

Reading One

No One Is Safe Until Everyone is Safe: The Cost of Vaccine Inequality

The potential end of the Covid 19 pandemic is finally in sight. Multiple vaccines have been approved for use in various countries, and millions of people have started receiving vaccinations. However, the way vaccines are being distributed has become a problem of its own. Currently, the vast majority of vaccines have gone to rich countries, while large swaths of the global South have been effectively excluded from the rollout thus far. In other words, the current system of vaccine distribution reeks of injustice and inequality.

On February 17, 2021, Antonio Guterres, Secretary-General of the United Nations, [reported](#) that just ten countries have administered 75 percent of all vaccinations, while 130 countries have not received a single dose. Even within wealthier nations, historically marginalized groups have sometimes been neglected, as those with more resources have gotten themselves to the front of the line.

In a February 5 article entitled “The (im)morality of line-jumping to get Covid-19 vaccines,” the *Philadelphia Inquirer* [covered](#) several troubling incidences. In one case, “rich, white New Yorkers flock[ed] to a low-income Dominican community and crowd[ed] out neighborhood people awaiting Covid-19 vaccinations in a cynical moment of intracity vaccine tourism.” In another case, former 76ers basketball great Charles Barkley reportedly said that NBA players “‘deserve some preferential treatment’ in getting vaccinated because they pay such high taxes.”

Various advocates have presented a range of arguments about why we should address vaccine inequality, both in our own country and internationally. They have presented moral, political, and public health reasons for why a more equitable system of vaccine distribution worldwide would be in everyone’s interest. On a moral level, Alexis Papazoglou, philosopher and host of podcast “The Philosopher & The News,” argued in January that everyone has an equal right to vaccines, not just the rich. He [wrote](#):

The value of a person’s life isn’t dependent on where they live: everyone has equal moral worth. Utilitarianism, the moral philosophy that measures the value of an act by measuring its impact on overall well-being, doesn’t discriminate between British, French, or Brazilian well-being. It sees the preferential treatment of those close to us as immoral, and as an unfortunate feature of human nature. According to this framework, [wealthy countries] shouldn’t prioritize [their] own citizens, but treat... the rest of the world as equally deserving of the vaccines it has secured. The most vulnerable from around the globe should, as in the domestic case, take priority.

<https://www.theguardian.com/commentisfree/2021/jan/29/covid-vaccine-nationalism-row-eu-uk>

Beyond the moral position, there is a political argument for a fairer system of vaccine distribution. This perspective notes that the inequality in vaccine distribution we have witnessed in recent months has deep roots in the legacy of colonialism and the creation of a global system of haves and have nots. Jesse B. Bump, Executive Director of the Takemi Program in International Health at Harvard University, [discussed](#) this idea in a January article for the British Medical Journal. Bump contended:

Overall, we interpret the broad patterns in... the competitive scramble for vaccines and supplies to indicate that the political economy of Covid-19 is the political economy of extraction, following longstanding patterns of exploitation....

Internationally, the political economy of Covid-19 reflects global patterns of extraction that were established in colonial times, some of which have continued since colonized countries became independent, including some embodied in medicine and public health. These patterns have important consequences in three areas: they undermine solidarity, increase economic inequalities, and amplify other vulnerabilities. Colonialism was built on extraction and based on ideas of cultural superiority that made solidarity unthinkable for dominant countries....

The longstanding patterns of extraction, the resulting vulnerabilities, and the specific problems presented by Covid-19 all point to the need for change.... To be fair and effective, [universal health coverage] must include marginalized groups, such as migrants, refugees, indigenous people, and people working in the informal sector. For those who have suffered most from extraction, including indigenous people, solutions must include enfranchisement with settlement of land rights and the provision of culturally appropriate services.

<https://www.bmj.com/content/372/bmj.n73>

Finally, on top of the ethical and political arguments, there are clear pragmatic reasons to vaccinate nations that cannot afford to compete with the wealthy. As Tedros Adhanom Ghebreyesu, director-general of the World Health Organization, [explained](#) in *Foreign Policy* magazine:

Allowing the majority of the world's population to go unvaccinated will not only perpetuate needless illness and deaths and the pain of ongoing lockdowns, but also spawn new virus mutations as Covid-19 continues to spread among unprotected populations. Unchecked spread can result in the emergence of more contagious variants, leading to a steep rise in cases. It is a vicious cycle. Faster spread means more people are being infected and more people are dying as health care systems become overwhelmed.

A hermetic seal between the world's haves and have nots is neither desirable nor possible. This coronavirus spreads quickly and often silently, before symptoms develop, or with mild ones common to multiple diseases. These clinical characteristics combined with uncontrolled spread and the global flow of people means that there is a risk that new variants will continue to emerge and spread between countries.

<https://foreignpolicy.com/2021/02/02/vaccine-nationalism-harms-everyone-and-protects-no-one/>

These moral, political, and public health imperatives together create a strong case for bringing an internationalist perspective to bear in creating a more equitable system of vaccine distribution.

For Discussion:

1. How much of the material in this reading was new to you, and how much was already familiar? Do you have any questions about what you read?

2. According to the reading, what are some of the moral arguments for more equitable vaccine distribution? Do these arguments resonate with you? Why or why not?
3. What are some of the practical public health reasons that wealthy countries may want to support vaccine distribution in countries with less wealth? Does this make sense to you? Why or why not?
4. What are some of the historical systems that have contributed to vaccine inequality?
5. What is your reaction to seeing how few countries have gotten a single vaccine?
6. Do you think that wealthy nations should share more vaccines even before vaccinating all of their own citizens? Why or why not?

Reading Two

Setting a Better Course for International Vaccine Distribution

While the distribution of Covid vaccines so far has been marked by striking inequality, an international initiative called COVAX has been formed to take leadership in providing vaccines for poorer countries. Its goal is to ensure that some of the most vulnerable people on the planet, and not just the rich, are protected from Covid. The World Health Organization [explained](#) the purpose and aim of COVAX in a July 2020 news release:

Seventy-five countries have submitted expressions of interest to protect their populations and those of other nations through joining the COVAX Facility, a mechanism designed to guarantee rapid, fair, and equitable access to Covid-19 vaccines worldwide.

The 75 countries, which would finance the vaccines from their own public finance budgets, partner with up to 90 lower-income countries that could be supported through voluntary donations [to the project]. Together, this group of up to 165 countries represents more than 60 percent of the world's population. Among the group are representatives from every continent and more than half of the world's G20 economies.

"COVAX is the only truly global solution to the Covid-19 pandemic," said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance [an international alliance that aims to create equal access to vaccines for children in the world's poorest countries]. "For the vast majority of countries, whether they can afford to pay for their own doses or require assistance, it means receiving a guaranteed share of doses and avoiding being pushed to the back of the queue."

<https://www.who.int/news/item/15-07-2020-more-than-150-countries-engaged-in-covid-19-vaccine-global-access-facility>

The goal of COVAX is to deliver two billion doses of safe, effective vaccines by the end of 2021. However, the initiative faces several challenges. For one, new variants of Covid-19 have spread rapidly in countries including Brazil and South Africa, making control of the virus ever more difficult.

Moreover, COVAX faces the threat of abuse and neglect from wealthy nations. Under former President Donald Trump, the United States not only terminated its relationship with the World Health Organization, but also insisted on having nothing to do with the formation of COVAX. It is unclear how significantly the U.S. position will change under President Joe Biden. As Yasmeen Serhan, a staff writer at *The Atlantic*, [has written](#), some of the current administration's shifts have been largely rhetorical:

When it came to shifting the United States' pandemic posturing, Joe Biden wasted no time. Within hours of his inauguration, the president retracted the previous administration's decision to withdraw the U.S. from the World Health Organization (WHO) and signed executive orders mandating mask wearing on federal property and public transportation. The next day, his chief medical adviser, Anthony Fauci, confirmed that the U.S. would also be supporting COVAX....

The reality, however, has proved far less poetic: Within a week of the WHO and COVAX announcements, the Biden administration also said that it hoped to ramp up the U.S.'s vaccine rollout to 1.5 million vaccinations a day—an effort that will be buoyed by the purchase of a further 200 million doses of the Pfizer-BioNTech and Moderna vaccines. The new deals put the country's projected vaccine supply at 1.2 billion doses... enough to inoculate the American population twice over.

Far from supporting more equitable vaccine distribution around the world, the U.S. under Biden is continuing to undermine it, to the detriment of poorer nations, as well as itself.... While nothing is inherently wrong with wealthy countries wanting to secure enough supply to protect their population, their actions become an issue when they prevent low- and middle-income countries from doing the same.... High-income countries that bought themselves to the front of the vaccine line have all but cleared the shelves, leaving little in the way of short-term supply for the world's poorest countries.

<https://www.theatlantic.com/international/archive/2021/02/joe-biden-vaccines-america-first/617903/>

In order for COVAX to succeed, it will need to overcome wealthier countries' habits of hoarding available vaccines and exploiting their already privileged positions to control the distribution of future supplies.

For Discussion:

1. How much of the material in this reading was new to you, and how much was already familiar? Do you have any questions about what you read?
2. According to the reading, what is the purpose and goal of COVAX?
3. What are some barriers that may prevent COVAX from fulfilling its aims?
4. If you were in charge of global vaccine distribution, how might you handle countries that continue to hoard vaccines for their population?
5. What arguments might you make to convince more countries to support COVAX?