



DIALOGUE

BLACK LIVES MATTER

Covid-19 is a global health emergency that calls for a global solution. A veritable storm, it has intensified health inequalities and affected the most disadvantaged and marginalized social groups around the world, including Italy, underscoring the fact that no community is safe unless all communities are protected.

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“We’re in the same storm, but not the same boat”: the saying seems to have been invented precisely to describe the global health crisis we are experiencing, and the different fates of the “boats” that are being hit by it. As we witness what is taking place in the United States, where Black Americans are dying at more than twice the rate of White ones, it has quickly become clear how the Covid-19 pandemic is exacerbating social disparities both there and elsewhere. Multiple causes underlie the excessive mortality of Black Americans: many are on the front line of the pandemic due to their increased likelihood of holding “essential” jobs as nurses, caregivers, cleaners at hospitals and assisted living facilities, grocery store clerks, food industry workers, and so on. In addition, Black Americans often live in urban or residential areas where social distancing is more difficult; suffer disproportionately from chronic diseases (in part due to the high prevalence of obesity among the population); and may be vulnerable to more severe forms of Covid-19. Too many have precarious jobs, a lack of health coverage, and far greater difficulties in gaining access to a Covid-19 test. Finally, Black Americans are poorer than other Americans: in 2016 the median wealth of a Black household was \$17,100, while that of a White household was \$171,000. But in other areas of the world, including Italy, we could replace this population group with other disadvantaged, marginalized and impoverished ones and find a similar picture. The fact that we are not all “in the same boat” is borne out by the unfolding situation vis-à-vis vaccine availability— something very similar to what happened earlier with HIV drugs. The latter became available to patients in the poorest countries, especially those in sub-Saharan Africa, ten years too late, when millions of preventable deaths had already occurred. We all know the reasons: the cost of the products and the patent barrier. The current pandemic is not even remotely comparable, in terms of the numbers of victims, to the HIV/AIDS epidemic that has plagued Africa; in fact, Covid-19 numbers are considerably lower in Africa than on other continents. But the indirect costs of the crisis – on economies and political stability, and in terms of international isolation – may well be higher¹. This is why Africa needs vaccines just as much as other countries, both in terms of quantity and timing. In an editorial dated 5 December 2020², *The Lancet* had this to say about the situation: «COVID-19 is a global health emergency that demands a global solution. No community is safe from SARS-CoV-2 unless all communities are protected.» However indisputable this argument may be, though, it has done little to prevent the tendency of the world’s wealthiest nations to hoard vaccines; indeed, they have already snatched up to 53% of the available vaccines despite accounting for just 14% of the global population. Canada has purchased more doses than any other country, enough to vaccinate each of its citizens five times³; and if it is true, as news reports claim, that Italy has ordered 200 million doses, then our own country has not been outdone. Philanthropic action has been taken with the launch of an initiative known as COVAX, whose aim is to secure 2 billion doses for poor-middle income nations and to distribute them by the end of 2021. 97 higher-income countries have already signed a commitment to ensure 20% population coverage to 91 lower-income ones by that date, but this figure is far below what would be required to achieve herd immunity². Nine months after the onset of the pandemic, there is still no international policy measure to ensure universal access to Covid-19 vaccines or other effective remedies that have been developed. However, India and South Africa are working toward that goal: on 2 October 2020, the two countries sent the World Trade Organization a joint proposal asking that patent and other intellectual property rights related to Covid-19 drugs, vaccines, diagnostics, PPE and other medical technologies be suspended for the duration of the pandemic, and until herd immunity has been achieved⁴.

As was the case with HIV drugs, we are once again seeing a global match between the drive for profit and the need to secure the health of the world’s peoples.

NOTES

¹ Murru M., Covid-19 in Africa/2, <https://www.saluteinternazionale.info/2020/11/covid-19-in-africa-2/>

² Editorial, *An African plan to control COVID-19 is urgently needed*, *Lancet* 2020; 396-1777.

³ https://www.repubblica.it/esteri/2020/12/09/news/coronavirus_

[vaccino_privilegio_dei_paesi_ricchi_irraggiungibile_per_9_persone_su_10_in_70_paesi_poveri-277602156/?ref=RHTP-BH-I274746038-P2-S6-T1](https://www.saluteinternazionale.info/2020/11/vaccini-privilegio-dei-paesi-ricchi-irraggiungibile-per-9-persone-su-10-in-70-paesi-poveri-277602156/?ref=RHTP-BH-I274746038-P2-S6-T1)

⁴ Garattini S, Dentico N, *Vaccini (veramente) per tutti*.

<https://www.saluteinternazionale.info/2020/11/vaccini-veramente-per-tutti/>