

Global Solidarity in COVID-19 Vaccine Distribution

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What happens when a tidal wave overwhelms the shore? When its havoc redraws the coastal landscape and its rage eradicates our fictitious notions of stability?

In 2005, the force of a 9.0 magnitude earthquake caused shockwaves to radiate over 3,500 km from its epicenter. Within hours, the force of the shockwaves obliterated coastlines, destroying property and drowning people in at least 10 countries. Millions lost their homes, and over 150,000 people died. In short, the earthquake shattered lives, upended economies, and threw entire countries into mourning. The COVID-19 pandemic is exponentially more damaging, having already killed over 2.2 million people worldwide.

COVID-19 is also decimating economies. According to the World Bank it is causing «the deepest recession since the Second World War, with the largest fraction of economies experiencing declines in per capita output since 1870 [... and will] tip millions of people into extreme poverty»¹. Due to this economic disruption, along with mask noncompliance, limited public health funding, vaccine scarcity, and agile variants, COVID-19's shockwaves will continue to disrupt for decades.

¹ World Bank, *COVID-19 to Plunge Global Economy into Worst Recession since World War II*, June 8, 2020, <https://www.worldbank.org/en/news/press-release/2020/06/08/COVID-19-to-plunge-global-economy-into-worst-recession-since-world-war-ii>.

2020 – a year which upended everything – affirmed the global community's failure to plan for a pandemic. Warnings were unheeded and careful plans were forgotten or neglected. Policy-making on COVID-19 resource allocation further marginalized our most vulnerable, resulting in vastly disproportionate death rates by racial affiliation, and vaccine purchasing plans which snub poorer countries. While we are all in this storm together, our ships look very different. WHO Director-General Tedros Adhanom Ghebreyesus's recent statement could not be more poignant: «The world is on the brink of a catastrophic moral failure»². Yet we have a chance – today – to commit to more inclusive policymaking. 2021 begs for solidarity.

Renewal

To confront our upcoming challenges, we must first renew ourselves by taking time to honor the lives – and hopes and dreams – we have lost over the past year. We must mourn those who died of COVID-19 to uphold their memory, and we must acknowledge other personal, unexpected trials: the weddings and funerals we could not attend, the job we may have lost, the loved ones overwhelmed with anxiety and depression. Our grieving will permit us to move past our shock, anger, remorse and guilt to reclaim our energy. Next, we must dismiss the notion that COVID-19 brings new ethical challenges. COVID-19's conflicts are wearily recurrent: public health versus the individual; physician paternalism versus the rights of patients; allocation of scarce resources; racism; and global equity. COVID-19's uniqueness relates to its reach, as nearly all inhabitants

² Reuters Staff, *World is on the brink of a 'catastrophic moral failure' on vaccines – WHO chief*, in *Reuters*, Jan. 18, 2021, <http://bbc.in/3kfy6A>.

of the planet are threatened. COVID-19 is also distinctively wily: its rapidly morphing variants threaten vaccine efficacy. COVID-19 is an enduring earthquake, capable of regeneration.

A Call for Solidarity

World leaders from German Chancellor Angela Merkel to US Chief Medical Advisor Anthony Fauci and WHO Director-General Tedros Adhanom Ghebreyesus have all called upon the notion of solidarity. Tedros called on solidarity to «be at the centre of our efforts to defeat COVID-19»³; Merkel called on solidarity and empathy as the only way to get through this crisis⁴; and Fauci underscored the US's solidarity to the global community in mitigating the impact of COVID-19⁵.

Solidarity is considered by Prainsayck and Buyx to be «enacted commitments to accept costs to assist others with whom a person or persons recognise similarity in a relevant respect»⁶. «Enacted commitments» underscore the requisite for repeated action; solidarity is not mere words, nor is it a handful of good-hearted acts. Solidarity is steady commitment. It also requires empathy, as it depends on emphasizing similarity. And be-

cause the impetus for action lies within commonality, solidarity is egalitarian⁷. Our solidaristic goals, therefore, are as follows.

Identify the Origins of COVID-19

First, the international community must press China for increased truth and transparency related to the origins of COVID-19⁸. Metzl rightly highlights the criticality of this effort: if the origin of COVID-19 is a zoonotic outbreak, we need to strengthen our abilities to monitor and contain future outbreaks. But if the origin was a biohazard lab, we must develop meaningful rules and safeguards. Because either path requires distinct work and intense global coordination, understanding COVID-19's origins are necessary. Pressing China is never without cost, yet solidarity calls us to diligently prepare for future global public health threats.

Supply Vaccines to all Countries

In some countries, Olympic athletes are already receiving – or are prioritized to receive – COVID-19 vaccines to solidify their participation in the upcoming Tokyo games⁹. The IOC and Canadian

³ World Bank, *WHO Director-General's opening remarks at the media briefing on COVID-19 – 18 March 2020*, Mar 18, 2020, <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--18-march-2020>.

⁴ T. MURRAY, *Merkel calls for 'solidarity' as Germany prepare for partial lockdown*, CGTN, Oct. 31. 2020. <https://newseu.cgtn.com/news/2020-10-30/Merkel-calls-for-solidarity-as-Germany-prepare-for-partial-lockdown-UZvf32aOw8/index.html>.

⁵ US HHS, *Dr. Anthony S. Fauci Remarks at the World Health Organization Executive Board Meeting*, in US Dept Health and Human Services website, Jan 21, 2021, <http://bit.ly/3keEciW>.

⁶ A. KOLERS, *Solidarity and similarity: what kind of "we" are we, and why does it matter?*, in *J. Medical Ethics*, July 21, 2020, <https://blogs.bmj.com/medical-ethics/2020/07/21/solidarity-and-similarity-what-kind-of-we-are-we-and-why-does-it-matter>.

⁷ P. WEST-ORAM, *Solidarity is for other people: identifying derelictions of solidarity in responses to COVID-19*, in *Journal of Medical Ethics*, 47, 2, 2021, 65-68. <https://jme.bmj.com/content/47/2/65>.

⁸ J. METZL, *Beijing Must Come Clean About COVID-19 Origins*, in *Newsweek*, Jan. 22, 2021, <https://www.newsweek.com/beijing-must-come-clean-about-covid-19-origins-opinion-1563524>.

⁹ R. NAIR, A. SRIRAM, *No queue-jumping says IOC chief, as nations mull vaccines for athletes*, in *Reuters*, Jan 27, 2021, <https://reut.rs/2NUf58P>.

Olympians have rightly condemned queue-jumping within a country's borders¹⁰, but such declarations are marginally effective; an unyielding international stance is warranted against such nonsensical distribution. And even if a country's athletes receive doses after their healthcare workers and the vulnerable, this prioritization is still immoral in light of today's circumstances. How could we tolerate unvaccinated healthcare workers and vulnerable groups across a nearby border while some of the healthiest people on the planet – competitive skateboarders and baseball players – receive doses in the name of spectator pleasure?

Other egregious examples of vaccine distribution abound. In the US, wealthy Internet-savvy individuals are traveling hundreds of miles to poach doses allocated for marginalized communities¹¹. Other countries have also seen similar abuse. Meanwhile, Israel is markedly ahead of the world in vaccinating their citizens – including their Olympians – while they have provided no vaccines to their occupied Palestinian neighbors. Despite international urging, Israeli officials have declined to aid the Palestinians through vaccination distribution¹². Such vaccine nationalism – the prioritization of only one's own citizens – is a gross violation of solidarity, and poses, in Tedros' words, the exacerbation of global inequalities¹³. Solidarity requires wealthier countries to facilitate vaccine delivery to poorer countries. While vaccine rollout is already underway, it is not too late to move toward greater equity. Article 15 of

UNESCO's Universal Declaration on Bioethics and Human Rights addresses benefit-sharing¹⁴. «Benefits resulting from any scientific research and its applications should be shared with society as a whole and within the international community, in particular with developing countries». Even if countries are not current members of UNESCO, they are still morally obligated to participate in benefit-sharing.

Experts have largely agreed that vaccines should first go to health care workers and the fragile (the elderly and the medically compromised). We must make this prioritization schema a global one: administer doses to all health care workers and fragile populations – across the globe – before any others become recipients. Even if countries have received their vaccines they can still reallocate them. For instance, wealthy nations who signed pre-purchase agreements with Pfizer, Moderna, Johnson & Johnson, and BioNTech pharmaceuticals could donate a portion of their doses to COVAX, a global initiative to increase equitable access to COVID-19 treatment, testing, and vaccines.

During renewed contract negotiations with pharmaceutical companies, nations can also drive terms promoting equitable global distribution. Powerful nations can also promote the relaxation of licensing restrictions to promote widespread production.

¹⁰ G. TÉTRAULT-FARBER, *Canadian Olympians against skipping COVID-19 vaccine line*, in *Reuters*. Jan. 29, 2021, <http://reut.rs/3pJRmFF>.

¹¹ E. ROSENTHAL, *Yes, It Matters That People Are Jumping the Vaccine Line*, in *NY Times*, Jan 28, 2021, <https://nyti.ms/3aH5mf2>.

¹² S. STUB, *1 Border, 2 Tales of Vaccinations*, in *US News and World Report*, Jan. 28, 2021,

<https://www.usnews.com/news/best-countries/articles/2021-01-28/plight-of-palestinians-reflect-global-vaccination-inequity-un-says>.

¹³ M. BERGER, *The vaccine feud between Europe and AstraZeneca, explained*, in *Washington Post*, Jan 30, 2021, <http://wapo.st/3dGxS2n>.

¹⁴ UNESCO, *Universal declaration on bioethics and human rights*, October, 2005, <http://bit.ly/2ZFa1rB> (accessed 25 Jan 2021).

Tedros reminds us that a «me-first approach [to vaccines]»¹⁵ is not only immoral, it also disempowers wealthy countries. «As long as the coronavirus is raging unchecked somewhere in the world, it is a potential threat everywhere in the world»¹⁶. When communities are not vaccinated, and spike proteins mutate, some people can still become quite sick, or die, since the new variants may be less responsive (or unresponsive) to the vaccine. New strains are already found across the globe, endangering the health of even those who have already received a vaccine. In South Africa, The Novavax vaccine's effective rate drops nearly 40% (to 49%) when compared to the vaccine's response during its UK trial¹⁷. The effective rate of the single-dose Johnson & Johnson vaccine dropped 15% (to 57%) in response to the new strain when compared to its response rate in the United States¹⁸. It is better then, to tamp down on the coronavirus everywhere, as much as possible, as soon as possible, for the betterment of wealthy countries as well as poorer countries. Whether is it for self-interest or the greater good, a timely global distribution is a public health imperative.

Support Survivors of COVID-19

Solidarity also requires a commitment to the COVID-19 survivors whose lives are still up-ended. Of the 56.8 million who survived, many

face an uncertain future. A recent post-discharge survey by Halpin et al (2020) found breathlessness, psychological distress, fatigue, and clinically significant worsening in quality of life as common sequelae at 7 weeks discharge from a UK hospital¹⁹. And, since COVID-19 is «a truly multisystem disease», the authors warn of future complications across a plethora of survivors' systems, including cardiac, renal, endocrine, gastrointestinal, nervous and musculoskeletal²⁰. Much is unknown about COVID-19's long-term consequences, but long-term rehabilitation needs to be multidisciplinary. While such care may be feasible in wealthier countries, others will not be so fortunate. This is one more reason to support global vaccination.

Combat Disinformation Campaigns

We must also fight a parallel virus: that of misinformation. Anti-vaccination groups and conspiracy theorists are working against recovery efforts. A California vaccination site suffered a temporary shut-down after maskless protesters blocked access to people trying to receive doses²¹ and a conspiracy-believing pharmacist destroyed 57 vials – more than 550 doses – of the Moderna vaccine²². Elsewhere, some progress has been made: in France, the number of vaccine skeptics nearly dropped in half after lock-down, and polls indicate vaccine opposition

¹⁵ N. AIZENMAN, 'Everything Broke': Global Health Leaders On What Went Wrong In The Pandemic, in NPR, Jan. 25, 2021, <http://n.pr/3bK3MbV>.

¹⁶ *Ibid.*

¹⁷ E. CALLAWAY, S. MALLAPATY, *Novavax offers first evidence that COVID vaccines protect people against variants*, in *Nature*, Jan. 29, 2021, <https://www.nature.com/articles/d41586-021-00268-9>.

¹⁸ Johnson & Johnson, *Johnson & Johnson Announces Single-Shot Janssen COVID-19 Vaccine Candidate Met Primary Endpoints in Interim Analysis of its Phase 3 ENSEMBLE Trial*, Jan 29, 2021, <http://bit.ly/3pFjnhz>.

¹⁹ S.J. HALPIN, C. MCLIVOR, G. WHYATT, A. ADAMS, O. HARVEY, L. MCLEAN, M. SIVAN, *Post discharge symptoms and rehabilitation needs in survivors of COVID-19-19 infection: A cross-sectional evaluation*, in *Journal of medical virology*, 2020.

²⁰ *Ibid.*

²¹ J. WILLIAMS, *Los Angeles vaccination site temporarily shut down by protesters*, in *The Hill*, Jan 30, 2021, <https://bit.ly/3kfploA>.

²² V. ROMO, *Pharmacist Arrested, Accused Of Destroying More Than 500 Moderna Vaccine Doses*, in NPR, Dec. 31, 2020, <http://n.pr/3sm6nz4>.

has dropped in other countries, too²³. Even with this positive report, policymakers must continue to fight the battle against misinformation and conspiracies.

Promote Meaningful Inclusion

Finally, solidarity requires inclusion. In many ways, policymaking in response to COVID-19 highlighted the disconnect between policymakers and the communities impacted by their policies. Policymakers may not live in multigenerational homes, so they may not understand how policy needs to adequately protect many vulnerable family members. Policymakers do not tend to have disabilities, so they may not understand how policy needs to allow caretakers in hospitals for people who depend on 24x7 support. Policymakers are rarely subjected to racial bias, so they are challenged when codifying protections for immigrants and people of color. And policymakers do not live paycheck-to-paycheck, and they are more likely to be able to work from home, so they are unlikely to experience crowded working

conditions or poor ventilation. Their ability to afford to social-distance means they are unfamiliar with the circumstances of many communities with higher exposures. Policy goals are only achievable when diverse voices can inform policymakers of real-world challenges.

Let us recommit to inclusion in 2021. Include diverse voices at the policymaking table by inviting community representatives²⁴ and interdisciplinary voices, including people of color and people with disabilities. Similarly, at the global level, wealthy member-states of the United Nations must include less-wealthy member-states in transnational agreements. Through such actions, we uphold the universal concept of dignity, and without such actions, we fail.

In closing, we must move past COVID-19, and quickly: we are well overdue in our responses to climate change, the plight of the Uighurs, and many other troubling global developments. We must approach 2021 with strong action grounded in solidarity. We can look back at this time, and be proud of our actions, and set an example for generations to come – but only if we unite in purposeful solidarity.

²³ V. WALDERSEE, *Could the new coronavirus weaken 'anti-vaxxers'?*, in *Reuters*, April 11, 2020, <https://www.reuters.com/article/us-health-coronavirus-antivax-idUSKCN21T089>.

²⁴ L. BRUCE, *Invasive Pediatric Procedures by Physicians-in-Training: Recommendations on Consent and Oversight by a Community Bioethics Forum*, 2015, <https://bit.ly/2NR0mvk>.