The poorest countries in the world are lagging in the COVID-19 vaccinations of their citizens. A number of developing countries have yet to even begin a vaccination program. Sadly, this comes as one of the least surprising stories of this past miserable year.

Our economic system, our public policies, our world are all geared to serve best those who expect to be well served. We have become more aware in recent years about white privilege and male privilege. It is time we also address the insidious problem of First World privilege.

Before the COVID-19 pandemic, there were already many serious maladies that had been sweeping through the developing world, often with little notice and almost no alarm.

Tuberculosis is mostly a preventable and curable disease. Yet, some 1.4 million people worldwide—mostly in the poorest countries—died from it in 2019.

Malaria is also a preventable and curable disease. It takes over 400,000 lives each year, over 90% in Africa.

Diarrheal diseases, which are relatively easy to deal with here in the U.S. and other wealthy countries, kill nearly 2200 children every day and is the sixth leading cause of death in the developing world.

Many deaths from these illnesses have a contributing factor: hunger and malnutrition. Bodies become so weakened from lack of proper nutrition that they can easily succumb to illness that often, in the rich world, would be not much more than an inconvenience.

About 9 million people, mostly children, die from hunger and hunger-related illness each year. That is more than the official body count so far from COVID-19. Yet, the millions that perish from lack of food EVERY YEAR get very little attention, let alone an urgent global response to this unnecessary mass suffering and death.

And unnecessary it certainly is. The world produces more than enough food to feed everyone on this planet, and more food could be produced. The workings of the market along with staggering indifference are killing our poorest sisters and brothers.
It should also be noted that genuine improvements in recent years in global poverty and hunger are now being reversed due to the pandemic.\(^9\)

So, is it any wonder that given this history and cruel social reality that the poorest are left to suffer the most during the pandemic? It was, in fact, very predictable. Nevertheless, I allowed myself just a bit of optimism early in the COVID crisis. I thought that perhaps...perhaps...the world community would see how inextricably linked we all are. Illness, suffering, and death in one place can easily hopscotch around the world. All of us across the globe were frightened and felt, at least a bit, a sense of solidarity. We were in this fight together.

I even thought that we in the developed world would become more sensitive to global health and that it would push us to work together to solve this problem on a global level. I also believed that maybe, when this crisis is over, we would be more sensitized to long-term public health crises in the developing world—tuberculosis, malaria, malnutrition—and work as never before to eradicate them.

It is too early to say for sure if my hopes will be dashed, but the signs at this point are not good. Just look at the vaccine rollout I alluded to at the beginning of this article. Below are the doses administered per 100 of the population by select countries (as of June 2, 2021)\(^6\):

- **United Arab Emirates** .......................... 133
- **United Kingdom** .......................... 98
- **United States** .......................... 89
- **Canada** .......................... 64
- **Germany** .......................... 62
- **India** .......................... 16

At the furthest end of the spectrum are the nearly dozen countries that were still waiting in May for vaccines to arrive. These countries include Chad, Burundi, Burkina Faso, and Eritrea.\(^10\)

“Countries and regions with the highest incomes,” one report noted this spring, “are getting vaccinated more than 30 times faster than those with the lowest (incomes).”\(^11\) And it can be added that the areas of the world least likely to have access to vaccines also have limited resources to care for those who get sick.

COVAX is an international effort led by the World Health Organization and others to help assure equitable access to vaccines worldwide. Contributing to COVAX are governments, international organizations, and philanthropies. Their work is vital to protecting the most vulnerable and ultimately to stopping the pandemic. However, progress has been slower than hoped.\(^12\)

Fewer than 1% of all COVID vaccine doses administered worldwide have gone into the arms of people living in low income countries.\(^13\)

There are also disparities within countries. Communities of color and the poor in the United States have been vaccinated at lower rates. According to a report in the American Journal of Managed Care this past spring, “The disproportionate rate at which racial minorities contracted, suffered complications from, and died of COVID-19 in the past year led to public health officials pushing for an equitable distribution of COVID-19 vaccines even before any were FDA-approved. But now, data show racial disparities in COVID-19 vaccinations are evident throughout the country.”\(^14\)

There are indications that the racial vaccination gap may be slowly improving.\(^15\) Hopefully this will continue, as the Biden administration and many state and local authorities appear to have prioritized vaccine equity. But that is precisely what is needed: a genuine commitment followed by concrete action to assure equity in the distribution of life-saving medications, both here and around the world. The problem will not fix itself.

Pope Francis has spoken of “the virus of individualism” that “makes us indifferent to the suffering of others.” And he spoke of “a variant of this virus,” which he identified as “closed nationalism, which prevents...an internationalism of vaccines.” In the same talk this spring, Pope Francis also spoke of the problem of putting the laws of the market and intellectual property rights ahead of “the laws of love and the health of humanity.”\(^16\)

The Pope has clearly urged vaccine equity in very strong terms and believes this principle must trump patents and profits, which only protect the privileged at great expense to the most vulnerable.

A fundamental principle of Catholic Social Teaching is the advancement of the common good. How we act both individually and collectively, in this country and around the world, to end this pandemic and rebuild our communities must be done with an intense focus on the common good. Our physical, mental, economic, and spiritual health depends on it.

**ENDNOTES**


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The mission of the Jesuit Social Research Institute works to transform the Gulf South through action research, analysis, education, and advocacy on the core issues of poverty, race, and migration. The Institute is a collaboration of Loyola University New Orleans and the Society of Jesus rooted in the faith that does justice.