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# The political autoimmunity of the COVID-19 response: how national borders and patents undermine a sustainable and equitable global health

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## INTRODUCTION

Looking back at more than 3 years of the COVID-19 pandemic, a painful picture emerges. Although the virus itself does not discriminate on origins and affluence, the political response has severely done so, with counterproductive global effects. Already from the very beginning of the pandemic, affluent countries hoarded as many medical supplies as possible for their 'own' people at the expense of people in less affluent countries, which has worsened and lengthened the impact of the pandemic.[1 2] To learn the lessons of COVID-19 and conceptually enrich the debate on the ethics of global health inequalities, we employ the lens of 'political autoimmunity', a powerful political application of the biomedical term developed by the philosopher Derrida.[3] We argue that a sustainable and globally equitable protection against future pandemics, would require countering the selfish and self-harming immunisation politics of high-income countries (HICs), driven by a toxic mix of national borderism and patentism.

### SUMMARY BOX

⇒ We argue that the COVID-19 pandemic response has been characterised by a Derridean 'political autoimmunity', undermining a sustainable and equitable protection of global health.
⇒ This self-harming immunisation politics has been driven by a coalesce of national borderism, which excludes people on the basis of national borders, and patentism, which privileges the treatment of wealthy countries and people who can afford the patented medicines and vaccines.
⇒ To globally counter these politically autoimmune strategies now and in the future, we argue to remind political leaders and patent holders of today of the classical physician's Hippocratic oath, and to strive for a truly inclusive, pandemocratic health politics beyond national origin and income.

## POLITICAL AUTOIMMUNITY

The concept of political autoimmunity, as a political translation of the biomedical term, was introduced by the philosopher Derrida to describe the process where a political hegemon 'in quasi-suicidal fashion, 'itself' works to destroy its own protection, immunises itself against its 'own' immunity' (Derrida,[3] p94). In explaining his philosophy, he himself uses the example of the war on terror, started by the USA after the traumatic event of 9/11. He argues that, in order to protect its 'democracy' and 'freedom', the USA has constructed an enduring global war against terrorists, which has led to the killing of many innocent people in Iraq and Afghanistan, Islamophobia and hostile migrant policies. And hence has led to the autoimmune weakening of the 'democracy' and 'freedom' that it aimed to protect. For Derrida, the typical political autoimmunitarian disorder can be recognised in five symptoms: (1) a response of a political power; (2) aimed at preventing the repetition of a traumatic event in the past; (3) in a struggle with pervasive, anonymous and invisible forces, which are regarded to be unavoidable; (4) in order to avoid, at all costs, an apocalyptic future, while at the same time, not fully comprehending the nature of the response and the imagined future, leading to a double incomprehension; (5) and in this response, replicating and internalising the hostile logic, producing the very result which the entity intended to avoid.[3 4] This Derridean theoretical lens allows us to distinguish the countereffective and unethical processes in the response to

the COVID-19 pandemic which, we argue, have shown clear symptoms of such political autoimmunity.

## THE SYMPTOMS OF AN AUTOIMMUNE RESPONSE TO COVID-19

In order to understand, what we term, the political autoimmunity of the response to the COVID-19 pandemic, we have to briefly go back to the extraordinary speed with which this disease spread across the world. The dangerous global outbreak of COVID-19 was, understandably so, seen as a traumatic event, to use the concept of Derrida. This event, globally mediatised via dramatic images, resulted in the global conviction that 'something' had to be done to prevent, in Derridean language, an apocalyptic future in which this pervasive, anonymous, and invisible enemy would freely 'flood' the globe. A Derridean double incomprehension existed, however, about the nature of the response and the imagined future. Governments had to react quickly, while in the absence of empirically tested data, uncertainty and incomprehension of the precise characteristics of the new COVID-19 abounded. What is more, prior to the pandemic, there had been little political attention for and debate on the structural viral vulnerabilities in our globalised modes of production and consumption.[5–7] It is in this double incomprehension, that an autoimmune political response emerged. To this political response, we turn now.

## THE FIRST AUTOIMMUNE PANDEMIC RESPONSE: NATIONAL BORDERISM

Despite the pervasive and global outbreak, and multiple calls for global coordination and efforts by WHO, the response to the pandemic has by and large been myopically national. Put differently, the dominant response of governments has been based on what we term 'national borderism', 'the discriminatory practice that essentialises and politicises the value of human beings depending on which border (id)entity they are born into, reside in and/or travel from' (Van Houtum[8] and Van Houtum *et al*.[9] p21–22). The result of this politics of 'our people first' was that in different phases of the pandemic, HICs hoarded vital health resources in hypercompetitive international rat races, in which lower-income countries (LICs) stood no chance.[10 11] This 'national borderism', meant to protect the 'own people', has had the autoimmune outcome of putting their own as well as other citizens at more risk, as it prolonged and exacerbated the pandemic. It gave room to higher infection rates and more mutations globally.[1 2] What is more, the holders of the very passports who were outcompeted in the rat race of vaccines were consequentially denied access to most HICs because they were not vaccinated.[12] That poorer third country nationals were consequently perceived to be corporally dangerous to 'the own people', 'importing' dangerous variants of COVID-19 into the country, has provoked only more xenophobia, racism, and healthcare apartheid in a time in which global solidarity between all human beings was vital in the response to a global pandemic.

## THE SECOND AUTOIMMUNE PANDEMIC RESPONSE: PATENTISM

What made the first mechanism of borderism even more powerful and persistent, is that it directly fed into another exclusionary response, what we term 'patentism'. The dominant idea in the provision of public healthcare resources is that their allocation via private patents would be most efficient and effective. This idea of what is often labelled as 'benign monopolies' has been fiercely defended by a coalition of the political power of HICs and large pharmaceutical companies, in an effort to protect their own economic interests.[13] It is a neoliberal health system in which principally (1) the research and development (R&D) of vaccine producing firms is sponsored by taxpayers, (2) the property rights of their newly developed products are ensured by governments, creating a global public dependency on only a few private companies, and (3) the selling of their health resources to the highest bidder, while funnelling their resulting profits to tax havens, is normalised. The result of this threefold health policy is that it autoimmunitively legitimised and spurred the vulgar and price-increasing grabbing and hoarding race for health resources. While there were repeated booster campaigns in HICs and there was even vaccine wastage, inhabitants of LICs were hardly able to get their hands on one vaccine dose, turning the latter into what Bauman called the 'human waste' of a profit-seeking system.[1 14] This health policy of and for the well-to-do has again autoimmunitively lengthened the pandemic,[2 10] knowingly undermined the global solidarity that was needed to overcome the pandemic, and enlarged global health inequalities by design.

## CONCLUSION: TOWARDS A SUSTAINABLE AND EQUITABLE GLOBAL HEALTH

Looking through a Derridean lens of political autoimmunity helps to sharply bring to light how the two dominant responses of borderism and patentism to the global COVID-19 pandemic, although intended as immunisation, have proven to be a toxic and counterproductive mix. It has put more people at risk, has prolonged the pandemic, created a hotbed for new mutations, led to more victims, aggravated economic disparities, led to more xenophobia and racism, and drove more wedges between human beings globally. It is important to realise that these strategies do not exist outside a political will that has normalised them. This implies that it is also in humanity's disposition, now, more than 3 years after the outbreak, to learn the lessons for future pandemics and start countering this autoimmune political mindset of borderism and patentism and make room for a new and different normality, that is both sustainable and equitable. For this, we would argue, what is called for is a truly global and inclusive response: not for citizens of nation-states, but for human beings globally. Furthermore,

it is high time for a transition to no longer see health resources such as vaccines as private commodities but as global public goods. COVID-19 has shown that solidarity across politicised and wealth differences between human beings is and cannot be a matter of empathy alone: it is also a crucial part of the solution. In that context, it is good to remind national politicians and pharmaceutical companies of the classic Hippocratic oath of physicians and its latest update by the World Medical Association that argues to treat people independent of their 'age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, and social standing" (Parsa-Parsi,[15] p1971). To this end, we propose to add to this principle of non-discrimination a person's wealth, which has been so influential in the decision who receives critical healthcare during the COVID-19 pandemic. The classic Hippocratic oath was grounded in, what the ancient Greeks called agape, a radically inclusive love for mankind for the pandemos (for all people).[7 11 14] It is perhaps this classic, ethical grounding of health treatment, a pandemocratic approach for a pandemic, that can inspire us to help create a transformative, global governmentality and halt the proliferating autoimmune strategies of national borderism and patentism in global health now and in the future.

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