



# The Pharmacist Activist

Volume 16, No. 4 • March 2021

**“And we rejoice in the hope of the glory of God. Not only so, but we also rejoice in our sufferings, because we know that suffering produces perseverance, perseverance, character, and character, hope.” Romans 5: 2b-4**

## VACCINE DISTRIBUTION AND ADMINISTRATION: The Good, the Bad, and the Ugly!

In the February issue of *The Pharmacist Activist* I noted that the authorities in West Virginia had rejected the federal partnership with CVS and Walgreens to administer COVID-19 vaccines and to instead enlist independent pharmacies to vaccinate residents against the virus. This strategy was a resounding success and West Virginia was the first state in the country to finish providing doses of vaccines to individuals in long-term care centers. There was widespread positive publicity about the success of this program and one would think that other states would learn from and promptly implement a similar strategy. Although a few other states have established successful programs, most have stumbled and bungled their navigation through increasingly chaotic programs that are characterized by mistakes, delays, harsh criticisms, and everything else that could go wrong. Flawed planning and decisions at the national level were further exacerbated by officials of numerous states who were obsessed with “following the science” but couldn’t find it, and who ignored the reasoning and experiences that had been successful in West Virginia and some other states.

### The good

My wife and I are both of an age and have medical issues and other risk factors that make us vulnerable to complications if we were exposed to COVID-19. We have been careful to observe

appropriate precautions and are thankful that we have escaped COVID-related problems while continuing to participate in gatherings of family and friends whom we know have observed the same precautions we do. We wanted to receive the vaccine when our “grouping” was eligible to do so but also recognized that there were others who had greater risks than us and should receive the vaccine before we did.

When we learned that Marcus Hook Pharmacy, owned by my former students Mark and Mirza (Perez) Lawson and located in the county (Delaware County – Pennsylvania) in which we reside had received a supply of the Moderna vaccine, we made an appointment. We received our first dose in late January and our second dose about a month ago. For each of the two doses we spent no more than 40 minutes in the pharmacy (that included completing paperwork and the 15-minute wait after administration of a dose) because the program was so well organized. We provided a very positive evaluation online that also included the observation that the sterile precautions were exemplary and the injections essentially pain-free. Our experience demonstrated that immunization programs can be, and should be, well planned, organized, and managed.

In another excellent program, Mayank (Dr. Mak) Amin, another former student who owns Skippack Pharmacy in a neighboring

### Contents

Almost Scammed ..... Page 3

Visit [www.pharmacistactivist.com](http://www.pharmacistactivist.com) for a FREE subscription

county, organized his pharmacy staff and a group of volunteers to administer one thousand doses of vaccine on a Sunday on which there was a major snowstorm. Mayank also arranged media coverage and he arrived at his pharmacy wearing Superman attire and carrying boxes of vaccine. The event received national news coverage and perhaps you have seen it.

Although Mark, Mirza, and Mayank would say that they were providing these services because pharmacists should provide such services to their patients and communities, their exceptional services stand out among so many other immunization programs that are mediocre or terrible. They are in a position to excel because of their caring commitment to serve their patients and communities, and because they own and organize programs in their independent pharmacies. I couldn't be prouder to have been one of their faculty and to have enjoyed a continuing friendship with them.

## The bad

Philadelphia county has the largest population in Pennsylvania and has its own Health Department which operates independently from the Pennsylvania Department of Health that has authority for public health programs in all the other counties in the state. The Philadelphia Health Department awarded its first large contract to administer vaccines to a little-known company that was started by entrepreneur graduate students in business at a local university who had little or no experience in health care. As this program was failing, a scandal erupted that has been the subject of outrage and hearings by members of the Philadelphia City Council that have accomplished very little but have delayed immunizations for hundreds of thousands individuals.

The Philadelphia Health Department then awarded another contract and provided supplies of vaccines to another organization that is responsible and well-respected, but was overwhelmed by the expectation that it immunize thousands of patients quickly with the hope that most would forget about the initial debacle. This program was initiated in the same time period in which I received my first dose of vaccine, but did not permit individuals to make appointments. In viewing the news coverage later that day, I felt so badly for the hundreds of people waiting in long lines outside the central immunization site in very cold weather. Some had to wait for as long as 10 hours.

## The ugly

The Philadelphia Health Department also provided vaccines to Rite Aid for administration to Philadelphia residents and/or employees. On March 6, 2021, *The Philadelphia Inquirer's* first-page lead story (by Jonathan Lai and Laura McCrystal) carried the title:

“Rite Aid’s doses favored white people – In racially diverse Phila., only 4% of the pharmacy chain’s vaccine shots were administered to Black recipients.”

I initially thought that Rite Aid was being unfairly criticized and that the imbalance in numbers resulted from observing the eligibility criteria to first vaccinate residents older than 75 and health-care workers and others at greater risk. Then I read the rest of the story that included the following observations:

“Rite Aid had administered 31,100 of Philadelphia’s COVID-19 vaccine doses as of Feb. 21...making (it) the second largest provider after the University of Pennsylvania Hospital System.”

Philadelphia “has a population that is 40% Black...and non-Hispanic whites make-up just one-third of residents.”

“but almost 87% of Rite Aid’s doses went to white recipients, while just 4% went to Black ones.”

“But the demographics of Rite Aid’s vaccinations also show ongoing issues in the patchwork system of giving out shots, which often simply go to people with the time and access to navigate the internet and find an appointment – even if they aren’t yet eligible.”

“nearly 60% of Rite Aid’s Philadelphia vaccine doses have gone to people from outside the city, a much higher rate than other providers.”

Rite Aid deserves the criticism it has received and more, as does the Philadelphia Health Department which has ignored the successful programs in West Virginia and independent pharmacies in the “collar” counties (Bucks, Chester, Delaware, Montgomery) surrounding Philadelphia.

## Beyond ugly!

“Patients receive wrong dosage of COVID-19 vaccine at Massachusetts CVS pharmacy” is the lead-in for a February 17 story covered by WCVB in that state. CVS admitted to the error in providing the following statements:

“Earlier this week at our pharmacy in Ipswich, a *limited* (emphasis added) number of patients inadvertently received a 0.3 mL dose of COVID-19 vaccine instead of the correct dose of 0.5 mL.”

“We have contacted all affected patients to apologize for this

(Continued on Page 4)

# Almost Scammed

**M**y sense of skepticism/suspicion usually serves me well. I know that I should not open email messages or click on links in messages from individuals I do not know, and should not respond to messages that include spelling and grammatical errors that go beyond an occasional typo. I have never responded to email messages requesting me to assist in a transfer of millions of dollars from a secret bank account of a recently deceased individual, but for which I would first need to provide “good faith” funds to prove my integrity. Accordingly, I am somewhat reluctant to share that I was almost scammed this week, but I do so with the hope that my experience will help some others avoid being deceived.

I live within a 5-minute drive from the Delaware County Christian School, the School from which I and our children graduated. I serve on the Alumni Council that meets regularly and I know the Alumni Coordinator well. Several days ago I received an email message from this individual with the following message:

“Dan—Could you please spare a minute to assist me in completing a task discreetly? I would be glad to receive your response through email because I’m presently in a meeting. Best regards—“

I was working on my computer when the message arrived and responded promptly:

“Sure. I will be glad to assist if I can. If you prefer to call, the best number to reach me is xxx-xxx-xxxx.”

I soon received the following message:

“Hi Dan: I’m so tied up right now – can you purchase 5 Apple cards - \$100 each at any nearby store? I will reimburse you when I am through later today. I would have preferred to call you but can’t receive or call on my line now. Let me know if you can purchase them now. Thanks and I will be waiting to hear from you.”

I responded:

“I was planning to go to the ACME (local supermarket) and will try to get them there.”

I had never received such a request before and, although I

considered it unusual, it seemed credible in many respects. The Alumni Coordinator knew that I lived close to the school, knew that I was “retired” and had a more flexible schedule than others she might call, knew that I prefer email messages to text messages, spelled “discreetly” with a correct dictionary option, and addressed me as “Dan,” rather than “Daniel.” My thought process was that she was probably in busy meetings with some school staff and volunteers and that she wanted the gift cards to present to some of the other participants to show her appreciation for their services. I also thought of another school staff member whom I could ask to take the gift cards to the Alumni Coordinator if I was not able to see her personally.

Upon arriving at the supermarket I noticed that the check-out lines were very long. I went to the customer service desk and asked if I could pay her for gift cards instead of waiting in a long line to pay for them. She said that I could and then asked how many gift cards I was purchasing. I responded that I was purchasing 5 Apple cards, in the amount of \$100 each. She asked how I was going to pay for them and I responded that I would pay with a credit card. She then said that she thought I was being scammed. I looked at my phone to see if there were more email updates and the following message had just arrived:

“Thanks Dan. Once you get them, simply scratch the silver panel at the back of each card and email the pics of the cards here to make it less demanding. Thanks and I will be waiting for them; hope this is not too stressful.”

I showed this latest message to the customer service representative and she quickly responded: “you are *absolutely* being scammed.” I thanked her profusely for her alertness and intervention and can only hope that it wasn’t my age and appearance that gave her an early clue that I was the latest “old” person to be a targeted victim of such a scam. I have spoken with her manager to commend her for the valuable assistance she provided and will follow up with a letter.

I responded to the last email message as follows: “I will bring the cards to you. Where are you now?” There has been no response!

Daniel A. Hussar  
danandsue3@verizon.net

incident and answer any questions they might have. We've reported it to the appropriate regulatory agencies and have taken the necessary steps to prevent this from occurring again."

"CVS said based on CDC and clinical guidance, another dose is not recommended for the patients who were affected. The company said anyone who was affected can proceed with receiving their previously scheduled second dose next month."

The transcript of the story concludes, "It was not clear how many customers were impacted by the error." CVS certainly knows the specific number of customers who were impacted by the error, but will not reveal it. My interpretation of the vague statements is that the number is large rather than "limited" as claimed by CVS. Other questions must also be addressed:

What science was followed for the CDC and clinical guidance that another dose is not needed? (Clue: there is no science to support this "guidance.")

If the dose of 0.3 mL that customers received instead of the correct dose of 0.5 mL is viewed as providing sufficient protection against the COVID virus, why not give all patients just a dose of 0.3 mL and obtain more doses of scarce vaccine from each vial?

When the error was identified, was consideration given to providing affected customers a supplemental dose of 0.2 mL to bring the amount administered up to the correct dose of 0.5 mL?

What regulatory agencies were contacted by CVS to report this error?

Are different COVID-19 vaccines being administered in the same CVS store, thereby increasing the potential for errors of this type? When 5 different vaccines become available, will a particular CVS store have all 5 to maximize sales?

Numerous CVS and other chain pharmacists share horror stories

with me about the understaffed, stressful, and error-prone working conditions in which they must function. Their concerns are rejected by management which, along with district leaders/managers many of whom are not pharmacists, impose metrics that are almost impossible to meet in a manner that protects customer safety.

Meanwhile, back in Pennsylvania, the vaccine battles continue. The four collar counties surrounding Philadelphia insist that the number of doses of vaccine they are receiving from the Pennsylvania Department of Health are markedly and disproportionately lower based on their populations than the number of doses provided to other counties throughout the state. State officials disagree but the statistics support the position of these counties. Officials in the four counties surrounding Philadelphia have worked with pharmacists, physicians, hospitals, and others to identify numerous sites at which residents may conveniently receive the vaccine when larger supplies become available, and the early experience with limited supplies of vaccines has been effective. However, the state officials have declared that they will supply the vaccine to just one mass vaccination site to serve all four counties. County officials quickly and strongly protested that just one site for such a large geographical area was inadequate, would be inaccessible to many residents, and would disenfranchise many individuals and sites (including Marcus Hook Pharmacy where I was immunized) that are already providing immunizations. State officials responded that there could be two mass vaccination sites, one that would serve Chester and Delaware counties and the other serving Bucks and Montgomery counties. This arrangement is ludicrous mismanagement that county officials, the Pennsylvania Pharmacists Association, and others are strongly protesting, and this is just one topic of disagreement. Political battles and criticisms are often partisan but this one primarily involves state and county officials in just one party (Democratic). The impasse continues!

As April 1 approaches, I wish this commentary was an April Fools' Day satire. However, I can't make these things up! For those who want a break, please see my April Fools' Day commentaries of the past several years at [www.pharmacistactivist.com](http://www.pharmacistactivist.com).

Daniel A. Hussar  
danandsue3@verizon.net

**Free Subscription**  
Go to [www.pharmacistactivist.com](http://www.pharmacistactivist.com)  
to sign-up for a FREE subscription.

The *Pharmacist Activist* will be provided FREE via e-mail to interested pharmacists and pharmacy students who request a complimentary subscription by signing-up online at:  
[www.pharmacistactivist.com](http://www.pharmacistactivist.com)

**Author/Editor** – Daniel A. Hussar, Ph.D.  
Dean Emeritus and Remington Professor Emeritus at  
Philadelphia College of Pharmacy

**Assistant Editor** – Suzanne F. Hussar, B.Sc. (Pharmacy)

**Publisher** – G. Patrick Polli II **Publications Director** – Jeff Zajac

The opinions and recommendations are those of the author and do not necessarily represent those of his former employer or the publisher.

The *Pharmacist Activist*, 620 Allendale Rd #60884, King of Prussia, PA 19406

610-337-1050 • Fax: 610-337-1049

E-mail: [danandsue3@verizon.net](mailto:danandsue3@verizon.net)

**NEWS-Line**  
PUBLISHING