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CITY OF PHILADELPHIA
OFFICE OF THE INSPECTOR GENERAL



Public Report

Philly Fighting COVID, Inc.

Signature of Inspector General:


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INTRODUCTION

The Office of the Inspector General (OIG) presents the following narrative in rough chronological order to disclose the City of Philadelphia’s relationship with Philly Fighting COVID, Inc., Vax Populi, Inc. and Andrei Doroshin – the principal of these organizations. This report is sourced from 47 investigative interviews,¹ fielded complaints, email communications, open source material and documents as described.

The OIG investigation is ongoing, and some questions remain. In the interest of transparency, however, this report presents the foundational facts that are available at this time. Issues in dispute are noted within the text, and the OIG offers no dispositive factual or legal conclusions.

The report concludes with brief OIG analysis of the five central operational decisions that the Health Department made with respect to the identified entities: (i) the decision to award a testing contract; (ii) the decision to include Andrei Doroshin on the Vaccine Advisory Committee; (iii) the decision to hold vaccination clinics; (iv) the decision to provide vaccine; and (v) the decision to terminate the relationship.

Policy questions about the Department of Public Health’s overall approach to vaccine distribution and administration are beyond the scope of this investigation.

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¹ The majority of interviews were of City employees and embedded contractors – except where noted in the text – and some subjects were interviewed multiple times. Andrei Doroshin has not yet provided testimony to the OIG.

I. BACKGROUND & INITIAL CONTACT

On April 15, 2020, Philly Fighting COVID, Inc. (PFC) was first incorporated.² Andrei Doroshin (Doroshin), a graduate student at Drexel University, founded³ the group as a non-profit organization for charitable purposes under 15 Pa.C.S. § 5306.⁴

In public statements, Doroshin noted that he first organized PFC to respond to the dire need for personal protective equipment (PPE) at the time. And, using private funds and donations, PFC initially focused on manufacturing face-shields for local hospitals and healthcare workers.⁵ Most of the organization's original staff were contemporaries of Doroshin's, including some local nurses, medical students and engineering students.⁶

At some point in June 2020, Doroshin oriented PFC's operation away from the manufacturing of face-shields and turned to focus on COVID-19 testing.⁷ After obtaining test kits from Quest Diagnostics, PFC opened and operated an independent testing site in Fishtown at the Fillmore Theater. There, PFC worked with medical volunteers to offer COVID-19 testing for the local community.⁸

The Health Department's Chief Testing and Surveillance Officer, a resident of Fishtown, became aware of the Fillmore Theater testing operation through word-of-mouth and social media, and she saw the site at some point in June. The Health Department employee later reached out to Doroshin to inquire about PFC's operation and capacity.⁹ Doroshin provided some basic context about PFC's testing site and asked the Chief Testing Officer about potential funding opportunities. At the time, there was an open and public RFP for COVID-19 testing contracts, administered via the Philadelphia Mental Health Care Corporation (PMHCC).¹⁰ The Health Department's Chief Testing Officer informed Doroshin about the opportunity and noted that PFC could apply.

On July 8, 2020, PFC submitted a formal bid to PMHCC, requesting public funding to support COVID-19 testing in Philadelphia.¹¹

² Appendix A.

³ <https://www.phillymag.com/news/2021/01/26/who-is-philly-fighting-covid/>.

⁴ Although PFC is organized as a non-profit corporation under Commonwealth law, the IRS Pub. 78 database shows that the company is not tax exempt as of March 2, 2021.

⁵ <https://whyy.org/articles/group-entrusted-with-philly-vaccine-clinic-abandoned-testing-stranding-communities/>.

⁶ <https://drexel.edu/engineering/news-events/news/archive/2020/July/co-op-during-covid/>.

⁷ PFC also organized blood drives and administered influenza vaccines at some point.

⁸ Andrei Doroshin, "Philly Fighting COVID," interview, BEN Around Philly, BEN FM, September 12, 2020, <https://957benfm.com/episodes/philly-fighting-covid/>.

⁹ The City maintained a map of all testing locations to help direct residents, and the Health Department added PFC's Fillmore site to that list. <https://www.phila.gov/covid-testing-sites/#/>.

¹⁰ PMHCC is a non-profit organization that holds a contract with the Health Department to assist and support its operations. The Health Department frequently utilizes PMHCC to administer grants and contract opportunities, though substantive decision-making remains with the Health Department. The Health Department's use of PMHCC is long-standing and primarily driven by the need to keep transaction costs low. All parties noted that PMHCC can conform a contract much faster and contract payments are more easily disbursed to payees, which were the Health Department's primary considerations when responding to the early stages of the COVID pandemic.

¹¹ Appendix B.

II. TESTING CONTRACT AWARD

Although the contract was formally administered by PMHCC, the submissions were evaluated and scored by a team of five Health Department employees,¹² including the Chief Testing Officer who initiated contact with PFC. Neither Commissioner Thomas Farley (Farley) nor Deputy Commissioner Caroline Johnson (Johnson)¹³ was on the selection panel, although Dr. Farley reviewed the panel's scoresheets and authorized the final awards.

The selection panel reviewed and scored the applications on the basis of nine substantive criteria.¹⁴ Those on the selection panel generally noted that cost (per test) and testing capacity/volume were the primary drivers of these initial contract decisions; at the time, the department sought to increase City-wide testing to roughly 5,000 per day.¹⁵

For the most part, the selection panel conducted very little independent research on the applications – they did not perform checks for things like insurance coverage. Most of the research was limited to simple Google searches for background on the organizations' current operations, and many of the firms were already known to the Health Department through prior work in and around Philadelphia.

With respect to PFC, the panel noted that there was significant weight given to the fact that they already had an up-and-running testing operation, unlike some other applicants. PFC had a lab agreement in place with Quest Diagnostics, an existing location and an identified Nurse Practitioner as the organization's prescribing agent. Based primarily on these considerations, the panel approved PFC's application and Dr. Farley later agreed.

On July 20, 2020, the Health Commissioner notified Doroshin via letter that PFC was approved for up to \$194,234 in available funding to conduct COVID-19 testing, and PMHCC executed a formal six-month contract shortly thereafter.¹⁶ Although the contract did not specify the precise testing site locations in Philadelphia, PFC represented that the organization would focus on underserved communities and frontline healthcare workers. PFC was approved for up to 59 testing events/sites, with input from the Health Department about dates, times and specific locations.

After the testing events, PFC was to submit invoices with supporting documentation, like cost receipts and staff timesheets, in order to receive payment. A specific Health Department employee, who reported to the Chief Testing Officer, was PFC's primary point of contact and was tasked with reviewing/approving all of the firm's invoices for payment.

¹² The selection panel was racially and organizationally diverse.

¹³ According to the department's organizational structure at the time, COVID testing was the responsibility of the Containment Group, led by the Director of Public Containment. Vaccine administration was the responsibility of the Division of Disease Control, led by Dr. Johnson. Both units reported separately to Dr. Farley.

¹⁴ Selection criteria were: volume, target population priority, infection prevention, community outreach, billing system, safety measures, cost per test, ability to meet RFP requirements, and existing infrastructure & ability for rapid implementation.

¹⁵ The panel members also noted that they sought mostly local organizations that were familiar with the Philadelphia community.

¹⁶ *Appendix B.*

III. TESTING CONTRACT PERFORMANCE & PAYMENT

Health Department and PMHCC employees who worked with Doroshin and other PFC representatives during the testing period consistently described the relationship as challenging, especially early in the process. PFC was new to City contract procedure and reportedly struggled to submit timely and complete invoices. Health Department staff frequently had to issue follow-up requests for supporting documents – primarily timesheets.¹⁷ Doroshin, specifically, was described as unprofessional and rather aggressive with respect to payment turnaround, and some City staff suspected this to be indicative of a lack of financial stability within the PFC business organization.

Notably, the Health Department contract managers approved an initial payment to PFC of \$18,000 in administrative fees. Other testing contractors prorated this administrative fee across the life of the six-month term, as was the Health Department's general practice. Doroshin, however, pressed the department for this early payment to cover some of his more immediate staff costs. To avoid unnecessary interruptions in testing services, the Chief Testing Officer agreed after consulting with her supervisors.

In August 2020,¹⁸ PFC began its work under the testing contract – although, operationally the organization was still focused on the already-established Fillmore Theater site in Fishtown. Health Department representatives encouraged PFC to expand to other locations so the organization could meet the needs of certain underserved communities, as PFC previously agreed.

In late August, representatives from the South Street Headhouse District (SSHD) learned about PFC through social media and reached out via Facebook to inquire about the prospect of a testing event in Society Hill. Dealing primarily with PFC's Chief Operating Officer at the time, SSHD and PFC agreed to hold walk-up and drive-up testing on September 1 and 3, 2020 at the open-air "Shambles" on 2nd Street south of Pine Street.¹⁹

PFC successfully held the testing events, as scheduled, and performed roughly 200-250 tests over the two days. SSHD, however, later fielded a number of complaints from community members who expressed concern about PFC's proximity to an outdoor children's event that also took place on September 3. SSHD contacted the Health Department for direction about the conflict, and the Director of COVID Containment instructed the group to immediately cease testing operations at that location. The Director also contacted Doroshin and explained that the City of Philadelphia had not authorized testing at that location and would not reimburse PFC for any costs associated with those events. The Director explained that City-funded testing was to be prioritized in underserved areas, not Society Hill.

Doroshin was reportedly frustrated with this decision. PFC later posted a number of statements on its Facebook page, criticizing the decision to cease the Headhouse Square testing events.²⁰ According to that

¹⁷ Some PFC invoices were returned multiple times for clarification.

¹⁸ Although the contract was first conformed in August, PMHCC later executed a contract amendment – with the Health Department's approval – to allow for reimbursement of costs incurred as of the date of the Health Department's award letter, July 20, 2020.

¹⁹ Although PFC and SSHD did not execute a formal contract, PFC principals signed a liability release and furnished an insurance certificate to SSHD prior to the testing events. OIG investigators contacted the named insurance company, who stated that the identified PFC policy was not intended to cover COVID testing. Rather, according to the insurance company representative, the policy in question was limited to liability associated with the manufacture and distribution of PPE.

²⁰ *Appendix C.*

Facebook page, Councilmember Squilla mediated this dispute, and on September 15, PFC issued a statement together with the Councilmember and SSHD. The joint statement noted that PFC would no longer operate the Headhouse Square site but would continue to seek testing opportunities in South Philadelphia.²¹

By November 2020, PFC expanded to other testing sites across the City, and in late November the organization held a series of mass testing events at the intersection of 6th Street and Erie Avenue in North Philadelphia, in collaboration with The Latino Connection. Health Department employees credited PFC with “stepping-up” to conduct this event on short notice, and the testing clinic was well-received.

As a matter of quality control, and consistent with Health Department practice, the department assigned an undercover “secret shopper” to engage with PFC and sign-up for a test at one of the organization’s locations. This evaluation yielded mixed reviews – the “secret shopper” reported significant difficulty with the PFC sign-up and registration processes, although the actual test was conducted without issue.²²

At least two other citizens reported troubling testing experiences with PFC in November.²³ One complainant stated that PFC failed to notify her of a positive test result, which reportedly caused significant COVID exposure at her workplace and necessitated an immediate shutdown by her employer.²⁴ Another complainant reported that PFC never communicated the results of his test, despite numerous follow-up requests and inquiries. And, although the majority of tests were conducted without complaint, there were also some public reports of internal discord, disorganization and so-called “concierge” testing outside of the scheduled community events.²⁵

In early January 2021, Health Department contract managers noted that PFC had not submitted any invoices for testing since November, and they reached out to Doroshin to inquire. Shortly thereafter, Doroshin submitted final invoices, noting that December 23 was the last day of any PFC testing. Upon review, Health Department employees identified a number of discrepancies, including the lack of appropriate signatures on several timesheets and at least one PFC staff member who was reportedly in two locations at once. Based on these issues, the Health Department refused to pay. Doroshin protested, and the matter is still unresolved.

PFC then abruptly stopped COVID testing and focused instead on the distribution of vaccine. On January 10, 2021, PFC posted a Facebook message to inform the public that the company decided to cease all testing in order to transition to vaccinations.²⁶ At the time, the company had fourteen different upcoming testing events already scheduled for four different locations the following week. The Health Department never received formal notice of PFC’s withdrawal, and the firm’s testing contract ultimately expired at the end of January 2021 without further activity.

²¹ The September 15 joint statement also states, “PFC has begun talks with the City of Philadelphia on distributing the highly anticipated SARS-CoV-2 vaccine.” *Appendix C.*

²² *Appendix D.*

²³ These complaints did not surface until 2021, when PFC became the subject of significant media coverage.

²⁴ According to the complainant, PFC representatives initially told her that she had tested negative. Later, however, they informed her that the negative result was an error and that she was, in fact, positive for COVID-19. By that time, the complainant had already returned to work, relying on PFC’s initial communication.

²⁵ <https://whyy.org/articles/why-did-philly-entrust-a-vaccine-program-to-a-young-student-group-with-no-health-care-experience/>; <https://whyy.org/articles/philly-fighting-covid-provided-at-home-testing-to-bobby-henons-family/>.

²⁶ *Appendix E.*

To date, PFC performed a total of 15,968 tests and received \$111,405 in total compensation under the PMHCC testing contract.²⁷

With regard to data tracking, all testing contractors were required to report certain demographics about the testing population served, to include identifiers like race, age and gender. PFC was significantly deficient in this area, furnishing demographic data for approximately 32% of the total tests the company performed, on average.²⁸ Although other contractors were also less than 100% compliant, PFC had the lowest reporting percentage by a significant margin.²⁹

IV. VACCINE ADVISORY COMMITTEE APPOINTMENT

Starting in August 2020, very shortly after PFC was formally awarded the testing contract, Doroshin began soliciting meetings with Health Department officials, including Dr. Farley, to discuss the City's vaccine distribution plans and how PFC might get involved.³⁰ Although the Commissioner never met with Doroshin during this time, some members of the Health Department's testing team (who worked with PFC as described above) connected Doroshin with the vaccine team within the Division of Disease Control, led by Deputy Commissioner Johnson at the time.³¹

The Health Department's vaccine team, which included several other employees who reported to Dr. Johnson, was then working to establish a Vaccine Advisory Committee (VAC). The use of such a committee reflected best practice in the field and was similar to the HHS National Vaccine Advisory Committee³² – the VAC was to engage various stakeholders in dialogue about the vaccine distribution plan, considering factors like timing, equity and prioritization tiers.³³

Dr. Johnson chaired the VAC and PFC was selected to participate,³⁴ around September, along with approximately 30 other organizations and individuals throughout Philadelphia.³⁵ The decision to include PFC was reportedly based on Doroshin's persistent interest in the City's vaccine effort and the company's

²⁷ As noted above, some PFC testing invoices are still pending.

²⁸ *Appendix F*.

²⁹ Doroshin cited difficulty with the lab, Quest Diagnostics, when Health Department contract managers questioned him about this deficiency.

³⁰ Health Department employees who were in communication with Doroshin at the time described him as "very persistent."

³¹ Dr. Farley stated that he delegated day-to-day administration of the vaccine effort to Dr. Johnson, based on her background as an epidemiologist and experience in the field, understanding that she was to keep him well informed. Dr. Farley and the vaccine team met weekly at first, then bi-weekly, as Dr. Farley continued to be more directly involved in testing and contact tracing efforts.

³² <https://www.hhs.gov/vaccines/nvac/index.html>.

³³ The Health Department sought advice from the VAC about vaccine planning and equitable distribution models. The VAC was to interpret the frequently changing federal guidance and help the department apply it to the City of Philadelphia, <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/vaccines/about-covid-19-vaccine/>.

³⁴ There is some dispute about who specifically decided to invite PFC to the VAC. Dr. Farley, however, confirmed that he was generally aware of the firm's selection and did not have issue with the company's initial inclusion, given the fact that PFC held a testing contract.

³⁵ *Appendix G*.

established involvement in COVID testing.³⁶ Broadly, those within the Division of Disease Control envisioned that the vaccine administration plan would be structurally analogous to the testing program – with similar clinics and community events.

The VAC held biweekly meetings to discuss various topics, set by Dr. Johnson and her staff. Participation was strictly voluntary, and no member of the committee received compensation in connection with this work.³⁷ VAC member and employee accounts confirm that Doroshin was an active participant; he attended many meetings and was reportedly engaged and vocal throughout.

In October 2020, and later updated in November, the department submitted a draft vaccination plan to the CDC, which included a strategy to leverage the existing testing partners to operate vaccination sites. The plan suggested that the Health Department would use mass vaccination events, modeled after the testing programs, and engage external organizations to focus on traditionally underserved neighborhoods and populations.

The Commonwealth's vaccination plan, which specifically excluded Philadelphia, included an explicit set-aside requirement for unaffiliated healthcare workers.³⁸ That is, Pennsylvania hospitals outside of Philadelphia are required to reserve a portion of any allotted vaccine for healthcare personnel who may not be directly affiliated with the hospital. Some in the Division of Disease Control thought that the Philadelphia-area hospitals would be resistant to this model and would instead prefer to focus on their own personnel and priorities. Accordingly, the Health Department made the policy decision to target initial vaccination clinics at the approximately 18,000 unaffiliated healthcare workers in Philadelphia.

V. AGREEMENT TO PARTNER FOR CLINICS

Although it is undisputed that the Health Department sought to facilitate mass clinics for unaffiliated healthcare professionals, there is some lack of clarity about the extent to which the Health Department engaged with providers and medical institutions during the planning phase for this initiative. And, to further complicate planning, throughout November and December there were many unanswered questions about exactly when the City would receive vaccine and in what quantity. It is evident, however, that these planning discussions were wholly informal – mainly via phone, email and virtual meetings – and outside of any structured decision-making process.

Representatives from local hospitals and the Black Doctors' COVID Consortium (BDCC) could not specifically confirm whether Dr. Johnson or any other Health Department representative proposed or explored the prospect of holding a series of mass vaccination clinics in January 2021. In interviews with OIG investigators, however, representatives from these institutions generally confirmed that they would not have been operationally ready to hold significant public vaccination events of this type without extended advance notice and planning opportunity. To boot, these institutions were initially focused on vaccinating their own staff, patients and/or other target populations.

³⁶ The Division of Disease Control further noted that the VAC was a good vehicle to educate community healthcare providers about the upcoming distribution process. Some Health Department staff believed that including a medical novice like Doroshin would help him to learn more about the vaccination field.

³⁷ The VAC is still active to date, although PFC is no longer a participant.

³⁸ The City of Philadelphia receives direct federal funding and was therefore responsible to develop its own vaccination strategy, <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Guidance/Phase-1A-Healthcare-Personnel-Not-Affiliated-Fact-Sheet.aspx>.

Doroshin, on the other hand, had been expressing interest in vaccination clinics since August. He continued to solicit partnership with the Health Department and represented that PFC would be able to administer vaccine to the City's target population. Throughout November and December, Doroshin was in frequent contact with a number of Health Department employees on the vaccine team, discussing things like data-recording and the mechanics of large-scale vaccination events. In fact, Doroshin even presented the Health Department with his own vaccination clinic plan, as well as a proposal to conduct a series of large-scale events at Lincoln Financial Field for exactly this purpose.³⁹ Doroshin widely pursued support for this plan, but Dr. Johnson and her staff dismissed it out-of-hand, describing it as "grandiose" and overly ambitious.

On December 23, 2020, the Health Department's Immunization Program Manager contacted Doroshin to discuss the prospect of holding a "pilot" vaccination event. During the ensuing conversation, the manager suggested various locations to hold such an event, and staff in the Division of Disease Control performed some research for suitable sites. Shortly thereafter, however, Doroshin secured the Convention Center.⁴⁰ Ultimately, Dr. Johnson approved the selection of PFC for the initial vaccination events, first scheduled for January 8, 2021, citing the company's overall readiness, willingness and enthusiasm for the plan.⁴¹

Despite the casual negotiations and representations between PFC and Health Department officials, the department was simultaneously planning to issue a public RFP for Community COVID-19 Vaccination Clinics, essentially funding the same type of work that PFC and Doroshin sought.⁴² On December 31, 2020, Dr. Johnson emailed Doroshin this RFP – dated December 30 – and included a suggested budget amount for PFC to submit.⁴³ In the December 31 email, Dr. Johnson further suggested that PFC could receive reimbursement from the City, via this contract opportunity, for costs incurred in connection with the upcoming Convention Center events, already set for January 8, 2021. As publicly reported, Dr. Johnson also sent a similar email to at least one other organization – the BDCC.⁴⁴

Unfortunately, there was an apparent lack of communication between the Health Department's COVID Containment and Disease Control groups. By November, Containment's testing team was well aware of Doroshin's reputation and there were a number of negative issues that were already known; including the Headhouse Square incident, billing discrepancies, questions about the company's financial solvency, data reporting deficiencies, the "secret shopper" review and Doroshin's oft-reported lack of professionalism. Some employees described informal and off-the-cuff conversations about these issues, but there was

³⁹ <https://money.yahoo.com/philadelphia-mayor-calls-investigation-local-224006300.html>;
<https://youtu.be/pXpOM5mVwwQ>.

⁴⁰ On January 7, 2021, the Convention Center and Vax Populi (the newly created corporate entity) executed a license agreement for use of space.

⁴¹ Dr. Farley stated that he was generally aware of PFC's proposal to use Lincoln Financial Field, noting that Dr. Johnson was dismissive of the idea. So, when he later learned about the Convention Center clinics, he was somewhat surprised and questioned Dr. Johnson, who essentially told him that she felt comfortable with the plan – at least on a temporary basis. At one point, Dr. Johnson described the initial clinics as a "test" to evaluate PFC's performance. Dr. Farley stated that he trusted Dr. Johnson's judgment and moved forward without further objection.

⁴² *Appendix H*.

⁴³ *Appendix H*.

⁴⁴ <https://www.inquirer.com/news/philadelphia/philly-fighting-covid-vaccine-public-health-caroline-johnson-andrei-doroshin-20210131.html>.

never a structured opportunity for the two groups to share information about Doroshin and/or PFC, particularly at a leadership level.⁴⁵

VI. INTERNAL DISCORD AT PFC

Simultaneous to Doroshin's discussions with the Health Department about the clinics, there was also a significant amount of organizational change within PFC.⁴⁶ On December 9, 2020, Doroshin incorporated a new entity with the Pennsylvania Department of State, "Vax Populi," which was organized as a for-profit corporation unlike PFC.⁴⁷ Just prior to Thanksgiving, Doroshin approached a local medical doctor⁴⁸ and asked him to serve as PFC's Chief Medical Officer, knowing that the company needed to maintain an active affiliation with a licensed doctor in order to receive vaccine and bill insurance carriers.

The doctor initially agreed to serve in a volunteer capacity, and he signed PFC's first CDC application⁴⁹ for vaccine as the Chief Medical Officer of the company. But in later conversations with the doctor, Doroshin referred to his organization as "Vax Populi" and described it as a for-profit venture. According to the doctor, when he pressed Doroshin for more information about the legal structure of the firm and its governing board, Doroshin was evasive and unclear.⁵⁰

This gave the doctor pause, and on January 4, 2021, he resigned from the company and informed Doroshin accordingly. On the same day, the doctor also called the Health Department and informed them that he had resigned from his role with PFC and would no longer serve as the organization's Chief Medical Officer. The doctor also reportedly urged the Health Department to conduct deeper vetting of PFC and Doroshin, expressing concerns about the firm's stability and leadership.

Notably, the initial Chief Medical Officer's resignation came only four days before the first scheduled vaccination clinic was to take place at the Convention Center. Dr. Johnson and her staff acknowledged that they were aware of the new for-profit entity⁵¹ as well as the doctor's departure, but one day later Doroshin contacted them to report that he had found a new doctor to serve as the Chief Medical Officer. The Health Department confirmed that the new doctor was, in fact, licensed and in good standing – and PFC submitted a revised CDC application for vaccine on January 5, identifying the new doctor as the responsible medical director.⁵²

There is little evidence to suggest that anyone at the Health Department conducted additional research or reconsidered the relationship with PFC or Doroshin after these issues initially surfaced during the first week of January, and the department instead moved forward with the scheduled clinics.

⁴⁵ On at least two occasions staff members from the respective groups discussed PFC. But the Containment group offered mixed comments and never articulated a staunch position on the organization.

⁴⁶ In addition to the narrative presented here, there are also unsubstantiated accounts of conflict among PFC staff, including unspecified disagreement between the COO and Doroshin that ultimately led to the COO's resignation during the first week of January 2021.

⁴⁷ *Appendix A.*

⁴⁸ The doctor, who provided a statement to the OIG, was a volunteer at the Fillmore testing site.

⁴⁹ The CDC application is discussed in greater detail in later sections.

⁵⁰ For example, the doctor noted that Doroshin inconsistently represented that the company was an IRS-approved 501(c)(3) and/or 501(c)(4) organization.

⁵¹ Dr. Johnson stated that she was not concerned with the new "for-profit" status, thinking that it had no legal or operational relevance.

⁵² The new doctor declined to provide a statement in connection with this investigation.

VII. CDC APPLICATION FOR VACCINE

As a matter of procedure, before any of the clinics could take place, PFC needed to apply to the CDC for authorization to receive and administer vaccine.⁵³ And, as noted above, PFC submitted two such applications: one naming the original medical director and a second after replacing him.

Neither the Health Department nor the City of Philadelphia were parties to this agreement. Rather, principals from PFC – namely Doroshin and the new Chief Medical Officer – represented directly to the CDC that their organization would safeguard, handle and administer the vaccine according to CDC guidelines and other applicable law.⁵⁴

The CDC agreement was non-negotiable, and on December 15, 2020 the department made it publicly available online for any provider that wished to receive vaccine. A specific Health Department contract employee administered these agreements between the providers and the CDC. This employee sent electronic CDC applications to a number of different healthcare providers, including PFC and other VAC members, and facilitated the submission of these applications to the federal government via an electronic document management system.

Because these agreements were external to the City, the Health Department performed little independent vetting of the providers' representations on the CDC applications. The Health Department employee checked the Chief Medical Officer's license and standing, and she ensured that the providers had access to cold storage equipment. As long as those checks yielded acceptable results, which they did for PFC,⁵⁵ the Health Department sent along the application to the CDC.⁵⁶

To date, a total of 103 healthcare providers have followed this process and are therefore positioned to receive vaccine from the federal government, via the Health Department.⁵⁷ In addition to PFC, other providers include a number of local hospitals, universities, non-profits, medical practices and pharmacies.

As an overlay to this administrative process, however, the Health Department is in unilateral control of the allocation of specific amount of vaccine among and between the different providers. That is, the City only receives limited quantities from the federal government – a small fraction of what may be needed. This imbalance leaves the Health Department to assign certain numbers of doses to certain providers.

By all accounts, there is no documented or established structure by which the Health Department determines these allocations. And, in the time leading up to the first scheduled PFC clinics, Dr. Johnson and the vaccine team received dozens of emails each day from providers and/or institutions that sought significant quantities of vaccine – even well before any was approved or available. Dr. Johnson and the

⁵³ This process was presented to VAC members during committee meetings.

⁵⁴ *Appendix I.*

⁵⁵ PFC had the appropriate equipment to store the Pfizer vaccine but not the Moderna vaccine.

⁵⁶ There is no available evidence to inform the CDC's action upon receipt of the PFC application. The Health Department administrator in charge of the process noted that the CDC does not offer a statement of approval – only if there is an issue will the provider hear back from the federal government.

⁵⁷ This number does not include retail pharmacies because they do not use the City as an intermediary.

Immunization Program Manager essentially determined the distribution numbers on-the-fly, mainly considering any given organization's capacity and upcoming plans for clinics or events.⁵⁸

Ultimately, PFC was initially approved to receive 2,620 vaccine doses. And, it seems clear that this decision was primarily based on the department's expectation that PFC would work to vaccinate the unaffiliated healthcare population during the upcoming January clinics.

VIII. CLINIC REGISTRATION, SIGN-UP & DATA COLLECTION

There were three distinct manners through which patient data was collected before and after the clinics: registration, sign-up and after-the-fact reporting about who was actually vaccinated.

First, PFC maintained a registration or "pre-commitment" site using COVIDReadi software.⁵⁹ Distinct from the sign-up process, this software was generally used to assist with planning – to gauge public interest and estimate attendance. Via this system, PFC collected personal data, such as patient name, date of birth, phone number, occupation, race, household information and pre-existing conditions.

PFC's collection of this registration information was private; the City had no direct access to this data. However, the Health Department actively promoted the site and encouraged people to register, through either PFC's website or the COVIDReadi website.⁶⁰ And, this initial registration database also reportedly included City Council's official seal.⁶¹

Actual appointments for the clinics were scheduled via a different system – PrepMod, where users were again asked to furnish certain personal data in order to reserve vaccination appointments. Again, the City did not have direct access to the PrepMod sign-up for the January clinics, but both PFC and Health Department employees actively distributed flyers and invitation links to independent local healthcare organizations. These organizations, in turn, sent PrepMod links to their workforce to schedule appointments.⁶²

All this, of course, gave the public the impression that the City of Philadelphia was closely connected to these events and would be responsible for the administration of vaccine and the safeguarding of personal data. A number of complainants, in fact, later reported that they specifically signed-up because of the apparent City connection, feeling more secure that the local government was involved.⁶³

Prior to the clinics, some complaints also surfaced about the functionality of PFC's website, claiming it was difficult to navigate and struggled to handle the user volume. Dr. Farley became aware of these initial technical complaints and raised concern, prior to the clinics, about the presented connection between the Health Department and PFC. Dr. Farley stated that he instructed the Health Department's

⁵⁸ Dr. Farley noted that he was not involved or consulted with respect to these initial distribution decisions, until Dr. Johnson's departure in late January.

⁵⁹ https://ca.covidreadi.com/users/sign_in.

⁶⁰ *Appendix J*.

⁶¹ Sometime between January 14 and 25, 2021 the City Council seal was removed from PFC's registration site. The site is no longer active.

⁶² Sign-up links were widely circulated. And, there are unsubstantiated reports that Doroshin circulated the sign-up link to friends and acquaintances who were not part of the target healthcare worker population.

⁶³ When media coverage intensified, some of the complainants also expressed serious concern about the security of the data that they provided to PFC.

communications team to clarify that the PFC registration and sign-up tools were private and not operated by or under the control of the City. Apparently, no such clarification was ever issued prior to January 8.

Lastly, at the end of each clinic PFC was required to submit specific information to the Health Department about exactly who was vaccinated at the event. This information – which included name, date of birth, demographics, address, vaccination location, vaccination type/dose and vaccination date – PFC collected during the events and submitted to the Health Department’s Immunization Information System (IIS) Manager via Microsoft Excel spreadsheets. The IIS Manager then transferred that data to PhilaVax, the City’s central vaccination database.⁶⁴

IX. VACCINE CLINICS

The first series of vaccination events took place on January 8 and 9, 2021. Before each scheduled event, Health Department representatives physically transported Moderna vaccine to the Convention Center – 1,200 doses on January 8 and 1,420 doses on January 9.

The January 8 event was preceded by a joint press conference, organized primarily by the Health Department’s communications team and PFC’s retained media firm, which included remarks from the Mayor, Dr. Johnson, Doroshin and others. PFC also invited some City Councilmembers and created a printed backdrop for the speakers, featuring the PFC logo along with the Health Department’s logo. Dr. Farley was absent from this initial press conference, and he stated that he was largely unaware of the planned publicity until the evening before.

Accounts of those who were present during the first vaccination events suggest that most people were inoculated in an organized, safe and regulated manner. PFC staffed the clinics with a number of volunteer nurses, nurse practitioners, physician assistants and paramedics – whom the company solicited and enrolled via social media. Health Department employees who were present described the January 8 and 9 clinics favorably, noting that lines moved quickly and efficiently.

Administering personnel screened the patients to confirm that they had enrolled on the PFC sign-up (PrepMod) and were not at risk for adverse reaction to the vaccine. There is no evidence to suggest that anyone confirmed that the patients were associated with the unaffiliated healthcare groups and/or otherwise qualified as first-tier (1A) priority recipients – as long as the patient had reserved the appointment, he/she was inoculated.

Across the first two days, PFC administered a total of 2,570 doses and returned the remaining 50 unused doses to the Health Department. The Health Department was largely satisfied with the results of the events, based on the numbers and crowd flow. Accordingly, they moved forward with additional dates: January 15, 16 and 23.⁶⁵ For these subsequent events, only one Health Department employee was present at any given time, in contrast to the much more significant City presence on January 8 and 9.

⁶⁴ PFC experienced some initial administrative difficulty with this IIS process; there were some gaps in PFC’s early demographic data. The Health Department used existing IIS data to retrieve and record some of the missing information. Aside from this issue, there is no evidence at present to suggest that PFC misreported the actual inoculation data after the clinics.

⁶⁵ On January 8, 9, 15 and 16, PFC administered Moderna vaccine. On January 23, PFC administered Pfizer vaccine.

The structure of these later clinics seriously eroded, especially toward the end of each day's scheduled event when it became evident that there was excess vaccine available. One witness, who was present at the clinic on January 16, reported that event staff vaccinated one-another as the event came to an end near 7:00 PM. This witness also stated that a number of non-medical volunteers, without appropriate qualifications, administered vaccine to one-another as well. And, on January 23, similar episodes were reported – PFC staff allegedly called friends and family to come to the Convention Center for vaccines late in the day. One witness also claimed to have seen Doroshin personally secure an unspecified amount of vaccine and travel off-site, which Doroshin later admitted.⁶⁶

Broadly, a number of different Health Department employees – including the Commissioner – confirmed that they essentially authorized PFC to administer vaccine outside of the pre-registered population and outside of priority tier 1A if there was excess vaccine at the end of the clinics. As a matter of public health, vaccinating any person was preferable to discarding an otherwise usable dose.⁶⁷

Across the final three clinic dates, PFC administered 3,950 doses and returned 690 doses to the Health Department. In total, the Health Department distributed 7,260 doses; of which PFC administered 6,520 and returned the remaining 740.⁶⁸ And, according to the IIS data that PFC furnished, the number of inoculated individuals roughly reconciles with these figures.⁶⁹

X. TERMINATION OF THE RELATIONSHIP

After January 23, the Health Department received a number of press inquiries about the City's relationship with PFC. Specifically, reporters raised questions about Doroshin's qualifications, the firm's "for-profit" status and the PFC data policy that appeared on some of the various registration and sign-up sites.⁷⁰ When alerted to these inquiries, Dr. Farley reviewed the language of the policy, furnished by the press, and interpreted it to allow some dissemination and/or sale of the data that PFC had collected from members of the public via the registration and/or online sign-up.

In light of Dr. Farley's previous unease with the PFC website, noted above, he shortly held a meeting with Dr. Johnson and the vaccine administration team. During that meeting, Dr. Farley announced his intention to sever ties with PFC, citing overall discomfort with the organization's candor and its data security. Dr. Farley also cited confusion about the company's non-profit status and the firm's abrupt withdrawal from the testing contract, of which he was not previously aware. Dr. Farley further said that, moving forward, he intended to be more directly involved in the work of the vaccine team.

Dr. Farley unequivocally stated that, although he consulted with his staff, he made this decision unilaterally and did not speak with Doroshin or anyone from PFC prior to doing so. Shortly thereafter,

⁶⁶ <https://www.today.com/video/philadelphia-vaccine-distribution-group-run-by-grad-student-comes-under-fire-100149317986>.

⁶⁷ Once a vial is opened, contents cannot be later stored for extended periods of time. Unopened vials, however, could be returned to the Health Department for later distribution and use.

⁶⁸ Appendix K.

⁶⁹ There is a recognized margin of error, given the fact that the recommended number of doses per vial does not fully correlate to the number of individuals inoculated, depending on the manner in which doses are drawn. With the Pfizer vaccine, particularly, it is sometimes possible to draw up to seven doses from a vial that was intended to serve five. IIS data shows that PFC inoculated a total of 6,753 individuals with the 6,520 doses provided.

⁷⁰ At different times, the different sites had different data policy statements. The precise language and sequence of such policies remain in question.

the Health Department's communications team announced Dr. Farley's decision.⁷¹ Doroshin subsequently made a number of public statements in opposition.⁷²

XI. ANALYSIS

The facts outlined above point to five key operational decisions that Health Department officials made when dealing with PFC and Doroshin:

1. the decision to award PFC the initial testing contract;
2. the decision to place Doroshin on the VAC;
3. the decision to hold a series of vaccination clinics together with PFC;
4. the decision to provide PFC with specific vaccine; and
5. the decision to terminate the relationship.

To evaluate these decisions, and the associated processes, they must first be contextualized within the broader COVID-19 pandemic. The facts presented in this report may be interpreted differently, and different conclusions can be drawn as new evidence surfaces, but the existing narrative suggests most directly that the Health Department placed two considerations above others – speed and volume.⁷³

It is readily apparent that, when responding to the pandemic of the last year, the department had to move swiftly. All things equal – the department wanted more tests, for more people, more quickly. And, on the vaccination side, the same considerations generally applied – except volume was far more limited. Though this does not excuse the abandonment of all established process or procedure, it provides an important lens through which to view the decision-making that took place.

Decisions 1 and 2 appear reasonable, given the information that the department possessed in real time. Additional vetting during the evaluation period for the testing contract certainly was warranted, but PFC had relatively robust capacity and infrastructure at the time of the initial contract award. Likewise, although no Health Department employee has owned the decision to place Doroshin on the VAC, the company's involvement in COVID testing and established presence in Philadelphia were suitable rationale – especially considering the role was only advisory, unpaid and part of a much larger stakeholder community.

Decision 5 may be the most well-supported by the facts presented here. Simply put, there is no question that the City of Philadelphia should never have been so closely aligned with PFC. Some uncertainty remains about the precise data policy statements and/or the firm's "for-profit" status, but the City also had no clear answer to these questions at the time. With little effort to communicate the PFC business model and no written agreement in place, there were no standards by which to evaluate PFC's compliance or non-compliance. Dr. Farley's discomfort, therefore, was warranted – especially when he learned of PFC's abrupt withdrawal from testing. And, with the subsequent knowledge of the company's data reporting deficiencies and billing discrepancies, there was just no reason to continue working with PFC, in any capacity, at that point.

⁷¹ <https://www.phillymag.com/news/2021/01/25/philly-fighting-covid-health-department-sever-relationship/>.

⁷² <https://www.today.com/health/philly-fighting-covid-s-andrei-doroshin-defends-organization-t207310>;
<https://whyy.org/articles/without-apology-or-remorse-philly-fighting-covid-ceo-attacks-city-health-department/>.

⁷³ This is not to suggest that the department *only* considered these factors.

Decisions 3 and 4, on the other hand, were highly problematic and flowed directly from the policy choice to vaccinate the unaffiliated healthcare worker population through the use of external entities. This policy initiated a series of operational decisions that were obscured and violative of the fundamental principles of public contracting. It may have been appropriate to give PFC *some* vaccine, and it may even have been appropriate for PFC to have held some independent vaccination events. But, regardless of how the Health Department may have viewed the relationship internally, the City presented itself together with PFC – for the purpose of accomplishing the City’s own policy goal – and this created a clear and demonstrable perception that these events would meet a baseline standard of safety, security and responsibility.

To boot, it is reasonable to conclude that the decision to furnish a specific *amount* of vaccine was tainted by the plan to hold the “joint” vaccination events. Although no employee accepted outright responsibility for this determination, the allocation decisions were based on estimated patient volume – meaning that PFC would have never received such a significant quantity without some level of assurance that the company would be able to administer that volume. All this suggests that, to at least some extent, PFC was as an instrument of the City, targeting the City’s desired population with the City’s support.

To achieve its goal, the Health Department could have benefitted from a formal contract or at least some written agreement to outline the precise terms of the relationship – a conclusion that is further evidenced by the vaccination RFP. Whatever confusion arose, it was due to the fact that the Health Department had not robustly evaluated PFC (for vaccination work) via a structured, documented, public and well-reasoned mechanism. They also had not properly outlined the respective responsibilities of the different parties involved. In fact, the Health Department had no clear understanding of the actual corporate entity they were engaged with – PFC or Vax Populi.

These deficiencies placed the City at great risk. Most directly, there was existing and available evidence at the department’s disposal, including the dispute about the Society Hill testing events, billing issues, questions about the company’s finances, serious problems with data collection on the testing side, negative information in the “secret shopper” review and Doroshin’s overall reputation among Health Department employees. This information was never appropriately considered. Any data policy or non-profit confusion could easily have been resolved with an opportunity to formally review an actual bid package. And, perhaps most troubling is the department’s disregard of the initial Chief Medical Officer’s resignation just prior to the first scheduled clinic. This was a serious red flag that should not have been ignored.

Acknowledging Dr. Johnson’s resignation, and the fact that she clearly drove the department’s relationship with PFC on the vaccine side, further analysis of her level of responsibility is moot. The immediate remaining question, with respect to employee misconduct, is whether the actions of Dr. Farley warrant corrective action – on the basis of these facts at this time.

Certainly, Dr. Farley was disconnected and uninformed about the intricacies of the Health Department’s relationship with PFC, having delegated deep responsibility to the department’s trusted epidemiologist, Dr. Johnson. But, misconduct investigations seek to identify actions that are violative of a Charter provision, Code provision, Executive Order, departmental rule or other regulation. On these facts, Dr. Farley has committed no such violation. In contrast, the facts presented here suggest that Dr. Farley was the most cautious voice within the Health Department. As such, the OIG offers no recommendation for discipline at this time – the investigation remains ongoing.

The OIG does recommend, however, that the Health Department conduct additional training for all employees who may be 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. Also, additional operations personnel – or procurement employees detailed from other City departments – may be warranted.

The OIG also recommends that the department continue to build transparency with respect to the allocation of vaccine between and among different City-wide providers. The public should be able to see the specific quantity and/or dosage distributions across the City of Philadelphia.

APPENDIX