

FINAL WORD ➞ BY MARNI SOUPCOFF

Viral Inflexibility

There is one thing you can count on government to be lousy at, even during the emergency of a deadly viral pandemic: being agile.

As of this writing—in the middle of the winter, approaching the one-year anniversary of the World Health Organization's declaration of a global pandemic, with COVID cases in the United States sliding easily past the 26 million mark, and two COVID vaccines having been given emergency authorization by the U.S. Food and Drug Administration months ago—the government is trying to figure out what the heck happened to millions of doses of those vaccines.

It's not that they got lost. At least, not exactly. The government is reasonably sure it knows where they went and what became of them. It's just that the answer—"sitting untouched in hospital freezers or else poured down the sink"—is not very satisfying.

Even the craftiest of spin doctors is incapable of making the numbers look good: 50 million doses of vaccine were delivered to the states by early February, but only about 31 million doses were injected into people's arms by then.

That would be a lousy record if this were some middling consumer good like Google Glass or New Coke. But it's an inoculation against a deadly disease that has devastated the world. Having 38% of it languishing on shelves or dumped out when demand is raging is a feat of clumsiness that only government could accomplish. And the United States is not alone in this; other developed nations with much-ballyhooed health care systems are having their

own troubles administering the vaccines.

Much of the problem stems from red tape. Dr. Daniel Griffin, a physician-scientist who has been on the frontlines of the fight against COVID since the beginning, complained on Twitter that in his home state of New York, "it takes more time and effort to do the currently required electronic upload to the state immunization information system than it takes to vaccinate."

On the podcast *This Week in Virology*, Griffin related his elderly mother's experience getting vaccinated. She found the process frightening and uncomfortable to begin with—issues that would be mitigated if people could just go to their own doctors to get their shots. Then, when a small error was discovered in her paperwork (her birthday was recorded incorrectly), the entire process was put on hold while the powers-that-be consulted with each other about how to handle the discrepancy. How many people could have received vaccinations in the time it took to have a confab about one incorrect digit in an old woman's record?

Some of the obstructions exist simply because, absent market forces, inefficient and clunky ways of organizing information and executing plans have remained in place. Other barriers are intentional, to protect against queue jumping and profiteering. But which is worse, someone being vaccinated out of turn or a dose getting thrown in the trash?

I hope that even the most idealistic and fair-minded among us would recognize the latter scenario as the greater evil. A queue jumper's immunity is no less useful in reducing overall COVID transmission than the immunity of a selfless saint, and these vaccines are too precious to waste.

Yet, strict rules and regulations against vaccinating someone who was not officially scheduled to receive it are tying hospitals' hands. Once the Pfizer and Moderna vaccines are thawed for use, they are only good for a short time. That means that if not enough of the "correct" recipients are around to receive a shot when it's ready (maybe because of missed appointments, maybe because most of the employees in that emergency room have already been vaccinated), it gets dumped rather than passed on to someone else.

"Hundreds, if not thousands, of doses are getting tossed across the country every day," Dr. Ashish Jha, dean of Brown University's School of Public Health, told NBC News. "It's unbelievable."

Maybe the most frustrating part of all is the government's pace.

Right now, there are thousands of people dying from the disease each day. Yet, when Johnson & Johnson applied to the FDA in early February for emergency approval of its new vaccine, the FDA responded that it would meet to consider the request ... at the end of the month. "Are they leaving for Spring Break?" Griffin tweeted, incredulously. "Is my impatience really unreasonable?"

It's not unreasonable at all. But government's inability to pivot quickly, its tendency to get tied up in self-created knots—it's all typical. There may have been no better choice in terms of distrib-

uting vaccines in a public health emergency—and at least the different state responses provide hints at better and worse solutions that may eventually leave the country with a clear view of best practices.

But if there's one thing the dismal vaccine rollout should not leave us, it's surprised. **R**

MARNI SOUPCOFF is the former executive director of the Canadian Constitution Foundation.

