



## The End of the Second Slavery

When people die, their death certificate contains only the biological cause of death. Should it contain the political reasons behind it, we would have a clear picture of the devastating genocide that initiated after the World Trade Organization (WTO) established that essential drugs and medical tools are patentable. This political decision was made 26 years ago, which also means 8 pandemics ago<sup>1</sup>. Over the course of those pandemics, millions of people were denied access to medical tools that could have saved their lives. Pharmaceutical patents were their death sentences. Now we face the worst pandemic in decades, and as we look for prevention and treatment tools to fight covid-19, we start to see again the cracks in our sense of common humanity. Soon, we will be divided between those saved by vaccines and drugs and those doomed to continuous suffering – between recovered societies and collapsed societies.

This is a man-made disaster. It is a political choice for a system based on division and exclusion. Pharmaceutical patents are essentially used to create walls. As it is the case for any physical or imaginary wall, the justification is protection. Inevitably, the feeling of protection is stronger when those that are outside the walls are eliminated. In the context of medicines, the narrative is that they must be expensive to ensure that innovation goes on. Patents are there to protect high pricing and, supposedly, the willingness to innovate. As a consequence, innovation only exists for those who can afford high prices. Those who cannot afford should die without demanding lower prices, as this can affect innovation and undermine the salvation of those who can afford. This structural violence was naturalized and it means the exclusion of those who are not attractive consumers. In economic language, “deadweight costs”. With this letter, we raise our voices to say it is totally unethical to accept this reality any longer. We demand change, and it starts by not accepting what is considered inevitable.

1. This figure includes the announcement by the World Health Organization (WHO) in 1993 of Tuberculosis as a Global Health Emergency, The World Health Assembly (WHA) resolution of 2000, which requests the WHO to prepare a “Global Health Strategy for HIV/AIDS”, the five Public Health Emergencies of International Concern declared after the issuance of the International Health Regulations in 2005 and the World Health Assembly (WHA) resolution of 2014, which addresses the global hepatitis pandemic.

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We write this letter in memory of all people in Latin America that lost their lives due to this injustice. Moving further back in our history, we write this letter in memory of all those who lost their lives due to the brutal colonization of our territories. Pharmaceutical patents apply the very same colonizer's ethos in the territory of knowledge. This is not by accident, the inequalities on health that derive from the patent system have their roots in racism. High prices of medicines are there not only to please shareholders, but also to emphasize that medicines are not meant to certain populations, as already declared by the CEO of a transnational pharmaceutical corporation<sup>2</sup>. The lack of research on diseases that disproportionately affect our region and other peripheral regions is also a racist choice by those who control the flow of innovation and constantly expropriate our opportunities to develop our own research capacities.

If we have today a common understanding that human beings are not property, the same should apply to medical knowledge that can save human lives. However, the same liberal ideology that once was applied to justify the slavery system is now used to defend the patent system, regardless of how many lives it costs in order to sustain its functioning. It is time to challenge this perverse logic once and for all, as one day we will remember medicine patents as today we remember slavery.

In this Covid-19 crisis, we know the fate reserved for our region: not duly qualified to receive global investments, not too poor to receive charity. We are the ones left to pay the bill, imprisoned in public debts and left to mourn once more our devastated communities. The solutions proposed for "fair and equitable access and allocation" do not serve our people and will be nothing more than empty words unless we decolonize the medical innovation system and advance a global reform to exclude pharmaceuticals and other essential health goods from patenting. This is the only way to restore a sense of common humanity and honor all the lives lost on the heels of monopolies over essential medicines. Knowledge and human inventiveness are not scarce, only our political imagination is. There is a better future waiting for us, where the right to health is not traded away. We can arrive there on time, and we will, if we go beyond what we have been trying.

Voluntary mechanisms have the best of intentions, but are too fragile to reverse decades of genocide and impunity. The slogan of a "people's vaccine" can only be taken seriously if by "people" we also mean all the lives lost for lack of access to vaccines monopolized and deemed as luxury goods until today, and if, in their memory, we ensure that no vaccine will ever be monopolized again. The concept of "global public good" will only help us if it is shaped based on

2. On December 3, 2013, Bayer CEO Marijn Dekkers said in an event "We did not develop this medicine for Indians. We developed it for Western patients who can afford it.", referring to the cancer drug Sorafenib.

an historical perspective and works in favor of all the populations that have been expropriated from their resources and knowledge and now only have the option to beg for help from the architects of their misery. In this sense, knowledge sharing must be seen as a moral obligation.

In light of all the above considerations, we have one single demand: the suspension of the WTO Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) for essential health technologies.

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