

The COVID vaccine rollout: A demonstration of capitalist incompetence

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The COVID vaccine rollout last week has been nothing short of a disastrous unorganized publicity stunt.

While Vice President Pence and members of Congress received their Pfizer COVID mRNA-vaccine over the weekend, a staged event to assure “vaccine hesitators” that top officials were undergoing the same procedure, officials across multiple states had learned they would be getting fewer doses of vaccine in their second shipment. Some 2.9 million doses were initially sent this week, but states were told that only 2 million doses would be forthcoming the week after.

After receiving 49,725 initial doses in the first week of the vaccine release, Wisconsin state health officials were told they would be receiving only 35,100 doses the following week. “This is unacceptable. Wisconsin citizens deserve the vaccine the federal government promised,” Governor Tony Evers complained.

Dr. Ben Weston, medical services director of Milwaukee County’s Office of Emergency Management, told the *Milwaukee Journal Sentinel*, “Certainly, the more vaccine we can get, the better. We have lots of health care workers that we need to vaccinate. We have lots of folks that are at high risk, either living or working in long-term care facilities. And we have lots and lots of EMS providers who are on the front line, dealing with patients in uncontrolled environments.” Wisconsin was severely hit by the surge in October and November, pushing hospitals to their brink.

State governments in Oregon, Florida and Michigan have made public statements decrying reduced allotment of vaccine doses. Many of these states have moved to readjust their vaccination plans as they are left in the dark about these shortages.

According to a senior Washington official, the US will not meet its goal to vaccinate 20 million people by New Year’s Eve. The revised estimate, per General Gustave Perna, the Army officer in charge of the government’s vaccine distribution program, is that states should receive the 40 million doses a week later than predicted.

He told reporters on Saturday, “I did not understand with

exactness all the steps that have to occur to make sure the vaccine is releasable. I failed, I am adjusting, and we will move forward from there.” He further added, “There is a delay between what is available and what is releasable because we’re talking about hundreds and thousands and millions of doses that we want to make sure are right.” With 2,583 deaths each day on a seven-day average, the one-week delay will see another 18,000 people succumb to the pandemic.

As of December 18, and less than a week into a national effort to vaccinate the population against the SARS-CoV-2 virus, according to a *New York Times* survey, approximately 130,000 people have received the first dose of Pfizer’s vaccine. This is certainly an underestimate but demonstrates that delivery of the vaccine still requires coordinating the logistics of bringing millions of people to thousands of vaccine sites and then for a second shot within a month.

On the same day, the FDA issued an emergency approval for the second vaccine against the coronavirus, developed by Moderna. Like Pfizer, Moderna has employed mRNA technology and requires two doses each spaced a few weeks apart. However, the Moderna vaccine doesn’t have the same rigorous ultra-cold temperature requirements.

Pfizer, which had to reduce initial vaccination estimates from 100 million down to 50 million doses, in part due to complex supply chain issues for their vaccine production, has pushed back against any claims that it is having difficulties producing their therapeutics, promising an optimistic 1.3 billion doses for next year. Moncef Slaoui, the chief scientific adviser to Operation Warp Speed, noted in an interview that the federal government was reaching to close the deal on the second 100 million doses for the second quarter of 2021. The \$1.95 billion contract for 100 million doses signed last July allows the United States the option to buy up to 500 million more doses.

During an interview with CEO Albert Bourla on CNBC’s “Squawk Box” today, a reply to host Meg Tirrell’s question placed these publicized assurances into doubt. She began her query by stating that Operation Warp Speed had offered to

assist Pfizer in increasing its manufacturing capacity by using the Defense Production Act to obtain raw material supplies. “How would that affect Pfizer if the Defense Production Act were used to help you?”

Bourla replied, “I think it would be very positive, and I think it will allow us to maximize what we can do. We are asking them right now ... and I hope that they will do it soon because, particularly in some components (of the vaccine), we are running at *critical supply limitations* (emphasis added). But I think they will do it, so that would be no problem.”

On December 3, a Pfizer spokeswoman told the *Wall Street Journal*, “Scaling up the raw material supply chain took longer than expected.” These materials are sourced through the US and Europe and require a certain quality control to ensure standards are met. Pfizer has only stated that some of these batches initially received were unusable, which led to revised lower estimates. The pharmaceutical giant did not clarify where these shortfalls occurred but they included several medical-grade substances.

The original deal made between Pfizer and the US required the delivery of 20 million vaccines a month beginning in November. However, Pfizer will spread this allotment over the first four months of 2021. According to Bloomberg, “Pfizer has so far allocated about 10.4 million doses to the US, the (senior administration) official said. From the first tranche of 6.4 million, 500,000 doses were set aside as a reserve, and 2.9 million were shipped out this week. The remaining 2.9 million will be sent in three weeks as the second dose of the vaccine’s two-shot regimen. The US will begin delivering the second allocation of 4 million doses next week, again sending out half while holding back half for second doses.”

There is no public scrutiny over these processes. Once new weekly allotments are released to the federal government, they will, in turn, ship these to the states once the states determine where they must be sent.

Ed Yong, a science writer for *The Atlantic*, told NPR, “It’s going to be a slow process, and there are a lot of possible roadblocks in the way in terms of producing the vaccine, distributing it, allocating it. Don’t think of the vaccine as a light switch—that the minute it starts going into people’s arms, normalcy resumes. It’s going to take a while for things to get under control.”

There is no national vaccine infrastructure in the US, and the minuscule amounts of monies that have been allocated to vaccine distribution are utterly insufficient. As of this writing, lawmakers were continuing to clash in Congress over a nearly \$1 trillion funding package that would help state health departments secure the billions in resources needed to finance their vaccination campaigns.

A recent publication by the Commonwealth Fund, *How prepared are states to vaccinate the public against COVID-19? Learning from Influenza and H1N1 vaccination programs*, reported that people with health insurance, a usual source of care and no cost barriers were much more likely to receive their annual flu shots. However, individuals with chronic health conditions who frequently access health care and have the highest national vaccination rates are still vaccinated well below the national target of 70 percent, hinting at the difficulties that lie ahead for the COVID vaccine.

Age, income, and education played a significant role in vaccine uptake. The report pointed out that though racial inequities in vaccination rates have persisted, vaccination access is linked to insurance coverage and financial barriers common among the working class of all races.

The arrival of Moderna’s vaccine sets the stage for another 5.9 million doses of a COVID vaccine to be available next week in the US. Moderna has promised 20 million doses by the end of the year and up to 125 million doses through the first quarter of 2021. However, the biopharmaceutical company has never brought a drug to the market and lacks extensive manufacturing facilities of its own. In May, they turned to Swiss manufacturing behemoth Lonza AG, striking a deal to produce 1 billion doses per year in the US and Switzerland.

There are certainly not enough vaccines presently even for the 21 million health care workers across the US. States are continuing to grapple with the pandemic as hospitals face record numbers of COVID patients and staffing shortages, which adds unnecessary complexity to state vaccination rollouts.

The pandemic has also disproportionately devastated the working class, particularly those who are older, or suffering from chronic health issues, putting them and their families at risk, while the wealthy are negotiating backroom deals with their physicians and health care systems to access the vaccine. Wealthy countries have also captured nearly all future doses of the vaccines, leaving most of the world without access to these life-saving therapeutics for possibly years to come.



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