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European Languages

زبانهای اروپایی

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07.03.2021

Vaccine imperialism: China vs. the Western world

Vaccine Racism: How wealthy nations stockpile life-saving vaccines while poor countries and poor people within these countries are ignored. How Western countries criticize China, despite China's success in containing the virus and providing vaccines to the world.

Feb. 23

China and Russia are among the first countries in the world to vaccinate people [against COVID-19], according to the website Our World in Data. By Dec. 15, 2020, at least 1.5 million Chinese had taken a jab. The U.S. and U.K. had also begun their vaccination campaigns in early December; by Dec. 15 they had vaccinated around half a million people.

CAPITALISM *on a* **VENTILATOR**

*The Impact of COVID-19
in China & the U.S.*



**An anthology of social justice activists discussing a
global choice: cooperation vs. competition**

Edited by Sara Flounders & Lee Siu Hin

A Project of the International Action Center & China U.S. Solidarity Network

So far, China is leading the world in the number of people who are fully vaccinated or have at least received the first jab. According to the Chinese media, as of Jan. 23, nearly 16 million had taken a jab, closely followed by the number of people vaccinated in the U.S. As of Feb. 9, China had administered 40.52 million doses and the U.S. had given 43.2 million.

It was just like a neck-to-neck race. The Chinese vaccination campaign slowed down over the Chinese New Year holiday (Feb. 11-17). By Feb. 21 some 63 million people in the U.S. had taken the shot, compared with China's estimated 53 million. But with the holiday now over, China is expected to increase the speed and catch up again quickly.

China and the U.S. face very different situations. At the current rate, the U.S. could vaccinate its population in six months; many estimate that China, with 1.4 billion people,

will take up to two years to fully vaccinate its population. However, because of its very effective anti-pandemic strategy, with its very low COVID infection rate, experts believe that, unlike the U.S., China does not need to rush for full vaccination in order to achieve the goal of “herd immunity.”

China has already won the epidemic war, and now is acting to prevent any new outbreaks of the virus.

Its first vaccination priorities, after medical workers, are workers who face the public or handle imported goods. These include logistics workers, bus drivers, hospitality workers and so on. Seniors in China are less likely to become infected with the virus, so the priority for vaccinating them comes after these public workers – unlike in the Western world, where public workers are often at the bottom of the list. That’s one of the reasons China can vaccinate its citizens at a comfortable rate and be able to allocate enough vaccines to ship to the rest of the world — and the strategy is working.

As for vaccine solidarity, China has become the world’s biggest vaccine-exporting country, especially of vaccines going to the developing countries of the Global South. It must be pointed out that while the U.S. and European countries have made much of the billions of doses of their vaccines that have been ordered, in reality “ordered” is very different from orders that have been shipped. Most Chinese orders are firm orders or orders that will be delivered soon.

Who’s leading the global vaccine race?

As of mid-February ten COVID-19 vaccines had been approved for Emergency Use Authorization (EUA) around the world – and China leads the way, with four of them (Sinopharm/Beijing, Sinopharm/Wuhan, CanSino and Sinovac). The U.S. has one (Moderna), U.S.-Germany have one (Pfizer/BioNTech), the U.K.-Sweden have one (Oxford/AstraZeneca), Russia has two (Sputnik V, EpiVacCorona), and India has one (Covaxin).

According to Our World in Data, as of Feb. 21 about 98 countries/regions were ordering the vaccines. The overwhelming majority (approximately 85 countries/regions) ordered Western-made vaccines (Oxford/AstraZeneca, Pfizer/BioNTech, Moderna,

Johnson&Johnson). Approximately 16 countries were ordering Chinese vaccines (Sinopharm/Beijing, Sinopharm/Wuhan, Sinovac) while nine countries were ordering a Russian vaccine (Sputnik V).

However, “ordered” doesn’t mean they have received the vaccines, or even will receive them soon. At the Feb. 19 United Nations meeting on COVID-19 vaccines, UN Secretary General António Guterres sharply criticized the “wildly uneven and unfair” distribution of COVID vaccines, in which only ten countries in the world, notably the U.S., Canada and eight western European countries, have taken 75 percent of all vaccine doses, while 130 other countries have received not a single dose.

Dog eat dog vaccine nationalism, imperialism and vaccine apartheid racism

Wealthy nations are hoarding most vaccines and denying them to poor nations. It is the U.S./U.K against Europe, rich people against poor people, white against people of color — a racist vaccine pyramid where wealthy Western whites are at the top of the food chain and the non-white poor, developing countries are always at the bottom.

So far very few Western-made vaccines have been delivered to the Global South. The terms “vaccine imperialism” and “distribution racism” are based on rich countries buying up most Western-made vaccines — far more than they need, leaving very few for developing countries.

For fair global vaccine distribution, the World Health Organization (WHO), along with the Global Vaccine Alliance (GAVI) and the Coalition for Epidemic Preparedness Innovations (CEPI), created COVAX. It hopes to deliver more than two billion doses of the vaccines to people in 190 countries in less than a year. In particular, it wants to ensure 92 poorer countries will receive access to vaccines at the same time as 98 wealthier countries.

COVAX has raised \$6 billion, with an additional \$2 billion needed for 2021. So who’s funding COVAX and which countries might benefit most from the deal? From the birth of COVAX, it has been working closely with Western countries and their pharmaceutical companies, helping them to quickly dominate the global vaccine market. The U.K. (\$734 million) and the U.S. (\$4 billion) are some of the biggest donors for COVAX; these

countries got their vaccines approved from the beginning, such as the U.K.'s Oxford/AstraZeneca COVID vaccine, which helped them become the world's biggest vaccine providers.

But big orders don't mean they're able to fulfill orders quickly. Just like a used car salesperson, they only push hard for more orders, cutting the competition out (in this case, Chinese and Russian vaccines) in order to control the market, but they are not concerned with how to deliver their products or the quality of them. With a billion doses ordered, the first batch of Western vaccines is only guaranteed for the Western world. The rest of the world, sorry! They'll need to wait months, even a year before receiving their products.

Besides the ongoing vaccine wars between the U.K. and the EU over Oxford/AstraZeneca supplies, hardly any vaccines have been sent to other countries.

According to research by Duke University's Global Health Innovation Center, as of Jan. 19 high-income countries had ordered nearly 4.2 billion doses, while lower-middle and low-income countries have ordered less than 700 million. One can argue a country should preorder at least 1-2 year supplies, but many wealthy nations have preordered far more vaccine than they will need. For example:

- The European Union with a population of 450 million has ordered 1.85 billion doses, enough for everyone to be vaccinated four times.
- The United States with a population of 331 million has ordered 1.21 billion doses, also enough for everyone to be vaccinated four times.
- Australia, population of 25.5 million, has ordered 115 million doses, enough for everyone to be vaccinated 4.5 times.
- An extreme example is Canada, with a population of 37.7 million people. Canada has ordered 362 million doses, a whopping big number enabling everyone to be vaccinated nine times!

By comparison, the vaccine “have-nots” of the Global South are in a dire situation:

- El Salvador, with 6.5 million people, has ordered 2 million doses, only enough to vaccinate one out of every three people.
- The African Union, with 1.32 billion people, has ordered 270 million doses; just enough to vaccinate one out of every five people, or 20 percent of the population.
- Iraq, with a population of 40 million, has ordered 1.5 million doses, sadly only enough for 4 percent of the Iraqi population to get a jab.

Why are Western countries overbuying vaccines? Some activists suggest they're running a vaccine market monopoly scheme — where they control the market, so they control the price. As with the futures trading market, they can sell their “excess” vaccines to poor countries for political ransom or a higher price.

Besides vaccine nationalism, there is also vaccine blockade, where Western economies prevent countries without U.S. dollars or bank wire transfer power from buying vaccines. This has become the new imperialist weapon against other countries.

U.S. illegal sanctions against Iran have prevented the Iranians from purchasing life-saving PPE, medical equipment and now vaccines, because they do not have access to U.S. dollars (the common currency for international trade) or international wire transfer service. Basically, international wire transfer needs a SWIFT code, which is controlled by the U.S.

Israel has much-hyped that it fully vaccinated its citizens in a very short time, but in Palestine, across the nearby apartheid wall, people are not getting life-saving vaccines.

Vaccine community distribution racism in the U.S.

As of mid-February, the U.S. has been administering approximately 1.5 million doses of vaccine daily, yet vaccine distribution inequality is very much in evidence in the inner-city communities of poor people of color. It can be traced back to the historical roots of racism and economic oppression.

In Los Angeles County in mid-February, for example, according to L.A. County data, the rate of vaccination among white and Asian residents continues to be significantly higher than among Black/African American and Latino/Latinx residents:

– Black/African Americans are 9 percent of the 16-and-older county population, but they have received only 5.2 percent of the vaccinations to date.

– Latinx residents are 46 percent of the 16-and-older county population but represent only 23 percent of those vaccinated.

The main reason for this discrepancy is that the poor communities continue to lack convenient access to vaccination facilities, which is not the case in affluent white communities.

It's the same dire situation in Chicago. Non-white Chicagoans, who make up a majority of COVID-19 cases, have faced enormous difficulties in signing up for vaccine appointments because of technology barriers and "pharmacy deserts." According to the Guardian newspaper:

"Despite Black people only accounting for 30% of Chicago's population, Black Chicagoans make up 60% of all COVID-19 cases. And **lack of hospitals, prominence of food deserts**, and other inequalities has turned COVID-19 into an even more lethal health crisis for these communities. But even **during Chicago's Phase 1A**, when only healthcare workers and long-term care facility residents and staff were eligible for vaccination, the **majority of those vaccinated were from more affluent areas** such as downtown and the North Side...."

Furthermore, the Tuskegee experiment, a notorious example of historical economic and medical inequality, has meant that many African Americans remain hesitant about the new COVID-19 vaccine.

According to an October 2020 report published by the Public Policy Institute of California (PPIC), only 29 percent of African Americans in the state said they would "definitely" or "probably" get a COVID-19 vaccine. The low confidence among this racial group stands in stark contrast to the 54 percent of Latinos, 60 percent of whites and 70 percent of Asian Californians who said they would definitely or probably get a vaccine. (On a positive note, African Americans' attitude toward vaccination has slowly improved over the past few months since the vaccine campaign has been underway.)

With historical distrust from the community and inadequate access to vaccination sites, the inner-city communities of the poor and people of color will definitely be losers in the vaccine fight.

China global vaccine solidarity

While China was not on the initial COVAX vaccine list, it has sent and/or donated millions of vaccine doses around the world — especially to the Global South.

According to Chinese Foreign Minister Wang Yi, by mid-February China had donated vaccines to 53 developing countries, including Somalia, Iraq, South Sudan and Palestine. It has also exported vaccines to 22 countries. In addition, it launched research and development cooperation projects with more than ten countries. Also at the WHO's request, China will contribute 10 million doses of vaccines to COVAX.

As of Feb. 14, according to China Global Times, at least 40 countries had ordered or donated at least 561 million doses of Chinese vaccines; some of the main buyers include Peru (38 million), Mexico (35 million), Indonesia (122.8 million), Philippines (25 million doses with an additional 0.6 million donation), Turkey (50 million), Brazil (120 million) and Chile (60 million). Other buyers include Colombia, Uruguay, Myanmar, Malaysia, Thailand and Laos — and Morocco, Egypt, Seychelles, Zimbabwe, Senegal and Equatorial Guinea in Africa.

In Europe, Serbia received Chinese vaccines, making that country the second most vaccinated in Europe, following the U.K. Hungary became the first EU member state to receive Chinese vaccines (which are not yet EU-approved for use).

China's vaccine success across the world shows the true meaning of global solidarity. Not surprisingly, the Western countries are responding with nonsense skepticism and jealous rage. They are spreading unfounded rumors about Chinese vaccine safety (just as the U.S. did last year, when it spread the so-called "Wuhan military lab leaked virus" hoax).

However, for the past two months a dozen global leaders have taken the Chinese jab in front of cameras to show their support for Chinese vaccines, including:

– Seychelles President Wavel Ramkalawan

- Turkish President Tayyip Erdoğan
- Indonesian President Joko Widodo
- Sheik Mohammed bin Rashid Al Maktoum, Prime Minister of United Arab Emirates (UAE)
- Equatorial Guinea President Teodoro Obiang Nguema Mbasogo
- Serbian President Aleksandar Vučić
- Jordanian Prime Minister Bisher Al-Khasawneh
- Chilean President Sebastián Piñera

and many other global leaders and top government officials.

Why? In addition to many countries resisting Western vaccine imperialism, experts say Chinese vaccines are better suited for the Global South. Chinese vaccines cost less and have easier logistical requirements, considering that Pfizer's mRNA vaccine needs ultra-cold freezers, a technology and cost which many developing countries cannot afford.

Western countries' vaccine racism, imperialism and mismanagement have caused massive and chaotic vaccine development and distribution drama and a vaccination logistics mess.

While pushing unfounded claims about Chinese vaccine safety, Western mainstream media have mentioned little about the deaths of 23 elderly Norwegians after they took the Pfizer vaccine.

Nor are the media reporting critical scientific analyses. As of Feb. 12, with approximately 43 million people vaccinated, there have been nearly 16,000 cases of adverse effects (or 3 out of 10,000) reported after receiving the Pfizer or Moderna vaccines. There have been 929 deaths in the U.S. of people who have taken the vaccines, some of which could possibly be attributed to the vaccines. Whatever their reasons, the silence of the Western media and the corporate science community leaves a lot of room for right-wing anti-Vaxxer movements to use the data to support their wild vaccine conspiracy theories.

So, what should we do?

Progressive activists from anti-racist, community, peace and social justice movements around the world are increasingly critical of the giant corporate pharmaceutical companies in Western countries for engaging in racism and vaccine imperialism against communities of color within their countries and poor countries across the globe.

Many are calling for a broad-based vaccine justice campaign to hold wealthy Western nations and their multinational pharmaceutical companies accountable and for inviting communities, countries from the Global South, and China to actively participate in coming up with a solution. DIVIDED WE FALL, UNITED WE WIN! Together we build global solidarity for faster, more affordable and more equitable distribution of vaccines to all communities and around the world.

Lee Siu Hin is a national coordinator of the National Immigrant Solidarity Network; the China-U.S. Solidarity Network (CUSN); and e-Medical Alliance, a network of academia and community activists for both countries committed to grassroots dialogue. Lee can be reached at ActivistWeb@gmail.com and is currently launching a community-based global vaccine justice campaign.

Workers World 05.03.2021