

Good morning everyone and welcome back to REALAI!

Today we want to talk about an extremely important and still very relevant topic: the unequal distribution of vaccines during the Covid-19 pandemic.

To explore this issue, we started from the reflections of the philosopher Michael Sandel, who in his studies questions the relationship between markets, justice, and social equality. One of the central questions in his work is: can everything really be regulated by the market, even health?

During the pandemic, this question became very concrete. While some countries were able to purchase millions of vaccine doses in a very short time, other nations struggled even to access essential vaccines. But inequalities were not only global: even within individual countries, there were differences linked to territory, healthcare infrastructure, and economic opportunities.

To further explore this topic, we decided to collect direct testimonies from the medical field. Today we are presenting an interview with **Professor Denis Cozzi**, Full Professor of Pediatric Surgery and Director of the Pediatric Surgery Unit at the Ospedale Generale Umberto I, who shared with us his experience during the vaccination campaign in Italy.

1. Which vaccine was used in your country?

In Italy, the rollout was dominated by mRNA technology. I personally received the Pfizer-BioNTech vaccine. While we also saw the use of Moderna, AstraZeneca, and later Johnson & Johnson, the strategy eventually shifted heavily toward mRNA doses due to their perceived efficacy and the streamlined supply chains established by the EU.

2. Where did you work: city or countryside?

I worked in a city environment. This distinction is vital for your research because urban centers functioned as "hubs" of privilege. In cities like Rome, the concentration of large-scale vaccination centers (like those at Fiumicino or Termini) made access relatively seamless, whereas those in the countryside often faced significant logistical hurdles just to reach a clinic.

3. Were the vaccine shipments always delivered on time?

Strictly speaking, no especially in the beginning. In early 2021, we experienced "the war of deliveries." Pharmaceutical companies frequently missed their targets, leading to diplomatic friction between the EU and manufacturers. These delays were a direct consequence of the "advance purchase agreements" you mentioned; the market was so saturated with private deals that transparency in delivery schedules became secondary to corporate interests.

4. Do you think the vaccine distribution was equal in your country?

On a domestic level, Italy made a commendable effort to prioritize by vulnerability and age, which is a form of equity. However, when you look closer, the "market criteria" you mentioned in your project still crept in. Regional differences in healthcare efficiency meant that your "luck" depended on your zip code.

More importantly, as your study highlights, we cannot call the distribution "equal" if we ignore the global context. While we were achieving high vaccination rates in Italy, the global gap was widening. We treated the vaccine as a private commodity for the wealthy West rather than a global public good, effectively proving that in a crisis, the market often trumps equity.

This interview shows us how the pandemic did not affect everyone in the same way. Access to vaccines often depended on where people lived, their economic resources, and the political power of different countries.

Professor Denis Cozzi's words are directly connected to the reflections of Michael Sandel: when health becomes subject to market logic, there is a risk that equity will be pushed into the background.

Let us know what you think in the comments and keep following REALAI for more insights into social, ethical, and current issues.