

The COVID-19 vaccination efforts in the US are proving to be a massive debacle

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In early October, Alex Azar, Health and Human Services Secretary, said that there would be 100 million doses of the COVID-19 vaccine produced by the end of the year. Due to supply chain issues, that estimate was quickly curtailed to 40 million doses a month later.

Exactly four weeks ago, Margaret Keenan of the UK, a 91-year-old grandmother, was the first person to receive the Pfizer COVID-19 mRNA vaccine on December 8, 2020. The United States officially rang in their vaccination rollout on December 14 after emergency use authorization was granted for Pfizer's vaccine. Moderna's vaccine was inaugurated on December 20.

Before the Christmas holidays, the White House coronavirus taskforce had assured the public that they were on track to vaccinate 20 million people by December 31. But by the end of the year, barely three million had received the vaccine.

According to a detailed report by Bloomberg, the US has administered 4.66 million doses, or 1.55 million doses per week. This means that only 1.4 percent of the population has been vaccinated, and only 30 percent of the distributed vaccines have been given out. The United Kingdom had administered just over 947,000 doses, representing 1.42 percent of its population. At these rates, barely a third of the British and American people will have been vaccinated by the beginning of 2022.

Internationally, after much fanfare and a media blitz, the intervening weeks have recorded a disastrously anemic administration of just over 13 million doses of these lifesaving vaccines across 33 countries. The world is organized into a nation-state system tightly interlinked by financial ties. Still, when it comes to a broad-based public health initiative, the utter incompetence of these state machines befuddles the mind. It will take a decade to deliver billions of doses to the globe's population at the current pace.

Presently, most of the vaccines have been given to

healthcare workers and residents of long-term care facilities. The significant challenges ahead will be vaccinating the general population. With limited supplies and vaccination sites still undesignated, finger-pointing and blaming have quickly become common. The federal government has left it to states to decide how the rollout would take place with little funding to aid them in this herculean task.

Clair Hannan, executive director of the Association of Immunization Managers, told the *Wall Street Journal*, "There may have been an expectation from Operation Warp Speed or others that we'd give everyone the vaccine overnight. It was a logistics equation for them. If you've been in vaccines for a long time, you know that's the easy part. Getting it into actual arms is the hard part."

Compounding the inadequate budgets of most exhausted state health departments tasked with managing and overseeing the rollout is the massive underfunding for these initiatives. In a September press release, the Center for Disease Control and Prevention announced a miserly \$200 million to jurisdictions for COVID-19 vaccine preparedness. At a minimum, it has been estimated that \$6 to \$8 billion would be needed to fund these programs.

Amid the ongoing surge in cases nationwide, health systems have a limited supply of staff available to assist in administering these vaccines. Attempting to administer these treatments in a socially distant approach and then monitor the recipients of the vaccine for 15 to 30 minutes for adverse reactions is resource-intensive. Overworked and stretched thin, the limited available staff are prioritized to the care of hospitalized patients.

Not surprisingly, a high percentage of health care professionals and frontline health providers, who are a priority for vaccination, are hesitant or refusing to be inoculated. After months of mismanagement by health systems and authorities at all government levels, many find it difficult to accept these interim analyses' results

and prefer to wait for the actual studies to be concluded.

Governor Michael DeWine of Ohio noted he was troubled that a relatively high number of nursing home staff, 60 percent to be exact, have elected not to take the vaccine. He threatened them that if they didn't accept the vaccine now, they would have to wait for it in the future.

Dr. Nikhila Juvvadi, the chief clinical officer at Chicago's Loretto Hospital, who administered the first doses of the Pfizer vaccine to frontline health workers, told NPR that many hospital staff who are minority groups were mistrustful of the vaccine. In a survey conducted by the hospital, 40 percent would not get vaccinated.

In a recent *Los Angeles Times* article, less than half of the staff at St. Elizabeth Community Hospital in Tehama County were willing to be vaccinated. Twenty percent of the frontline health care providers at Providence Holy Cross Medical Center in Mission Hills refused to be inoculated. Close to half of healthcare workers at Riverside County have declined the vaccine.

On an anonymous basis, a Riverside nurse speaking to the *World Socialist Web Site* expressed her distrust of the government agencies from the California Department of Public Health and Governor Newsom, who have waived their patient to nurse ratios, to the CDC who has repeatedly stated that it was safe to open schools.

"For a very long time, the CDC kept saying the virus was spread through droplets. Health care workers were only given masks if their patient was on a breathing treatment. CDC was clinging to the fact that it was droplet-based. They did that because they knew they didn't have the respirator masks, so a decision was made—let's sacrifice the health care worker and hang on to the lie. But as for nurses, we knew from the beginning that this was airborne. We have a nursing degree, and we knew we were being lied to and demanded PPE. If my simple mind can understand and see what we need, why is it that they can't, and they have all the greatest minds at their disposal? At my hospital and EVS, lab workers died, and they were not given proper protection. [The SEP Congress resolution 2020] resonated really hard with me. The right thing would be to quit worrying about profit, stop war profiteering off [of] people dying."

There is merit to these concerns raised by rank-and-file healthcare workers. Stop-gap solutions being posed to deal with supply issues mean distributing the vaccines in ways not validated by the trials conducted to date.

The UK's chief medical officer has defended the decision to extend the second dose of the AstraZeneca

vaccine out to three months, citing shortages in COVID-19 vaccines that will pose significant issues for several months to come. In a recent *Washington Post* opinion piece, Robert M. Wachter and Ashish K. Jha attempt to make the case for offering a single dose of a COVID-19 vaccine and delaying the second one in the face of the hundreds of thousands of daily infections. They claim that the vaccine trials indicated that a single dose after ten days offered 80 to 90 percent efficacy. Chief Operation Warp Speed adviser Moncef Slaoui has suggested that adults between 18 and 55 receive only two half-doses of the Moderna vaccine to increase the number available.

BioNTech warned the *Financial Times* that there was "no data" to support such recommendations, whose aim is to reach as many people as possible despite the limitations in supplies. Yet, other European countries like Germany are planning to follow the UK's lead. As these regimens have been given emergency use authorization, a change in the protocol would need a separate approval, but based on what data?

A *New England Journal of Medicine* study published on December 31 found that twelve days after the Pfizer vaccine's first dose, efficacy was only at 52 percent with a confidence interval of 29.5 to 68.4 percent. The acceptable limits established by the World Health Organization require both a threshold of 50 percent and a lower bound over 30 percent, which would categorize the treatment barely acceptable.

One solution that all these national figures and leading scientist fail to mention is a program to "shut down all nonessential workplaces, the closing of schools and the emergency provision of the financial support necessary to sustain the population until the crisis is overcome," as noted in the recent New Year's Statement published on the WSWS yesterday.

This would allow time to contain the virus, provide breathing room for health systems, and initiate a mass vaccination initiative while resources were directed to vaccine production. It isn't science, but its misapplication, that has created the present disaster.



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