This 74-Year-Old With HIV Can’t Get a COVID-19 Vaccine

My personal experience illustrates how the rollout of COVID-19 vaccines in Canada exposes privilege, ageism and inequities in health care.

March 31, 2021 By Bob Leahy

What Has COVID-19 Taught Us About Ourselves? Perhaps I’m a Case Study.

I’m a typical 74-year-old. Adults like myself, particularly those of us living with HIV for a long time, tend to collect multiple health conditions like we collect free samples from Costco. I’m talking not always welcome or even enjoyable—but part of the experience of being there. My little collection of diseases includes Type 2 diabetes, peripheral neuropathy, a heart condition and an as-yet-undiagnosed condition where I pass out unexpectedly.

Folks from the USA with access to the COVID-19 vaccine—and there are a lot of you—might be surprised to learn I still don’t qualify for COVID-19 vaccination yet. I’m not old enough, according to our eligibility requirements in Canada, or at least in my neck of the woods. So I wait. That wait may not be more than a month or so. But it’s all been just a little bit galling. We 70-somethings are no stranger to crankiness, after all.

The wait has also exposed glaring inequities in access to vaccines. It raises issues of privilege, of ageism, of indifference.

The Canadian Experience

Some background. In Ontario, the Province in which I live, vaccine rollout has been prioritized based on two criteria: age/living arrangement and risk from one’s occupation. Thus seniors in long-term care facilities were among the first to be vaccinated. So were front line health care workers. Then now follow the over 80s, then the over 75s and so on. Those with high-risk health conditions are next to get the needle, then the public as a whole. It’s a long, drawn-out process.

Supply, though, has been slow to ramp up, with early supplies directed to urban areas like Toronto that are experiencing continued high rates of new infections and to other hot-spots. Rurally, not so

much. But that makes sense.

Complicating the issue is that where two-dose vaccines are being used, the provincial government has decided it expedient to delay the second dose to 120 days after the first. Their intent? To speed up the process so that everyone who wants to be vaccinated will get at least one dose sooner, even at a lower efficacy rate than two. It's considered the best way to end the epidemic. The delay of 120 days is controversial; not all think it offers enough protection fast enough. (I'm on record as disagreeing with them.)

Courtesy of OurWorldInData.org

Meanwhile the rollout is proceeding slowly. Canada has vaccinated less than a third of the number of people, per capita, than the USA has, and even less than that compared to the UK (see chart). Why is this? Blame supply issues; to date, no vaccines are produced in Canada. We rely—sometimes successfully, sometimes not—on efficient government procurement policies. Have they worked well? Not really. But Prime Minister Justin Trudeau has promised that all who want it will be vaccinated by September 2021. Some are skeptical.

Prioritizing the limited supply falls to the provinces. It hasn't been a simple task, and there have been frequent stumbles. Inevitably there has been some acrimony. Folks still waiting for vaccination, including those over 70, the HIV-positive and those with high-risk health conditions, or all three categories rolled into one, can be a cranky population to deal with. Count me amongst

their number.

The Selfie Phenomenon

It's been a frustrating time played out against an alarming third wave of new diagnoses. One indication that nerves are stretched is the selfie controversy. On social media like Facebook, the selfie phenomenon has seen more than a few of the newly vaccinated celebrate this milestone in their lives pictorially. This has caused irritation, though, to others still waiting to be vaccinated.

Some of those posting vaccination selfies are young and healthy-looking. And some of those still waiting are old and fragile with multiple health conditions, or live in countries where vaccination is out of reach. So the selfie phenomenon, while having the power to address vaccination hesitancy and all, is a two-edged sword that perhaps deserves more thought than a click. In fact several news sources have weighed in on the issues that vaccination selfies raise.

Said The Washington Post: "To selfie or not to selfie? Why the joy of getting vaccinated is drawing backlash". A Boston Globe opinion column followed titled "Cool it with the vaccine selfies for a while.". The CBC reported "People are celebrating their COVID-19 vaccine shots with selfies. Some think it's time to give it a rest." Even CNN weighed in. My take leans to that of a vaccinated wannabe; vaccination selfies, even the most well-intentioned ones, can be irritating.

Now, many of those selfies emanated from the USA, a country more advanced in their vaccination program than Canada. Sometimes they reflect privilege. It's unintended, but it's there.

The best critique I've seen of vaccination selfies comes from Laura Keegan, a respected Director of Public Engagement at HIV Edmonton. She recently took to Facebook. "I am excited for everyone who is getting their vaccines" she said. "This is not about diminishing the happiness and relief felt by those getting their jabs. This is about recognizing the privilege and that for many of us has included not having to think about the inequities of not only health service but specifically vaccine."

Continued Laura: "Please consider others not able to receive the vaccine not only globally, but right here at home when sharing your excitement, pride and happiness of receiving the jab! Recognize that we do not have health equity and let's just ensure that as we celebrate our vaccinations, we are respectful, understanding, and advocate to ensure the vaccine is truly for everyone. Not just us that have the privilege."

She goes on, "There has been talk that the "vaccine selfie" is disrespectful and should stop. I think that when you post about you, your parents, family, friends and community getting vaccinated I get excited and am genuinely pleased... let's just add to those posts the recognition of the privilege that allowed it to occur! Celebrate, and advocate to ensure vaccines are equitable.

"I will get my vaccine when it is my turn. I am happy my parents have recently been able to get theirs. I was thrilled my brother and sister have been able to get it as healthcare staff. But I

recognize that there was a lot of white supremist systemic history at work as to how they got them, and how soon I will get mine … while others wait or are completely left out."

Privilege, of course, and the act of flaunting privilege, intentional or not, is everywhere we look. As a white middle class male with a roof over my head, food on the table, a stable income and access to health care, I'm as guilty as the next. True, I do try to acknowledge privilege – including here on POZ and sometimes in my Facebook posts, but is it enough? It concerns me.

Setting Priorities

Laura brings the problem regarding COVID-19 into perspective though. Marginalized communities are hard hit by COVID-19—because of the nature of life in congregate settings or having to use public transport to get to low-paying jobs that cannot be carried out at home. Marginalized communities, for similar reasons, have poorer access to health care including COVID-19 vaccination. (One recent newspaper article concluded that vaccination clinics were more heavily centered in Toronto in high-income areas than low-income hot spots.)

So what can the HIV community do about inequities in access to vaccines? We have regularly fought for better and more equitable access to health care in the context of HIV prevention and care. Similar concerns voiced around COVID-19 inequities could help.

Inevitably, though, our focus is on our own. I hardly know what to say about efforts to get the HIV community priority access for vaccination. In Ontario, those efforts have failed to date. HIV currently doesn't appear anywhere in the list of eligible conditions for high priority vaccine access. (I think we are lumped in with autoimmune disorders.) But auto-immune disorders are not in the "highest risk" or even "high-risk" categories, but the third category down, "at-risk." And to be honest, I'm pretty OK with that. If HIV is a chronic manageable condition and we know that the majority of us are virally suppressed, and thus less vulnerable to COVID-19 infection, this is the result.

But then our mortality rates are higher. And not well addressed are the needs of those with AIDS and/or not virally suppressed. So its not black-and-white. So should we place higher in the vaccine pecking order? I always ask the question: if we are moved to a higher priority category, and there is limited vaccine supply, who gets bumped? Organ transplant recipients (group 1)? People with intellectual or developmental disabilities (group 2)? I hate that kind of competition; the "Worst Disability Olympics" is a place I'd rather not be.

It's interesting to me though how a recent deterioration in my health has changed my perspective. I feel more vulnerable, more prone to adverse developments, and yes, more in need of vaccination. It's given me a glimpse of experiencing first-hand the perception of injustice. But then I see my privilege showing. I have a family doctor—a good one—and I can afford to eat healthy food, I have a roof over my head, affordable and appropriate housing. Vaccination will be available to me in a few weeks, perhaps. All these factors are signs of privilege. Deduct even just one and

my health care would suffer. It’s how privilege works against the less-advantaged.

Through the COVID-19 vaccination rollout (not to mention through my advancing years), I’ve become more familiar with ageism and prejudice or discrimination against the elderly.

Older adults, who have borne the brunt of COVID-related deaths, have indeed been near the front of the vaccination queue. Front-line health care workers have frequently been given higher priority, though, given the essential nature of their work, even though their risk of serious illness or death has been much lower. So the balance between two risk factors—age vs. occupation—has been a tricky one. Age has not always won out. Sometimes I’ve heard things like, “Well, they would have died anyway, without COVID.” Trump used to say things like that. Old people can be made to feel disposable. That’s ageism.

In some ways, though, all this is a blessing. I’d argue that COVID-19 has sensitized us to issues we previously may not have thought about. Prejudice. Privilege. Indifference to inequities of all kinds. If once this is over we can look back and say we learned about ourselves, learned about being a better and more caring society, then the very bad happenstance that was COVID-19 will have a tiny bit of a silver lining.

UPDATE:April 2, 2021

Ontario has today opened up bookings in my area to include the over 70s. I’m booked in for April 15. But this article, despite it’s headline, was never about me. It was about inequities in access to vaccines which favour the privileged, inequities which favour those in rich countries, which disadvantage the most marginalized and, sometimes, disadvantage those most in need. Those inequities remain.

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http://beta.docker.poz.com/blog/Vaccine-rollout-exposes-privilege-ageism-and-inequities-in-healthcare