

Beyond Borders: a Global Vaccine Solution

Disease knows no borders. Yet, this fact has been lost amidst the drastic inequities in global COVID-19 vaccine distribution. A person is vaccinated by the second in wealthy nations, while the majority of lower income nations have yet to receive *a single dose* (Grainger & Dransfield, 2021). The scarcity of vaccines demands an answer to one of the most complex moral questions: how do we weigh one life against another? I will argue that the most at risk in low-income countries should receive the vaccine first on a utilitarian basis. Throughout, I will explore utilitarianism as a moral framework, address the obligations of wealthy countries and the significance of borders during the pandemic, as well as assess the best metrics for distribution.

First, it is important to discuss why utilitarianism ought to be the operating principle for international relations, especially during the pandemic. Many may argue that wealthy countries should vaccinate their citizens first because they have a greater duty to them over foreign countries. After all, their citizens pay taxes, follow laws, and contribute to society in return for protection from their government. However, these national distinctions become less relevant when we consider the moral arbitrariness of being born in one country over another. It would be unjust to deny access to a life-saving vaccine to someone due to the lottery of birth and factors outside of their control (i.e. where they reside, whether their home country is wealthy or has the capacity to vaccinate). Let us analyse this further through John Rawls' veil of ignorance, a thought experiment wherein we are asked to decide how we would want society to be structured if we had no knowledge of our placement within that society (Rawls, 1971). Rawls' veil of ignorance rests on the intuition that if everyone would consent, the arrangement is legitimate. If we were all to sit behind that veil, how would we want the vaccine to be distributed? It is likely

that the vast majority of people would want the fairest process of distribution, where wealthy countries work towards the greater good and prioritize the most vulnerable countries first.

Proponents of the social contract may argue that domestic citizens are owed special obligations because they are subject to state coercion. Yet, the concept of borders as a whole coerces everyone, irrespective of where they live by limiting their freedoms. It is also critical to understand the zero-sum nature of scarce vaccine distribution. If the West obtains 20 million more vaccines, that is 20 million less for poorer nations who are at far more risk. Even if one were to acknowledge that countries have some obligation to their citizens during this crisis, this duty is not absolute. “Vaccine nationalism” is becoming more prevalent, where countries preorder vaccines for their populations before other countries can access them. This is apparent in Canada, which has five times the number of vaccine doses needed to vaccinate the whole country (Gill, 2020). Hence, the priority of wealthier nations would actually hinder the ability of other states to fulfill obligations to their citizens.

The utilitarian framework particularly applies in crisis scenarios such as the pandemic, when the stakes are so high and trade off with people’s right to life itself. One can draw a parallel to when we expect wealthy countries to implement climate change legislation to help the world overall, even if they are not the ones that are most affected. The need is even more pronounced during the pandemic, as the link between one’s climate change policies and a death in 50 years is more speculative and difficult to establish compared to COVID. A global health crisis’ direct consequence involves the most dire and irreversible harm — death. Even in more moderate cases, it is wrong to force low-income nations into lockdowns and sacrifice their economy while the comparably more resilient West thrives with an abundance of vaccines.

An objection to this utilitarian perspective may come from Rawls' *The Law of Peoples*. According to Rawls, important elements influencing our lives are our domestic government, culture, traditions, institutions, and members (Rawls, 1993). Due to this, one could claim that our national ties should outweigh our ties to the global community. However, this argument does not acknowledge the international nature of the pandemic. If we allow the virus to rage on unabated in the developing world, new variants that are potentially more contagious and more vaccine resistant naturally arise — this has already happened. Wealthy countries benefit by preventing new strands of the virus from arising and preparing a faster end to the pandemic. This maximizes utilitarian outcomes *and* domestic interests.

Furthermore, like contemporary cosmopolitans argue, every individual is a “citizen of the world” and deserves an equal standing irrespective of their national identity. Although we all have local connections, our global relationships are key. For instance, the world is able to maintain order because all humans are involved in the practice of global rules and organizations. Thomas Pogge describes some in particular, which are the International Borrowing and Resource Privileges that allow governments to borrow money and permit them to utilize their resources however they would like (Brock, 2015). While often hindering the growth of poorer nations, these international privileges have provided great benefits to wealthy nations and contributed to their resilience during the pandemic. Conflicts between domestic and foreign relationships are inevitable. However, COVID-19 is a crisis that requires wealthy countries, in particular, to compromise and fulfill their international humanitarian duties.

If the conclusion is therefore that we ought to prioritize the greater good, the next consideration is how wealthy nations' obligations may be reparative in nature. Global health inequality occurred through no fault of low-income nations, but rather the global hierarchy led

by wealthier ones. Due to the history of oppression and colonialism perpetuated by wealthy countries, poorer nations have a lack of funds to combat the virus and have poor living conditions, such as overcrowding or the lack of ventilation. Despite a clear need for vaccines to counter these obstacles, wealthy countries used intellectual property laws to actively prevent poorer nations from accessing them (Gebrekidan & Apuzzo, 2021). Wealthy nations have a moral obligation to reform the healthcare inequalities that they have perpetuated and provide low-income countries with the vaccines that they need first.

Eventually, vaccine production will increase and different questions will arise around the metrics for distribution. For example, those born in Sierra Leone have a life expectancy of around 40 years whereas those who are born in Japan are expected to live for 80 years (Brock, 2015). Which should we prioritize? One might say that we should distribute vaccines based on life expectancy because they can utilize the scarce resource to the fullest extent. Conventionally in medical systems when determining who should be given a scarce treatment or organ, the individual who can maximize its use is prioritized. However, that is not analogous to this situation because there is a clear difference in need for the vaccine, compared to two patients who both require the organ transplant to survive. In this case, a longer life-expectancy indicates that the individual has stronger health to begin with and resides in a better conditioned country with robust healthcare systems and treatments. Comparatively, those in developing countries with statistically shorter life expectancies have far less support if they contract COVID-19 and are less equipped to handle the spread of the virus. Hence, the Japanese citizen should not be granted a vaccine before the Sierra Leonean citizen because the former can take effective preventative measures that the latter does not have access to. Prioritizing poorer nations will save far more lives and mitigate the spread of the virus in the most severe areas.

It is a moral imperative that vulnerable countries are put at the forefront of vaccination efforts — to right historic and current wrongs and to put an end to the global pandemic that has cost millions of lives. Borders matter in certain scenarios, but this is not one of them. Everyone is a citizen of the world and deserves equal consideration, regardless of the colour of their passport.

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