

# Correspondence

## COVID-19: save lives with open intellectual-property licences

Long-term success in the medical response to COVID-19 will depend on diagnostics, therapeutics, equipment, vaccines, tracking systems and software (F. Tietze *et al. IEEE Trans. Eng. Manage.* <http://doi.org/d3z6>; 2020). However, restrictions on their use resulting from patents, copyrights and other intellectual property (IP) rights could cost lives. The Open COVID Pledge, launched in April, enables organizations to make their IP widely available without charge.

The pledge now covers more than 250,000 patents worldwide (see [opencovidpledge.org](http://opencovidpledge.org)), and was created by an international coalition of scientists, engineers and legal experts. Organizations license their IP through an online agreement that is based on those used for open-source software and technical interoperability standards, as well as through the popular Creative Commons suite of online-content licences. The agreement can also be customized.

We urge companies and universities to take advantage of this scheme, or one of the many options being developed by the World Health Organization and others, to ensure the most effective use of their IP against the pandemic.

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## #StopPandemicBias: scientists, share your privilege

Researchers whose work is unaffected by the COVID-19 pandemic are currently in a position of privilege. For others, however, the obstacles to securing positions, grants and publications are immense.

This 'pandemic bias' is a mortal threat to the careers of many. Their productivity is curtailed if they catch the virus or are deemed high-risk; if they are caring for affected relatives; or if their laboratories are closed. This compounds the difficulty of finding their next position amid hiring freezes and budget cuts. And travel restrictions are an obstacle to pursuing international careers (see, for example, A. H. Behbahani *et al. Nature* **583**, 202; 2020).

As scientists, we must act to ensure that disadvantaged researchers are heard. Science is inherently cooperative: researchers work in teams that cover all career stages, make discoveries in international collaborations and evaluate each others' ideas. They can help by reviewing more articles and grants, taking over teaching duties for those with care commitments, reconsidering application deadlines and criteria and supporting scholars who cannot cross borders. Contribute to our discussion on Twitter: #StopPandemicBias.

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## Make Black history core to degrees, tie tenure to anti-racism efforts

Elite institutions are well positioned to set the standard on how to dismantle systemic racism and discrimination. As African American and Black women working at a leading US medical school, we are tired of rhetoric and euphemisms that are not yet matched with policy and action. We are ready to engage in a productive partnership with our institutional leaders to create a culture of diversity and inclusion that acts on principles of social justice and human rights.

Immediate actions should include making all institutions of learning teach compulsory courses on the Black diaspora for all degree programmes. A diverse range of faculty members should be hired to run them to attract more diverse students. And these faculty members should be engaged in leadership-development programmes to empower them to become decision makers as department chairs, deans, provosts, chancellors, university presidents and members of boards of trustees.

Those who currently hold such positions need to support action in areas that include funding, resources and endowments for sustainable programmes that embrace the strength of diversity. Advancement and tenure should be tied to excellence in diversity efforts.

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## UK funders learn from COVID-19 'white-water ride'

The UK government's aim to reduce bureaucracy in science funding – by cutting out 'unnecessary paperwork, arduous funding applications and research selection processes' (see [go.nature.com/3fbxirc](http://go.nature.com/3fbxirc)) – has received an unexpected boost from the COVID-19 pandemic.

The UK National Institute for Health Research (NIHR) and Medical Research Council (MRC) typically take about six to eight months to reach a decision on a grant application, and would normally ask applicants to make separate submissions to each funder. In response to the pandemic, however, the NIHR and MRC have been running calls that incorporate a single, streamlined application process with independent peer review and a turnaround time of three to four weeks. This has enabled us to co-fund two vaccines that are now being tested in human volunteers and to disburse funds rapidly for drug repurposing (such as the RECOVERY trial; [www.recoverytrial.net](http://www.recoverytrial.net)).

Our COVID-19 funding activity has felt like a white-water ride as we focus on realizing patient benefit on an aggressive timescale of 12 months. Although the pace of decision-making need not always be so fast, we now know that we can speed it up without any detriment to the quality of those decisions. Our appetite for adventure has been whetted.

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