March 8, 2021

Inspector General Alex F. DeSantis
601 Walnut St.
Suite 300 East
Philadelphia, PA 19106


Dear Inspector General DeSantis:

I write this letter to respond to your Public Report on Philly Fighting Covid, Inc. (PFC), in which you identified structural and process weaknesses that led to my department’s relationship with PFC and you made recommendations. Your office started this investigation when I reported possible wrongdoing in compliance with Mayor Kenney’s January 29th letter requesting that I investigate and identify immediate steps regarding the City of Philadelphia’s (City/City’s) relationship with PFC. Specifically, the Mayor requested that I: 1) identify weaknesses in the vetting process that could have prevented the problems with the PFC relationship; and 2) provide a set of process improvements to ensure that all future partners delivered vaccine in a safe, equitable, and professional manner. This letter will respond to your identified structural and process weaknesses and recommendations, as well as the Mayor’s specified requests, and outline improvements that Philadelphia Department of Public Health (PDPH) has implemented or is considering implementing to address these weaknesses.

I. Weaknesses identified by the OIG, OIG’s Recommendations, and PDPH’s Responses

A. The City presented PFC as an “instrument of the City, targeting the City’s population with the City’s support”, creating a “clear and demonstrable perception that these [vaccination] events would meet a baseline standard of safety, security, and responsibility”.

We have taken steps to distinguish services that are offered by the City from those offered by non-governmental vaccine providers. In late January the City established its own registration database for persons wishing to be vaccinated (www.phila.gov/vaccineinterest). This database has been extensively promoted by the City, is widely recognized a central method for obtaining vaccination appointments, and now has more than 275,000 persons in it. In addition, effective immediately after the termination of the relationship with PFC, the City clarified which vaccination events and services are being operated by the City and which are being operated by other organizations. For example, PDPH began a series of
community-based vaccination events the week of February 15th which were clearly identified as operated by the City. Other organizations, such as the Black Doctors COVID-19 Consortium (BDCC) and several hospitals, are operating similar mass vaccination events, which are identified as managed by those organizations. We are also exploring legal options that would require clearer identification of the vaccine provider as the organization responsible for vaccination services.

B. The Health Department “had not robustly evaluated PFC (for vaccination work) via a structured, documented, public and well-reasoned mechanism”. The health department “had no clear understanding of the actual corporate entity they were engaged with”. And “information at the department’s disposal of weaknesses in PFC were never appropriately considered”.

As a condition of their receiving vaccine, all organizations seeking to provide COVID-19 vaccine must meet requirements established by the Centers for Disease Control and Prevention (CDC) regarding professional licensure, vaccine storage and handling, and transmission of data to public health authorities. These qualifications and capabilities are reviewed by staff at PDPH before any organization is enrolled as a COVID-19 vaccine provider. As part of the review of professional licensure, PDPH checks both the licensure databases at the Commonwealth of Pennsylvania and the national exclusion database by the Office of Inspector General of the U.S. Department of Health and Human Services. In the future, all organizations seeking to become COVID-19 vaccine providers, regardless of whether they receive funding from the City to provide vaccination services, will be vetted more extensively. Information that may be reviewed include:

- Persons and populations that they intend to vaccinate and their plans for how and where vaccines will be offered;
- Organization or corporate structure (e.g. nonprofit, for profit, related corporate entities);
- Experience in providing vaccinations, medical services, social services and community services;
- Civil law suits, complaints, allegations, or investigations of illegal, improper, or unethical actions by the organization or its principal leaders;
- The number of persons they intend to vaccinate per week and the number of doses of vaccine the organization anticipates requesting per week; and
- Methods by which the organization intends to collect and maintain data on persons being vaccinated, and which will be used to transmit data on vaccinations to PDPH.

This information will be reviewed by a subgroup of the PDPH RFP Review Committee (see section IIIC below), which will determine whether these organizations can receive COVID-19 vaccine.

C. The Health Department “had not properly outlined the respective responsibilities of the different parties involved” and “could have benefited from a formal contract or at least some written agreement to outline the precise terms of the relationship”.

All vaccine providers currently must sign a CDC COVID-19 Program Provider Agreement that contains requirements for vaccine handling, administration of vaccine, and reporting of information after vaccination. To further clarify and strengthen requirements, PDPH is considering an additional agreement that better holds COVID-19 vaccine providers accountable.

The CDC COVID-19 Program Provider Enrollment Agreement includes requirements that organizations:

- Administer vaccine in accordance with all requirements and recommendations of CDC and CDC’s Advisory Committee on Immunization Practices (ACIP);
- Report Vaccine Administration Data to state or local public health agencies;
Agree to not sell or seek reimbursement for vaccine or supplies provided by the federal government at no cost to the organization;

Administer vaccine regardless of the vaccine recipient’s ability to pay, and without seeking any reimbursement from the vaccine recipient;

Provide a federally approved fact sheet to each vaccine recipient before administering the vaccine;

Store and handle vaccine in accordance with CDC requirements;

Report any adverse events following vaccination to the Vaccine Adverse Event Reporting System; and

Provide a completed COVID-19 vaccination record card to each vaccine recipient.

Any additional agreement that is ultimately implemented could require organizations receiving vaccine from PDPH to do some or all of the following:

Ensure that persons administering vaccinations to patients are licensed to do so in the Commonwealth of Pennsylvania and that these persons administer vaccines consistent with standards of medical care;

Provide clear information to persons being vaccinated about the name of the organization administering the vaccine, and clarify that the organization is not a representative of the City or PDPH;

Provide vaccination to persons regardless of health insurance status or other protected status as outlined in the Philadelphia Fair Practices Ordinance;

Vaccinate persons without requiring a social security number, government-issued identification card, or proof of citizenship or immigrant documentation status;

Conduct vaccination services in a way that minimizes the risk of COVID-19 transmission, including enforcing masking and social distancing among staff and patients;

Provide vaccinations to persons with limited English proficiency or hearing impairments;

Accommodate persons at vaccination sites with limited English proficiency or hearing impairments;

Accommodate persons at vaccination sites with limited English proficiency or hearing impairments;

Report data on vaccinations electronically to PhilaVax, the local immunization registry, within 24 hours after vaccination, using data elements and formats specified by PDPH;

Conduct an inventory of stored vaccine on a weekly basis and report the results as required by PDPH;

Transport vaccine as required by PDPH, using purpose-built vaccine transport coolers and continuous temperature monitoring as required;

Allow inspections of vaccine storage facilities and vaccination sites by PDPH;

Agree to not sell, seek to sell, or otherwise share the names of or other personal identifying information about those being vaccinated or seeking vaccination except when submitting data to PDPH; and

Arrange to administer second doses (if recommended for the vaccine) to all patients receiving first doses after the recommended time interval and, if possible, schedule patients individually for second doses at the time of administration of first doses.

D. Recommendation: “Training for all employees involved in the contracting process, to include specific presentations of emergent contracting procedures and other mechanisms that may be available to assist with a timely emergency response”.
All employees involved in contracting for services related to the COVID-19 response will be trained in emergency contracting procedures of the City as well as other mechanisms to provide services on an emergency basis.

E. **Recommendation:** “The department [should] continue to build transparency with respect to the allocation between and among different City-wide providers. The public should be able to see the specific quantity and/or dose distributions.”

PDHP has established a report of COVID-19 doses allocated to different providers and doses administered by those providers each week. This report has been distributed to the City Council and has been posted on the City’s website. It will be updated biweekly. In addition, the data dashboard on the website will be expanded to include additional information that is simpler to interpret.

F. **Recommendation:** “Additional operations personnel – or procurement personnel detailed from other City departments – may be warranted”.

To meet the great demands of offering vaccine to the entire population of Philadelphia, PDHP’s COVID-19 Vaccine Team has been restructured and additional personnel have been detailed to it from within PDHP and the Office of Emergency Management, as summarized below. PDHP will request additional support in procurement from other departments.

II. **Requests of the Mayor and PDHP’s Responses**

The requests by Mayor Kenney in his January 29th letter (in addition to the OIG’s Report) and actions taken by PDHP are as follows:

A. **Hold clinics to ensure that everyone who received their first dose of COVID vaccine (from PFC) gets their second dose on time and from professionals who are qualified to administer it.**

Nine mass vaccination clinics were held by PDHP at the Pennsylvania Convention Center between February 3 and February 13 to provide second doses of COVID vaccine to persons who received their first doses from PFC.

B. **Allocate all first doses that had previously been allocated to PFC to other organizations, with a special focus on an enhanced number of doses to the BDCC.**

After January 25th, all first doses of COVID vaccine were allocated to other vaccination providers. The number of doses provided to BDCC was increased to meet their ability to administer them. In the week of the Mayor’s letter, BDCC administered 1,092 doses; in the following three weeks, this organization administered 1,913 doses, 2,620 doses, and 4,892 doses of vaccine, respectively.

C. **Invite Commerce Director Michael Rashid to participate on any committee constituted to review proposals to provide COVID-19 testing or vaccination services.**

The Commerce Director was immediately invited and has been participating on the RFP Review Committee.
III. PDPH’s Structural and Procedural Changes Since PFC

PDPH has put in place structural and procedural changes to strengthen the oversight of the COVID-19 vaccination effort and vaccine providers. A summary of these changes is as follows:

A. New Vaccine Team

The Vaccine Team was established in January 29 as an incident command structure within PDPH. It includes separate sections for: Mass Clinic Management, Vaccinee Outreach, Dose Management, Vaccination Provider Liaison, Logistics, Data & Analytics, Planning, Finance/Administration, Communications, Racial Equity, and Intergovernmental Relations. The Vaccine Team, including more than 20 members, meets daily on weekdays and reports directly to the Health Commissioner. This helps ensure sharing of relevant information regarding providers.

B. Collaborative and Organized City Support

Support from other City agencies has been incorporated into this Vaccine Team structure. Staff from the Office of Emergency Management are part of the team. The Finance/Administration section lead also works directly with the Office of Recovery and Grants and the Finance and Procurement offices to provide financial support for the operation. The Philadelphia Fire Department works directly with the Mass Clinic Management section around vaccination services to be provided by Fire/EMS personnel. The 311 call center works with the PDPH call center as part of the Communications section. Philly Counts, the community outreach team that successfully worked on the 2020 Census, has been enlisted for community education around vaccination.

C. New RFP Review Committee and Revised Scoring Practices

An RFP Review Committee for Vaccination Services has been established within the Vaccination Provider section to review proposals by organizations seeking funding to provide vaccination services. This committee has eight members representing different Divisions within PDPH, the Commerce Director, and a representative of the City Council. To ensure that information about organizations that have provided testing services is available to those making decisions, there is overlapping membership between the RFP Review Committee for testing and the RFP Review Committee for vaccination services.

The review of proposals for funding for vaccination services now includes explicit scoring of the experience of applicant organizations in providing vaccinations or similar services, as well as findings from a review of the history and experience of the organization.

D. Vaccine Distribution Decided by a Larger Group

For current vaccine providers, decisions about the number of doses distributed each week are determined by a group of five persons, including the Health Commissioner, the Dose Management Lead and the Racial Equity Lead. The criteria considered in these decisions are:

- The number of doses administered by the provider in the previous two weeks;
- The number of doses requested by the provider, and plans by the provider regarding the number of people the provider expects to vaccinate in the upcoming two weeks;
- The specific product to be distributed and the ability of the provider to store and handle this product;
- The provider’s stated inventory of doses; and
- The degree to which the provider is reaching under-vaccinated racial/ethnic groups and/or under-vaccinated zip codes.
IV. Conclusion

I appreciate your thorough investigation, recommendations, and your commitment to continue to investigate and evaluate this important matter. While implementing the foregoing, PDPH will continue to work with current and future partners to ensure that City residents are vaccinated quickly, appropriately, and equitably.

Sincerely,

Thomas Farley, MD MPH
Commissioner

Cc: Mayor Jim Kenney