzed and critiqued with questions such as: who is the subject of knowledge, and what is his/her material apparatus of enunciation?; what kind of knowledge/understanding is he/she engaged in generating, and why?; who is benefiting or taking advantage of particular knowledge or understanding?; what institutions (universities, media, foundations, corporations) are supporting and encouraging particular knowledge and understanding? (Mignolo, 2011, p. 189). ¶ Decolonial thinking and writing first emerged in the initial formations of modernity from the experiences of and responses to European colonization in the Andean regions during the sixteenth century. The colonial context created a betweeness of cosmologies for the colonized. This consciousness of being between cultures within a dominant culture is the central feature of decolonial thought -- thinking from the borders created by a totalizing cosmology associated with European modernity. For example, the sixteenth century writings of Waman Puma de Ayala focused on ways to preserve Aymara and Kechua knowledge cultures and co-exist within the new world order (Mignolo, 2005). Today, decolonization is used among indigenous intellectuals around the world, where a variety of models of decolonial education have emerged. Decolonial thinking about education is rooted in the violent occlusion of ways of knowing and being among indigenous civilizations in the Americas within the imposition of a new world order. The conquest of the Americas meant the demolition of indigenous education and economic systems. European Renaissance universities, for example, were soon transplanted across the Atlantic that had no relation to the languages and histories of the native peoples.

#### D] Pedagogical re-centering is uniquely key – our interrogation of colonial knowledge production disrupts the dominance of Eurocentric political literature within academia – this is a prerequisite to legal change.

Makoni ’17 -- Munyaradzi Makoni is a freelance science journalist from Zimbabwe. He was Canada’s International Development Research Centre-Research Africa science journalism fellow in 2012. His journalism work has appeared in various media organizations including Africa Renewal, Forskning & Framsteg, Intellectual Property Watch, IPS, SciDev.net, Thomson Reuters Foundation, and University World News among others. (Munyaradzi Makoni, 1-20-2017, "Urgent need to decolonise intellectual property curricula," University World News, <https://www.universityworldnews.com/post.php?story=20170119072916504>, accessed 8-29-2021) //nikki

There is an urgent need for decolonised intellectual property, or IP, law curricula in order for African states to build IP expertise that is Afrocentric and development oriented. A South African university is making progress in developing an appropriate model. Writing in the latest edition of the World Intellectual Property Organisation journal, Professor Caroline B Ncube of the department of commercial law at the University of Cape Town in South Africa, said: “For an African state, decolonising IP means placing the nation’s conditions and developmental aspirations centre-stage and for law schools seeking to teach decolonised IP law curricula, it means using methodologies and learning materials that disrupt Eurocentric hegemonies." In an article titled “Decolonising Intellectual Property Law in Pursuit of Africa’s Development”, Ncube writes that a model for what this might look like for African law schools has been developed by the Open AIR project and is currently being piloted at the University of Cape Town. The paper has been published in the context of renewed calls by students in South Africa over the past two years for the decolonisation of curricula in that country’s universities. In reference to the increased urgency of the calls, Ncube notes that: “The idea of decolonising IP is a notion that global South governments, some scholars and some sectors of civic society have had for a significant period of time. This is an important point to underscore in an environment that is perturbed and perplexed by the meaning of decolonisation and the perceived violence accompanying it.” Dearth of scholarship According to Ncube, there exists a significant body of scholarship on the teaching of IP law and focusing on decolonising legal education generally. “But there is virtually nothing on decolonising IP law curricula.” Ncube argues that while decolonisation, which is the overthrow of direct colonial rule over territories across the globe, ended a long time ago, vestiges of colonial influences remain in many countries’ legal systems, while neo-colonial interests have also been grafted onto them. Calls for decolonisation therefore remain valid. “Placing Africa at the centre of African education and endeavour through the continent’s advancement has gained much support in current decolonisation calls and IP can be tailored to advance this development dialogue,” she says. Ncube suggests that a starting point in the process of decolonisation of law could be an examination, through research processes and political practices, of current legal systems to determine to what extent they are influenced by colonial and neo-colonial interests. Decolonising methodologies “Such an examination would also entail a scrutiny of scholarship on those systems through ‘research process (and political practices) that seek to change the hegemonic ordering of knowledge production’. Such ‘decolonising methodologies’ are an essential tool in the deconstruction of ‘a canon that attributes truth only to the Western way of knowledge production’,” she writes. According to Ncube decolonising the curriculum requires deep reflection about what is taught, from which perspective (Eurocentric or Afrocentric) it is taught and by whom it is taught – all of which speak to the source and authorship of learning materials and its distribution models. “These are important considerations because they infuse the learning materials with a particular worldview and impact the accessibility of the material. The perspective adopted has far-reaching consequences because it schools a future generation in a particular way about IP law and this in turn will impact society generally when those schooled in these perspectives take up positions in government, industry and other areas in the future,” she writes. New IP model Developed by the Open AIR project, a long-term partnership of IP experts and researchers, the majority of whom are Africa-based, the 12-week postgraduate course at the University of Cape Town known as “IP Law, Development and Innovation” has modules on innovation, development and intellectual property rights; globalisation; patents; copyright; communal trademarks; traditional knowledge; intellectual property rights and agriculture; and Intellectual Property Rights from the Publicly Financed Research and Development Act 2008. According to Ncube, each module was informed by case studies undertaken during the second phase of the research project. Once the development of the model course is completed, an openly licensed course syllabus and the modules will be made accessible free of charge from the project website and other online platforms. Each institution offering the course will determine the formative and summative evaluation of the course in accordance with its own rules and procedures. The decision about who presents the course will be made at institutional level. Empirical research “The primary contribution of the model course is its provision of modules that are informed by empirical research undertaken on the continent by scholars and researchers who have a strong understanding and experience of the African context,” writes Ncube. Ncube says expertise gathered from the pilot will inform the final model course. “The student and external examiner evaluations of the course delivered by University of Cape Town lecturers have been very positive,” she writes, and with more funds the case study researchers and book chapter authors will be invited to personally or virtually lead some of the seminars in the future.