

ONLY THE RICH CAN AFFORD A FREE VACCINE: HEALTHCARE INEQUALITY IN A PANDEMIC†

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At the time of this article (February 2021), and as the United States faces its thirteenth month of COVID-19,¹ vaccine access appears to be the biggest challenge facing both public health officials and private citizens. In an ideal world, the two groups would work together to prioritize at-risk groups, but in some cases the two are actually directly opposed. The conflict surfaces when wealthy Americans and individuals from other countries use their resources to search out scarce vaccine appointments, in some cases succeeding. Wherever this happens, local and minority groups are squeezed out of vaccine allotments that were purposefully distributed by health officials with the intent of protecting their communities. However, vaccine poverty hasn't only affected healthcare equity for low-income individuals in the United States. Worldwide, many individuals in low-income countries likely won't see vaccines until 2023.² This is especially concerning because low-income communities have been among the groups with the greatest exposure, mortality, and economic hardship from COVID-19.³

By the end of 2020, the United States experienced 20 million SARS-CoV-2 cases and 346,000 deaths, a significant fraction of the world's 83.8 million cases and 1.8 million deaths.⁴ By the time you are reading this article, that number is certainly higher. As such, individuals worldwide are searching for opportunities to reduce their risk. Many see the vaccine as their way to do so. In Florida, there have been reports of Canadians, Brazilians, and Venezuelans flying in to get vaccinated and then leaving

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1. AJMC Staff. (2021, January 1). *A timeline of COVID-19 developments in 2020*. Retrieved February 02, 2021, from <https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020>.

2. Dyer O. Covid-19: Many poor countries will see almost no vaccine next year, aid groups warn. *BMJ*. 2020 Dec 11;371:m4809. doi: 10.1136/bmj.m4809. PMID: 33310819.

3. Human Rights Watch. (2020, March 19). *US: Address Impact of Covid-19 on Poor*. Retrieved from <https://www.hrw.org/news/2020/03/19/us-address-impact-covid-19-poor>.

4. AJMC Staff, *supra* note 1.

the state shortly afterward.⁵ This practice is being called “vaccine tourism” by certain travel agencies, and some offer trips to travel into the United States and get immunized. Zenith Holidays, a travel company based in India still has a vaccine tourism tab on its website, which prompts visitors to fill out some identifying information before saying it will get back to them with details.⁶ According to NBC, Gem Tours & Travels, another travel company based out of India, was offering similar packages just before vaccinations began in the United States.⁷ It is unclear if any of those vaccine tourism trips were successful, but NBC shares stories from business executives from Argentina and New York City describing their experiences. Ana Rosenfeld, a celebrity lawyer from Argentina got her vaccine in Tampa while she was visiting family 270 miles away in Miami, and Richard Parsons, the former CEO of Time Warner, flew down from New York City to get his vaccination.⁸ In both cases, at those times the only criteria Florida required for vaccination was being age sixty-five or older.⁹ Since that time, according to the Florida Department of Health, 60,000 out-of-state individuals have been vaccinated.¹⁰ As a result of this, the State Surgeon General signed a public health advisory on Thursday, January 21st requiring that everyone who receives the vaccine either lives in the state or provides healthcare in the state.¹¹ The hope of this restriction is to ensure that local Floridians receive Florida’s limited vaccine supply instead of individuals with the capability of flying to Florida just to get vaccinated, a clear instance of wealth affecting access.

Other areas of the country have also been struggling to balance regulations and policies for vaccine priority. New York City, like Florida,

5. Siemaszko, C. (2021, January 26). *Vaccine tourism on the rise as wealthy international tourists eye an opportunity in the U.S.* Retrieved from <https://www.nbcnews.com/news/us-news/vaccine-tourism-rise-wealthy-international-tourists-eye-opportunity-u-s-n1255531>.

6. (n.d.). Retrieved from <https://www.zenithholidays.com/about>.

7. Siemaszko, *supra* note 5.

8. *Id.*

9. DeSantis, R. (2020, December 23). *EXECUTIVE ORDER NUMBER 20-315 (COVID-19 Vaccine Administration/ Protecting Florida's Seniors)* [PDF]. Tallahassee: State of Florida, Office of the Governor.

10. Florida Department of Health. (2021, February 6). *COVID-19 Vaccine Summary*. Retrieved from http://ww11.doh.state.fl.us/comm/_partners/covid19_report_archive/vaccine/vaccine_report_latest.pdf.

11. Rivkees, S. A. (21, January 21). *Prioritization of Floridians for COVID-19 Vaccines Given in Florida* [PDF]. Tallahassee: Florida Department of Health, Office of the State Surgeon General.

has seen a large number of visitors from surrounding residences. Almost twenty-five percent of the total vaccines given in the city have gone to individuals living outside of the city.¹² While employees working in New York City but living outside may be eligible to be vaccinated there, New Jersey and Long Island have their own vaccination programs. Each individual who gets vaccinated in a clinic in the city is taking an opportunity away for local residents to get vaccinated. And since only roughly half of individuals in the city have a car,¹³ those that do not would need to pay for transportation out of the city if all the local vaccination appointments were taken. As outside individuals search for which clinics will allow them to get vaccinated earlier, city residents continue to lose access to those doses.

Despite the competition for vaccine appointments among individuals, public health officials are working hard to ensure equal access to the vaccine. The Department of Homeland Security released a statement February 1st supporting the equitable distribution of vaccines to undocumented immigrants when their cohort groups are eligible, and FEMA has plans to reach out to underserved and rural communities using mobile vaccination clinics and pop-up sites.¹⁴ In another move to try and increase vaccination rates, Mayor De Blasio of New York City and the Taskforce on Racial Inclusion have created a Vaccine for All program, aimed at thirty-three neighborhoods hit hardest by the virus to simultaneously increase access and address vaccine hesitancy.¹⁵ Starting on January 31st, the taskforce is now reserving appointments for individuals living in those communities as well as providing appointment scheduling and advertising in over eleven different languages.¹⁶ Previously, these slots were given to anyone that was eligible under New

12. NYC Health. (2021, February 7). *COVID-19 Vaccines*. Retrieved from <https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page>.

13. New York City Economic Development Corporation. (2018, April 5). *New Yorkers and Their Cars*. Retrieved from <https://edc.nyc/article/new-yorkers-and-their-cars#:~:text=This means 45 percent of,83 percent of all households>.

14. CDC. (2021, February 2). *COVID-19 Vaccine Distribution Allocations by Jurisdiction - Moderna*. Retrieved from <https://data.cdc.gov/Vaccinations/COVID-19-Vaccine-Distribution-Allocations-by-Juris/b7pe-5nws>.

15. NYC Office of the Mayor. (2021, January 31). *Vaccine for All: Mayor de Blasio, Taskforce Expand Equity Effort*. Retrieved from <https://www1.nyc.gov/office-of-the-mayor/news/067-21/vaccine-all-mayor-de-blasio-taskforce-expand-equity-effort>; CDC. (2021, February 2). *COVID-19 Vaccine Distribution Allocations by Jurisdiction - Pfizer*. Retrieved from <https://data.cdc.gov/Vaccinations/COVID-19-Vaccine-Distribution-Allocations-by-Juris/saz5-9hgg>.

16. *Id.*

York's essential worker policy, regardless of what community they lived in. With New York City receiving 53,625 Pfizer and 71,500 Moderna vaccines for the week of February 1st, 2021 and scheduled to receive 53,625 Pfizer and 78,200 Moderna vaccines for the week of February 8th,¹⁷ hopefully these policies will have a positive effect on vaccine distribution moving forward.

Vaccine supply across the state of New York has been steadily increasing recently, with areas of New York not including the city receiving 164,000 vaccines in the week of February 1st, 2021 and 174,000 for the week of February 8th.¹⁸ Access for elderly is being "prioritized" like planned, in the regard that there are doses being reserved, and I personally know individuals over the age of sixty-five who have been scheduled for appointments with their local health systems. But these appointments can be months away—April in many cases. Meanwhile, two weeks ago Onondaga county opened a pool of vaccines to the public, and last week New York opened another series of appointments in many locations statewide. Obviously, there was a rush for vaccine appointments online as limited supplies were reserved. In a first-come, first-served model, those with access to news, internet, and an open schedule with the ability to drive to a nearby city on a random day are the people able to capitalize on these delivery systems. These appointments are being made for the next day, or the following week. Much earlier than three months out. This also means that the priority groups aren't being prioritized as much as they could be. In other words, those with the access and resources to schedule their own appointments are those getting vaccinated first. Individuals not experienced with computer usage or those who have jobs that require their full attention all day are missing out on these sign-up rushes. Many times, all the appointments have been taken in an hour or two.

As New York Governor Cuomo expands eligibility on February 15th for those with pre-existing conditions,¹⁹ it is likely that the early flood of

17. CDC. (2021, February 2). *COVID-19 Vaccine Distribution Allocations by Jurisdiction - Pfizer*. Retrieved from <https://data.cdc.gov/Vaccinations/COVID-19-Vaccine-Distribution-Allocations-by-Juris/saz5-9hgg>; CDC. (2021, February 2). *COVID-19 Vaccine Distribution Allocations by Jurisdiction - Moderna*. Retrieved from <https://data.cdc.gov/Vaccinations/COVID-19-Vaccine-Distribution-Allocations-by-Juris/b7pe-5nws>.

18. *Id.*

19. *Governor Cuomo Announces List of Comorbidities and Underlying Conditions Eligible for COVID-19 Vaccine Starting February 15*. (2021, February 05). Retrieved from <https://www.governor.ny.gov/news/governor-cuomo-announces-list-comorbidities-and-underlying-conditions-eligible-covid-19-vaccine>.

individuals rushing to be vaccinated as more appointments open up will again be those with the greatest access to the health system, news, greatest schedule flexibility, and ability to travel. According to the CDC, and based on data from 2017–2018, forty-two percent of Americans will qualify for a pre-existing condition based solely on BMI.²⁰ Similarly, around forty-five percent of Americans have hypertension.²¹ While there is likely overlap between the two groups, a significant proportion of New Yorkers will qualify in this next group of eligibility. In the scramble for appointments among a larger pool of participants, officials need to ensure that frequently overlooked communities are not neglected and similarly reach out to those with minimal healthcare access. Those without healthcare access are likely those with the most comorbidities and those who are the intended targets of this eligibility group. Lower income individuals generally have less access to testing and treatments, are less likely to be able to work from home, and individuals with less healthcare access suffer more from high mortality illnesses.²² It's been shown that in some counties in the United States, the COVID mortality rate for high-poverty non-Hispanic whites was 13.5 times that of the comparable high-income group.²³ Additionally, low-income minorities are at an even greater risk than low-income white individuals.²⁴

Individuals living in low-income countries are among those with the least access to healthcare.²⁵ This increases their risk for having poor health outcomes and is especially concerning due to the fact that ninety percent of individuals in sixty-seven different countries likely won't

20. CDC. (2020, June 29). *Adult Obesity Facts*. Retrieved from <https://www.cdc.gov/obesity/data/adult.html>.

21. HHS. (2020, February 05). *Hypertension Prevalence in the U.S.: Million Hearts*®. Retrieved from [https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html#:~:text=Nearly 1 out of 2,modifications only \(21 million\)](https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html#:~:text=Nearly 1 out of 2,modifications only (21 million)).

22. Finch, W. H., & Finch, M. E. (2020). Poverty and Covid-19: Rates of Incidence and Deaths in the United States During the First 10 Weeks of the Pandemic. *Frontiers in Sociology*, 5. doi:10.3389/fsoc.2020.00047.

23. Feldman, J. M., & Bassett, M. T. (2020). The relationship between neighborhood poverty and COVID-19 mortality within racial/ethnic groups (Cook County, Illinois). doi:10.1101/2020.10.04.20206318.

24. Feldman, J. M., & Bassett, M. T., *supra note 23*; *Data from 10 cities how COVID-19 impact based on poverty, race*. Retrieved from <https://www.ama-assn.org/delivering-care/health-equity/data-10-cities-show-covid-19-impact-based-poverty-race>.

25. Peters, D. H., Garg, A., Bloom, G., Walker, D. G., Brieger, W. R., & Rahman, M. H. (2008). Poverty and access to health care in developing countries. *Annals of the New York Academy of Sciences*, 1136, 161–171. <https://doi.org/10.1196/annals.1425.011>.

receive any vaccine in 2021.²⁶ Despite AstraZeneca, Moderna, and Pfizer-BioNTech receiving more than five billion dollars in public funding, they are not sharing the intellectual property behind their vaccine research.²⁷ This is preventing other sources of vaccine production, and under the current model of production, fourteen percent of the world's population has bought fifty-three percent of all vaccines – including all of the Moderna vaccines available, and ninety-six percent of the Pfizer doses.²⁸ The reason why these numbers are so unbalanced is not because there are only a few companies and institutions working on trials for vaccines, instead it is because rich countries are hedging their bets by purchasing significantly more doses of vaccines in the event their trials do not work.²⁹ For example, the United States and United Kingdoms have bought enough doses for all their citizens to get fully vaccinated four times, assuming all of the vaccines are effective, which is still uncertain in many cases.³⁰ It is expected that these more affluent countries will eventually donate any doses they don't need, but in the meantime, reserving vaccine essentially ensures that lower income countries won't be able to receive doses of any vaccine candidate in sufficient amounts until perhaps 2023.³¹

Challenges with vaccine access in February of 2021 are merely the latest example of healthcare inequity. Although low-income communities and minorities face an increased mortality risk from COVID-19, these demographic groups often have less access to the vaccine. Relatively rich individuals with access to immediate news, internet, and an open schedule with the ability to fly to a nearby city on a random day are the people able to capitalize on these first-come, first-served delivery systems and schedule appointments far away from home. Lastly, low-income countries have been left behind in the fight for vaccines. If this pandemic has taught us anything, it is that reliable health care access is everything.

26. Dyer, *supra* note 2.

27. *Id.*

28. *Id.*

29. Doucleff, M. (2020, November 05). *Poor Countries Fall Behind In Race To Reserve COVID-19 Vaccine*. Retrieved from <https://www.npr.org/sections/goatsandsoda/2020/11/05/931397094/poor-countries-fall-behind-in-race-to-reserve-covid-19-vaccine>.

30. *Id.*

31. Dyer, *supra* note 2.