

2021 CAPP International Convention
Paper by CAPP USA
US SUPPORT FOR GLOBAL VACCINATIONS:
A WEBINAR SPONSORED BY CAPP-USA

I. Introduction: Executive Summary

On the evening of 17 August 2021 about twenty CAPP members in the United States gathered online for a webinar to discuss US support for Global Vaccinations.

Highlights of the webinar include:

- Based on the principle of solidarity there is an obligation to support global vaccinations efforts, especially those aimed at the poorest around the world.
- Based on the principle of subsidiarity there is an acknowledgment of the complexity and challenge in organizing a global vaccination effort. Special emphasis was placed on the need for appropriate cooperation between the private sector, non-governmental organizations, and governmental organizations. Special emphasis was also placed on the need to place varying levels responsibility for effective implementation at the correct level of society and with the correct organizations.
- A key lesson learn from successful vaccination efforts was the need to provide familiar surroundings so patients felt not only comfortable but also confident in their decision to get vaccinated.
- A key recommendation is that for any global vaccination delivery effort to be successful it must utilize and partner with the extensive and trusted Catholic health networks that exist on the ground in many parts of the developing world.

II. Summary of the Webinar

Purpose of the Webinar

In keeping with the *Fondazione's* 2021 International Conference themes of *Solidarity, Cooperation, and Responsibility: the antidotes to fight injustice, inequalities, and exclusions*, the CAPP-USA chapter decided to approach the topic by looking at **US Support for Global Vaccination Efforts**. The planning committee felt that this topic would be very timely and would also relate well to the topics to be discussed at the Rome Conference.

Agenda

To help us understand considerations in vaccination efforts, Dr. Nancy Palamara, the COVID-19 vaccine coordinator at Holy Name Medical Center, presented a very thoughtful, provoking, and insightful talk on their experience.

Holy Name Medical Center in Teaneck, New Jersey was at the epicenter of the COVID outbreak in the New York metropolitan area. It was hit early, and it was hit very hard, with no reference manual on how to deal with COVID. The dedicated Holy Name team responded with innovative, creative, and compassionate responses to manage the deluge of critically ill patients and how to best care for them, while also protecting other patients and staff. In a very real sense, they were writing the COVID response manual that other providers followed later. When vaccines did become available, Holy Name was a regional leader in getting a tremendous number of people immunized in a very well organized, efficient, effective, and timely fashion.

Nancy Palamara, PharmD., is the director of pharmacy and the Vice President of diagnostics therapeutics at Holy Name Medical Center in Teaneck, New Jersey. As an extension of her responsibilities at Holy Name, she deals with a 125-bed sister hospital in northern Haiti, where she collaborates with the pharmacy and administration. She is very distinguished, highly recognized leader among Health System Pharmacists. Currently, Dr. Palamara is the COVID 19 vaccine coordinator overseeing all the vaccine efforts provided by Holy Name, which has provided over a quarter million doses of the vaccine.

B. Keynote Address by Dr. Nancy Palamara

Holy Name Medical Center: A Case Study of a Successful COVID 19 Vaccination Effort

Dr. Palamara stated that she has been living and breathing this for the better part of the last year. That it was quite a personal experience, and she was hoping that talking to us from the heart without slides and bullets would be very meaningful.

Initial Planning and Rollout of the Vaccine

She was the Director of Pharmacy at Holy Name Medical Center when the pandemic hit the New York metropolitan area during the winter of 2020. It was in late Spring and early Summer of 2020 when her team really started working on getting ready for the vaccines, looking at reports and data and sitting in on webinars while involving a lot of her pharmacy staff. When the vaccine was finally approved and arrived at Holy Name on Thursday, December 17, 2020, they were able to give out their first doses that same day. Those first doses were given to some of their front-line staff in a small hospital conference room on the Thursday and they also had some staff lined up for Friday for a small effort to test the process for the first time to make sure it

worked properly. For the most part they had scheduled employees to start being vaccinated on the following Monday, but something unbelievable happened on Friday. The emotional response of those individuals receiving the vaccine was so “unexpected and incredibly raw.” “We had physicians crying as they received their dose.” Dr. Palamara reported that these physicians, who had been so immersed in caring for their patients and watching so many die in the previous months, were simply so relieved to have that first dose of vaccine. She reported that it was Michael Maron, Holy Name’s President and CEO, who turned to her and said, “We can't wait till Monday. We have to vaccinate through the weekend. We cannot have people waiting until Monday.” And so, Holy Name kept going and doing a lot of “hurry up” to meet the demands in a landscape that changed very quickly from one day to the next.

Reaching Out to the Community

Holy Name would extend their vaccination efforts to the wider community; first to their local community in Teaneck, New Jersey, then to an underserved community in West New York, New Jersey, as well as an attempt to assist a sister hospital in Haiti. As of July 2021, the New Jersey Department of Health shared some public data that showed that Holy Name had given the most doses of any acute care hospital in the state, close to 220,000 at that time

A Unique Private Partnership with the Township of Teaneck

Since their main conference center had been turned into COVID patient care units, Holy Name did not have their large conference center to support their community vaccination efforts. At the same time the town manager of Teaneck, which is where the hospital is located, was looking for help in staffing the town’s vaccination effort to serve a population of a little more than 40,000. What happened was an incredible collaboration between Holy Name Medical Center and Teaneck’s Department of Health in opening a vaccination center at the town’s recreation center in early January 2021. They also developed a very user-friendly interface for registration and scheduling, critical to the efficient and safe flow of vaccine administration.

Answering the Plea of West New York

In March 2021, the Mayor of West New York, an underserved community in the next county south of Holy Name, made the following plea:

The town of West New York was the first municipality to have a positive case in the county of Hudson. Since then, we have worked diligently with the community to weather the impact of this devastating pandemic. At this juncture, as is the case around the world, we are desperately trying to secure a consistent supply of vaccinations to inoculate our residents. While amounts to this region have increased, allocations toward our community have not. West New York deserves better, and I will not rest until all residents are vaccinated.

Holy Name responded to this plea. But the context of West New York was very different from the context of Teaneck and Holy Name had to adapt to a very different landscape. Their Teaneck vaccination site served Bergen County which for the most part is an affluent area. West New York was an urban community with a very high urban density. Many had limited access to private transportation. And many did not speak English. And many were undocumented immigrants. Working with the mayor, Holy Name had to make many adjustments, such as hiring bi-lingual staff and simplifying their registration process. They had to make sure that their clients felt safe and welcomed when they came to the vaccination sites which were established locally in West New York itself.

Other Efforts: The Homebound and the Youth

Besides making all the necessary adjustments needed to carry out successful vaccination efforts at their Teaneck site and at their West New York site, Holy Name also had to adjust to deal with the homebound. With the introduction of mobile units, Holy Name has been able to reach out to about 1000 homebound individuals by the date of this talk. Again, their staff saw homebound elderly people in tears as they were receiving their first doses. And the landscape continues to change as Holy Name makes the needed adjustments to reach younger populations as the vaccination becomes available to them.

In adapting to all these situations, one of the key lessons that Holy Name learned was that their patients needed familiar surroundings to be comfortable and confident when they are facing a difficult decision. And the decision to be vaccinated was a difficult decision for many people.

A Failed Attempt to Assist a Haitian Sister Hospital

Holy Name also had a partnership with a sister hospital in Haiti. Holy Name had received a large supply of the one dose Johnson & Johnson vaccine. They felt that this vaccine would be perfect for Haiti because it would only take a single dose and it had much easier storage requirements, advantages that were especially pertinent given the problems with Haiti's power grid. Despite having their own means to get these dosages to Haiti, Holy Name hit a wall at every turn and was unable to get the needed government approval.

The Principle of Subsidiarity

In her talk, Dr. Palamara also used her experience in managing Holy Name's COVID 19 vaccine effort to reflect on the Principle of Subsidiarity. She and her staff constantly had to interact with government, sometimes at the local level, sometimes at the state level, and sometimes at the federal level. At times the documentation and reporting requirements being requested by the state were so time-consuming and the bureaucracy was so cumbersome that it was felt that not enough time was being allowed to administer vaccines. She argued strongly that hospital pharmacies

know best how to manage the operational side of the vaccine effort. And therefore, the primary role in delivering vaccines should be with health care providers, especially pharmacists, in a hospital setting. Unfortunately, and especially in the early stages of the rollout of the vaccination efforts, she and her colleagues became frequently frustrated with constantly changing people and policy on the part of government.

Catholic Identity

Dr. Palamara strongly argued that Holy Name's motivation and will to conduct an effective vaccination effort came primarily from its Catholic Identity. Holy Name is the last Catholic hospital in New Jersey. The "why" for Holy Name was very much rooted in their Catholic identity and mission.

Because of their identity, no one questioned whether we would be a vaccine provider. According to Dr. Palamara, "It was just, of course, we will." There was no worry from their leadership team as far as what our costs would be, whether Holy Name would be getting reimbursed or paid for it. Dr. Palamara stated that "There was a call to action and there was no question that we were going to answer that call."

Holy Name's Catholic Identity also gave it a level of trust in the community.

A Final Example of Commitment to the Common Good

A final example of the commitment of the Holy Name team are their efforts to adjust to the most recent change in the landscape they face, namely the rollout of booster shots for the immune compromised. About a week before Dr. Palamara gave her talk, the US Food and Drug along with the Centers for Disease Control and their advisory committee approved a third dose for immune compromised patients. The approval was made on a Friday afternoon. And providers, such as Holy Name, were told to be ready to take walk-ins for third doses on the next day, Saturday.

Because of its mission and identity, Holy Name wanted to meet this deadline and make this needed booster available to their immune compromised patients. Countless staff were involved from pharmacy to IT to marketing among others. These teams had to work about 24 straight hours to make this happen. It was just one more example of how the Holy Name team reacted swiftly with innovative, creative, and compassionate responses amid a critical public health emergency.

At the conclusion of her talk, many in the audience, some of whom live in the area served by Holy Name, expressed their sincere thanks to Dr. Palamara, her staff, and the whole team at Holy Name Medical Center.

C: Moderated Discussion by Prof. George Garvey

Prof. George Garvey, our discussion moderator, began by briefly identifying the more significant COVID related organizations on the international level. The most significant being the G20 initiative taken in April 2020 known as the “Global Collaboration to Accelerate the Development, Production, and Equitable Access to new COVID-19 diagnostics, therapeutics and vaccines.” It is more generally known as the Access to COVID-19 Tools Accelerator or more simply the ACT Accelerator.

The ACT Accelerator is divided into four pillars:

- Diagnostics,
- Therapeutics,
- Vaccines, and
- Health Systems Connector.

Our focus is on the third pillar, vaccines. The key international organization designated to meet the needs of poor nations for the COVID-19 vaccines is called COVAX. COVAX operates under the World Health Organization (WHO) and UNICEF. Prof. Garvey noted the difficult challenge facing COVAX. Currently less than 1% of the global vaccine supply is reaching people in low-income countries.

Solidarity

Prof. Garvey then defined Solidarity, a key principle of Catholic Social Teaching, so we could explore its relevance to the question of supporting the international distribution of COVID 19 vaccines. He quoted St. John Paul II that “[Solidarity] is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say to the good of all and of each individual because *we are all really responsible for all.*” [*Sollicitudo Rei Socialis* 38].

Finally, Prof. Garvey raised a number of questions to stimulate our discussion:

- Does the United States or its citizens have an obligation to provide COVID 19 vaccines to citizens of other nations? If so, how much and to which nations or peoples?
- Given the reality of finite resources, “right” solutions require the exercise of prudence. Consider some exemplary concrete questions:
 - Can the U.S. give priority to its own citizens?
 - The WHO wants a moratorium on booster shots in rich nations until the basic needs of underdeveloped nations have been met. Should the U.S. adopt this policy?

- Can the U.S. insist that the obligation to provide this aid must be shared equally or perhaps equitably among all nations?
- Must the U.S. provide vaccines to nations that are in adversarial relations with it? North Korea? Iran?
- Can richer nations purchase large quantities or relatively inexpensive but less efficacious vaccines for distribution to poorer nations while reserving the higher quality vaccines for themselves?

Member Discussion

Some highlights of the member discussion include the following:

- There appeared to be a consensus that the concept of solidarity requires the U.S. to assist other nations, especially the poorer areas of the world, by supporting global vaccination efforts. One participant noted that “We are our brother’s keeper.” It was also noted that global vaccination was also in our own interest.
- At the same time, in order to be able to help others, we need to maintain our health, too, making the analogy of preflight instructions on an airplane that in the event of an emergency, put your own oxygen mask on first before assisting others. Similarly, it was stated that solidarity does not demand that a supply be distributed so thinly that everyone becomes anemic; you need people who will have strength to be ready to do what needs to be done to help others.
- The complexity of the task of implementing a global vaccination effort, however, was duly noted. Items mentioned were the weak health infrastructure of many poor nations, the need for partnerships with the private sector, and appropriate coordination with governments.
- Also noted was the importance of maintaining the necessary economic incentives for pharmaceutical research and innovation so we would be prepared for the next public health crisis.
- One participant summarized the discussion as being that we want to be as efficient as possible, so we can be as generous as possible.

Subsidiarity

Prof. Garvey next introduced the topic of subsidiarity, another key principle of Catholic Social Teaching, so we could explore its relevance to the question at hand. He indicated that the concept of subsidiarity includes cooperation and responsibility. “Whatever decisions are made with regard to the breadth of the obligation under solidarity, prudential judgements must also be made about ‘how to do it’.”

- Cooperation: Cooperation presents a complex question: What bodies acting collectively can best facilitate the needed vaccines to the persons who are most in need of the vaccination?
- Responsibility: Responsibility presents the ultimate question with regard to the principle of subsidiarity. The principle in essence requires that responsibility be placed at the most appropriate level – individual, family, community, national, or international. The project we are considering (U.S. support of vaccines to needy foreign persons) involves multiple components including production, purchase, delivery, and administration. Who can best be responsible for the final outcome of the administration of the vaccines to the poor?

Member Discussion

Some highlights of the member discussion include the following:

- We are facing a significant, complex, and challenging problem. And we are not prepared to provide the response that is needed.
- The COVID 19 crisis is highlighting and adding to other chronic problems in the poorer parts of the world such as malnutrition, climate, and the general lack of medical care.
- Distrust of international organizations.
- The role of government was noted as a resource to help when needed to overcome obstacles that block other entities, such as private firms, from accomplishing these objectives. The proper relationship and level are expressions of subsidiarity.
- We do have an important asset in the fight against COVID 19 in the developing world, namely the already large and established Catholic health network. We already have trusted “boots on the ground.”
- There appeared to be a strong consensus that in supporting the global vaccine effort we must make good use of the Catholic and other faith-based health networks around the world to efficaciously deliver the vaccine to the developing world.

Additional Observations

The following observations were also noted after the August 17 webinar.

Initial distribution efforts in Africa led to millions of doses returned because they had expired or could not be administered before their expiration. Devex

reported that in April, the Democratic Republic of Congo returned 1.3 million doses to COVAX, because it couldn't distribute them before they expired. In May, South Sudan also returned 72,000 doses for the same reason. Other doses delivered in Africa had short shelf lives, leading to the destruction of about 450,000 expired doses. These challenges occurred because emphasis was placed on "acquiring the vaccines" without an understanding of the obstacles in the supply chain to get "shots in arms." This problem highlights the gap between delivering shots today and assisting countries with the knowledge and infrastructure to produce their own vaccines to ensure equitable vaccine distribution

- No single entity – nation, international organization, NGO, religious group, business sector – can go it alone or maintain a business-as-usual approach.
- Essential to recognize the core elements of prevention, treatment, and vaccinations.
- Align these elements to good hygiene, health care, and safe water and nourishing food.
- Those most in need should be at the front of the line within a comprehensive, holistic, distribution strategy.
- Place priority attention on upgrading the deficiencies in the physical and personnel health care infrastructure systems.

IV. Conclusion

The CAPP-USA Webinar on US Support for Global Vaccinations consisted of two parts: a case study of an effective and successful vaccination effort followed by a moderated member discussion of US support for global vaccinations.

Our case study focused on a local Catholic hospital, Holy Name Medical Center that became a regional leader in providing vaccinations in the New York metropolitan area. One of the key lessons for success learned from the case study was the need to provide familiar surroundings so patients felt not only comfortable but also confident in their decision to get vaccinated. This lesson was demonstrated in Holy Name's effort to reach out to their local community, a nearby underserved community, the homebound, the young, and the immune compromised. Holy Name also demonstrated how a Catholic identity can motivate leadership and staff to perform selflessly in the midst of a public health crisis. It was also sadly noted the obstacles Holy Name faced when it attempted to share vaccines with its sister hospital in Haiti.

Our moderated discussion explored how the Catholic Social Teaching principles of solidarity and subsidiarity relate to the question of the U.S. providing support for a global vaccine effort. Based on the principle of solidarity the members expressed

that we had an obligation to support global vaccine efforts especially when aimed at the poorest around the world. But based on the principle of subsidiarity our members also acknowledged the complexity and challenge involve in organizing such an effort. Special emphasis was placed on the need for proper cooperation and that the responsibility for implementation be placed at the correct level and with the correct organizations and people. More concretely the members strongly recommended that for a global vaccination effort to be successful it must utilize and partner with the extensive and trusted Catholic health networks that exist on the ground in many parts of the developing world.