

Left Behind, at Warp Speed

Since COVID-19's earliest days, there has been much discussion of the pandemic's acute and longer-term ethical ramifications, and its costs have been substantial. Early on, social and economic disparities were exacerbated and thrust into full public view, as the virus disproportionately and substantially affected some people, communities, and societies more than others. Many among the American middle class enjoyed the freedom to work from home, while others working in contact-heavy industries lost their jobs, and still others on the front lines worked with little choice but to expose themselves to the virus. The poorest communities suffered the most as health care systems buckled, here and around the world.¹ People in black and brown communities, we quickly learned, were experiencing disproportionate rates of COVID transmission and complications from the disease.

As the world works to hasten the end of the pandemic, things are beginning to look up. Today, the makers of the three vaccines which have been rushed into mass production—AstraZeneca, Pfizer, and Moderna—estimate a production capacity of 5.3 billion doses for 2021.² With the recent approval of Johnson and Johnson's one-dose vaccine, things are looking even better, at least in the United States, where President Biden has publicly promised enough vaccine doses for every American adult by May 2021.³

While important advances have been made, there remains cause for concern. In the U.S., early data show striking race and class disparities in vaccine distribution.^{4 5} Internationally, poorer countries have struggled more with the pandemic, and, when vaccines began shipping in late 2020, they were offered little reprieve, as most initial doses went to industrialized nations. Of the future dosage capacity estimated by pharmaceutical companies producing vaccines, much of the stock is already spoken for. Of those 5.3 billion doses mentioned above, over half have been pre-ordered by affluent nations like the United States, Canada, and EU member states.⁶ Many of those countries' purchasing contracts include blanket provisions for even more doses in the future, despite the fact that their citizens only represent 13% of the global population.

This system for distribution leaves a quickly dwindling vaccine supply for the world's less affluent nations. Most will rely on COVAX, a joint fund for equitable distribution of COVID-19 vaccines led by a consortium of NGOs. This program has secured an estimated 700 million vaccine doses so far and wants to provide 2 billion by the end of 2021, with the aim of providing coverage to at least 20% of the population of participating countries. As arguments continue among domestic policymakers as to the best distribution mechanism here at home (e.g., considering medical need, social function, poverty, disadvantage or other risk factors, etc.), some worry that the world's less advantaged are being left behind. As Duke University's Andrea Taylor puts it: "Now that we are seeing really good results, everyone is feeling more optimistic... But it's quite a scary picture at the minute, because so many countries are missing."⁷

DISCUSSION QUESTIONS

1. What principles should govern domestic vaccine distribution during a pandemic? Are those principles different on an international stage?
2. Should the country in which a vaccine is invented, developed, or produced receive special access to that vaccine? Why or why not?

¹ <https://time.com/5800930/how-coronavirus-will-hurt-the-poor/>

² <https://www.nature.com/articles/d41586-020-03370-6>

³ <https://www.washingtonpost.com/health/2021/03/02/merck-johnson-and-johnson-covid-vaccine-partnership/>

⁴ <https://www.npr.org/sections/coronavirus-live-updates/2021/01/28/961703505/early-data-shows-striking-racial-disparities-in-whos-getting-the-covid-19-vaccin>

⁵ <https://www.nytimes.com/interactive/2021/03/05/us/vaccine-racial-disparities.html>

⁶ <https://www.nature.com/articles/d41586-020-03370-6>

⁷ <https://www.nature.com/articles/d41586-020-03370-6>

