

Covid (United States and beyond): Vaccination Apartheid Threatens Everyone

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The latest wave in the U.S. of COVID new cases, hospitalizations and deaths, which began in the autumn, rose to new highs in the first days of the new year.

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How bad this became is indicated that within weeks total deaths are on schedule to reach half a million since the pandemic began. Over 95,000 of these projected total deaths occurred in January alone, almost 20 percent.

This spike within the new wave was attributed to the large amount of travel, partying and large gatherings over the Christmas – New Year week, with disregard by a large percentage of these people disregarding the imperative need to wear masks and observe safe distancing.

New cases have begun to decline from their high of over three times the height of the previous wave. Hospitalizations, which reached levels beyond capacity in many cities, have begun to lesson. Deaths will take longer to decline.

These declines can be attributed to many states and cities reimposing new restrictions. Already, some are relaxing these rules. If this develops as it did in previous downturns of the first two waves, we can expect a leveling off of new cases, and then a new upturn in the next period.

We know that vaccinations are key to containing COVID. Scientists have known that viruses mutate at a high rate. Most mutations don't change much how the virus acts, but some some do, and for the worse.

One new mutation, first discovered in Britain, is now rapidly spreading in the U.S. (It may have originated here – we don't know because of the poor state of testing).

This variation of the virus is much more contagious than the previous one, and that guarantees that it will soon become the most prevalent one in the U.S. and elsewhere. The increased spread of this mutated virus world wide is guaranteed.

Another variant was first discovered in South Africa, and may be resistant to at least some of the available vaccines. It is spreading in Africa.

There will be new mutations, because the virus doesn't mutate unless it reproduces, and viruses cannot reproduce outside of infected cells, but as new cases continue at a high rate internationally new mutations are inevitable.

The only way to stop this increased spread of the “original” variant, these two new ones, and of new dangerous variants that are sure to appear is through vaccination of the large majority of the world’s population.

We are no where near doing enough vaccinations even in the U.S. and the situation is worse on an international level.

An aspect of this situation is vaccination apartheid.

Vaccination Apartheid in the United States

It became apparent soon after the pandemic began that African Americans and Latino population were disproportionately suffering higher cases, higher hospitalizations and higher deaths than whites.

For this first time, many Americans were made aware that this was due to worse conditions for non-whites of health services; unemployment, wages and every other economic category; housing; transportation; homelessness and more. This began to bring to sections of the public the fact that underneath all this was systematic racial, institutionalized oppression.

Black Lives Matter, beginning with police murders and general attacks including arrests that funneled into mass incarceration of Blacks and Latino, reinforced this growing awareness.

This overall oppression is now being added to through vaccination apartheid.

“The two approved vaccines (Pfizer and Moderna, each requiring two doses) are in short supply,” writes Mya Shone in the February 1 Organizer, “since private-sector supply chains and current manufacturing capacity cannot meet this demand.

“This requires setting priorities and rationing vaccine distribution. Even while health care workers and residents were the obvious [first] priority, vaccinations to date demonstrate an inverse proportion between community deaths and who is getting vaccinated.

“Three examples highlight the problem: the Black population of Washington, D.C.; Black and Latino residents of Dallas, Texas; and New York state prisoners, who are overwhelmingly people of color.

“Washington D.C. is divided into eight wards (districts): Ward 2 has a population that is 81 percent white and that of Ward 3 is 64 percent white. These wards are the most affluent, while Wards 7 and 8, each with 92 percent Black residents are among the poorest.

“As of Jan. 15, there were 42 deaths from COVID-19 in Ward 2 as well as in Ward 3, while the death tolls in Wards 7 and 8 reached 128 and 162 respectively.

“Yet once the vaccine program began, Wards 7 and 8 had the lowest vaccine appointments booked, while the affluent white wards had the highest.”

There were 197 appointments booked in Ward 7 and 94 in Ward 8, while Ward 2 had 1,274 and Ward 3 had 2,465.

In Texas, vaccine distribution sites are more commonly located in white neighborhoods. “Yet the state came down hard on upon Dallas County Commissioners” Shone wrote, “who voted to prioritize the limited number of vaccines [available] to the public health system, a portion of which were to be

used at a distribution center serving mostly Black and Latino neighborhoods disproportionately hard-hit by the pandemic.

“Even this limited attempt at a more equitable distribution was scuttled after the Texas Department of State Health Services, responsible for vaccine distribution, threatened to reduce the weekly vaccine allocation to Dallas County Health and Human Services and no longer designate it a ‘hub provider’ [unless it stopped the plan].”

One in five state and federal prisoners has tested positive for the virus, a rate four times that of the general population. Prisoners are twice as likely to die from the virus compared to the general population. Blacks and Latinos make up a majority of prisoners in the system of mass incarceration in the U.S.

“Twelve prisoners died of the virus in recent weeks in the New York state prison and jail systems,” Shone writes, “five of them during the 10-day period between Jan. 4 and Jan. 14, outpacing the rate from the early days of the pandemic.

“How could it be otherwise given the congested living conditions, the prevalence of underlying health conditions, and the rationing and denial of health care?

“Yet, reported the New York Times on Jan. 26, ‘When New York announced new vaccine guidelines ... one particularly hard-hit group remained unmentioned: the nearly 50,000 people incarcerated in the state’s prisons and jails’ “.

These are just a few examples of what is happening across the country. The Centers for Disease Control and Prevention (CDC) reports that Blacks and Latinos are being vaccinated at much lower rates than whites.

The CDC says over 60 percent of those vaccinated through January are white, while 11.5 percent are Latino, 6 percent are Asian, and just over 5 percent are Black.

One epicenter of the virus has been in the large Latino population in Los Angeles. Deaths in this community jumped up 1,000 percent from November through January.

Dr. David-Hayes Bautista, director of the Study of Latino Health and Culture at the UCLA School of Medicine, said on Democracy Now, “What we are seeing is about 150 years of medical neglect of Latino amongst other communities.

“And in California, all populations of color have much higher death rates than non-Hispanic whites, which tells us a lot about where the medical resources are and aren’t.

“But particularly for Latinos, as essential workers who have kept the state going, the farmworkers who keep the state fed, the truck drivers, the packing house workers, the food industry workers, etc....

“We didn’t consider them as essential workers. We didn’t provide them personal protective equipment. They rarely have health insurance anyway, very low wage, so that the coronavirus was able to eat its way through them very quickly.”

He also said in these conditions “The vaccination rate is very, very low in California amongst Latinos and most populations of color.”

International Vaccine Apartheid

The world is divided between the imperialist powers, often referred to in the capitalist press as “advanced countries,” and the large majority of countries who are oppressed and exploited by the imperialists, often called “low income” or “developing countries.”

As may be expected, there is a great divide between the imperialist and oppressed nations concerning vaccinations.

This worldwide vaccine divide is very striking between the apartheid state of Israel and the Palestinians in the West Bank and Gaza it rules over.

While Israel has made big strides in inoculating its citizens, it has rejected providing vaccines to the Palestinians (just recently, it agreed to let 5,000 doses get into the West Bank and Gaza for health care workers due to international outrage, hardly enough for the five million Palestinians).

As of late January, the West African nation of Guinea was the only “low income” country to have begin vaccinating, with the Sputnik V vaccine from Russia.

The Washington Post reported Jan. 26, “Together, Britain, Canada, the United States and the European Union have purchased the lion’s share of the global vaccine supply.”

In nearly 70 “low income” countries 90 percent of the population will not be inoculated in 2021 according to Amnesty International, Oxfam and other organizations making up the People’s Vaccine Alliance.

For most people in most countries they will not be vaccinated for years, unless there is a drastic change of course.

“Many developing countries, from Bangladesh to Tanzania to Peru” wrote the New York Times on Jan. 25, “will likely have to wait until 2024 before fully vaccinating their populations.”

Africa has been especially hard hit by the virus. In South Africa, vaccinations had to be halted because the new variant that was discovered there is turning out to be resistant to the AstraZeneca vaccine. This mutant form will spread. What will be the impact on other vaccines?

Russia, China and Cuba have or soon will have vaccines. Can these fill the gaps due to the imperialist countries having bought up so much of the Pfizer and Moderna vaccines?

In any case, the imperialist powers must step up and provide vaccines for the 85 percent of the “developing” world. This is not only a moral imperative.

Not to do so will boomerang back on them. Vaccinations must reach all the peoples of the world, or COVID will continue to spread, and with continued spread there will be continual mutations and the threat of more dangerous variants, including variants that resist current vaccines.

As John Nkengasong, director of the African Centers for Disease Control and Prevention, says, the world faces “a moral catastrophe” without vaccine equity. “It has to be very clear that no part of the world will be safe until all parts of the world are safe,” he says.

“We either come out of this together or we go down together. There is no middle ground.”

Barry Sheppard

P.S.

- Correction of a typo — the number of deaths in January was obviously 95,000 not 95 million!