



Written by [Selwyn Duke](#) on December 19, 2020

Medical Ethicist: Elderly Shouldn't Get Vaccine First Because They're Mostly White

It's amazing how quickly the goalpost-shifting Left transitioned from "equality" to "equity." For those unacquainted with the latter concept, it's somewhat reminiscent of the Marxist principle, "From each according to his abilities, to each according to his needs." But having been updated and racialized, it's ostensibly "From each group according to its privileges, to each group according to its oppression," in the Lexicon of the Left.

A story currently in the news that illustrates equity's practical application involves a medical "ethicist" discussing the coronavirus vaccine's rollout. "[Harald Schmidt](#), an expert in ethics and health policy at the University of Pennsylvania, said that it is reasonable to put essential workers ahead of older adults, given their risks, and that they are disproportionately minorities," [reported The New York Times](#).



Photo: Ridofranz/iStock/Getty Images Plus

"'Older populations are whiter,' Dr. Schmidt said," the paper continued. "'Society is structured in a way that enables them to [live longer](#). Instead of giving additional health benefits to those who already had more of them, we can start to level the playing field a bit.'"

Could you imagine saying you were going to prioritize men for the SARS-CoV-2 vaccine because women live longer and "we can start to level the playing field a bit"?

That wouldn't go over well even though, ironically, such a proposal could have a medical basis since men appear more susceptible to COVID-19. But in the elderly's case, they are the most susceptible group; in fact, *National Review's* David Harsanyi [points out](#) that according to CDC data, prioritizing 65-plus Americans for the vaccine would save the most lives.

Despite this, Schmidt and other equity police propose factoring race into the equation even though there's no known inherent reason why non-whites would be more susceptible to the China virus. Blacks and Hispanics have been more affected, but this is because they're concentrated in densely populated big cities where viral spread is far greater and because they have more comorbidities.

As to this, it would be justifiable prioritizing major metropolises (many rural counties have few or no China virus deaths) and people with comorbidities (as doctors would naturally do) along with the elderly; this would result, just incidentally, in non-whites and the elderly being more likely to be vaccinated first. But it has a basis in medical science.



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But the equity police's proposal is different and "is what happens when 'science' and the racial identitarianism of the modern intellectual Left collide," wrote Harsanyi Friday. "'Historically,' says the *Times*, the committees tasked with deciding this sort of thing relied on 'scientific evidence to inform its decisions.' Nowadays, members are 'weighing social justice concerns as well.'"

This is not legitimate consideration of race/group identification in medical care. There is such a thing, too. For example, sickle cell anemia and Tay-Sachs disease mainly plague certain distinct groups, such as, respectively, blacks and Jews. So a physician may be more on guard for these illnesses when dealing with those groups' members. And physicians will order routine mammograms for their 40-year-old-and-older female patients but not their male ones because those afflicted with breast cancer are women almost exclusively (but not completely).

But far from saying "Your group is most afflicted with a given disease, so it will receive targeted medical care," the equity police are saying "Your group is most afflicted with a given disease, but we'll deny it the relevant medical care because we deem it 'privileged.'" (Below is a good video on the subject from the Friday edition of *Tucker Carlson Tonight*.)

Refusing to save lives "based on race" is bad enough, laments Harsanyi, but how "long before half-baked social science is being used by technocrats in positions of power and influence to ration medical care?" With our intensifying racial identitarianism, anti-white sentiment, and movement toward socialized medicine, it mayn't be long — using "equity" as a pretext.

Tragically, the equity movement is another example of the Left taking a principle that's valid in a certain context and perverting it. When administering private charity, for example, we don't just "treat people equally," but consider their needs. So we may buy the poor man a meal and give him some new clothes, but give a wealthier person nothing.

But the Left's "equity" is different. Just consider Senator Kamala Harris's explanation of the concept in the well-publicized campaign ad below.

In a sense, the above is false advertising. Presented are two *individuals*, and if merely giving certain individuals a leg up (without the implicit big government involvement) were the issue, that would be one thing. But that the two cartoon characters portrayed are different colors is not incidental: They're meant to represent racial groups.

And the idea is to discriminate against whites because they're supposedly privileged and to advantage blacks and Hispanics — even if the white is a poor Appalachian and the non-white an upper-middle-class suburban New Yorker.

This is in a way even more perverse than Marxism, whose proponents at least claimed to judge the needs of individuals ("to *each* according..."). So Harris's closing line — "Equitable treatment means we all end up at the same place" — is sort of a lie within a lie. For not only is it impossible, but you're not even trying to do that for "all" people when you're affording benefits on group bases.



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