

# Unethical Distribution of COVID-19 Vaccines to Major Donors by Overlake Medical Center & Clinics

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NPA 601: NONPROFIT ETHICAL LEADERSHIP  
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# Summary

This case study reviews the unethical practices of Overlake Medical Center sending COVID-19 vaccination invitations to a limited list of people, including major donors and members of its board of directors.



## **Class Themes**

Issues of equity and ethicality surrounding the COVID-19 vaccine distribution and leadership behind it



## **Taking Responsibility**

Understanding the roles of the Hospital, Development Officer, Major Donors/Board Members and Government



## **Avoiding Same Mistakes**

Proper policing for nonprofits hospitals and health organizations to ensure this issue is not recurring.

# What Is Health Equity, and Why Does It Matter?



# Facts

01

Overlake Medical Center struggles to fill up vaccine appointments due to issues with their scheduling system.

02

The Chief Development Officer sends emails to major donors and board members, as well as select volunteers, ex-employees, and patients to be on 'invite-only' vaccine list to avoid wasting vaccines.

03

Washington Governor gets news, and demands the medical center cut this "VIP Access Program" to open up slots for the general public.

04

Overlake Medical Center apologizes and admits this system was not "the most efficient way" to fill those slots. Concerns of equitable and ethical vaccine distribution continue to grow.

# Compliance

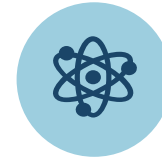
- Washington has no legal recourse to address an unethical distribution of vaccinations; therefore the organization was not penalized.
- Other states do have tools at their disposal to compel compliance.
- Aside from loss of credibility, the organization also faces the possibility of receiving lower volumes of vaccines in the future, decline in donations, and higher turnover in employees.

# Individual Responsibility



## Chief Development Officer

Created this distribution plan, specifically setting aside doses for this demographic, and sent emails promoting the “invite-only” registration. Notably, they only emailed donors who gave over \$10,000 to the hospital system.



## Chief Operating Officer


"We thought that was the most efficient way to add slots," said Tom DeBord, adding that he understood why it was being perceived negatively, but that "it was never intended to be a donor event."

# Individual Responsibility



## Governor

Immediately shut down program after receiving notice of organization's unethical practices, but no preventative policies or protections were in place



“If in fact they were giving preference to some VIP list, that’s not the way to do it. That is not acceptable for us. We need to give everybody a fair shot at the vaccine... We’ve got to maintain public credibility in the system.”

- **Gov. Jay Inslee**





# Organizational Responsibility

Failure of New  
Scheduling System &  
Distribution Plan



Emailing Major  
Donors and Board  
Members

Creation of  
Invite-Only  
Vaccination Slots

Limiting Access to  
Vaccine to the  
General Public



# Organizational Response

## **Official statement from Overlake Medical Center & Clinics:**

*“Recently, in an effort to notify people of additional, immediate-term vaccine appointments that had become available, we sent emails to approximately 4,000 members of the Overlake community, including volunteers, retired nurses and physicians, all employees and about 100 donors from our Foundation database. All communications made clear that people must show proof of eligibility under current Washington State requirements to ultimately be vaccinated, no matter who they are or how they are affiliated with us.*

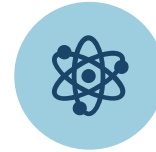
*We recognize we made a mistake by including a subset of our donors and by not adopting a broader outreach strategy to fill these appointments, and we apologize. Our intent and commitment has always been to administer every vaccine made available to us safely, appropriately, and efficiently.” (Marsh, 2021).*

# Systemic Responsibility:

## Role of State and Federal Government



**Preparing Hospitals for  
Success**



**Properly Monitoring the  
Progress**



**Creating Clear Policies  
and Expectations**



**Intervening When Practice  
does not Align with Policy**

# Systemic Responsibility:

## Role of Entitlement and Economic & Racial Disparities in our Healthcare System



**Money = Power  
Economic Entitlement**



**Further widens already  
existing disparities in  
healthcare**

# Stakeholders Analysis



# Remedies

1. **Local and federal government need to create an organized vaccine distribution plan and tested scheduling system for healthcare providers to be successful and prevent these mistakes and misjudgments.**
2. **Overlake Medical Center needs to design a broader outreach strategy that is inclusive, fair, and efficient. Demonstrate a commitment to getting the vaccine to the most vulnerable populations.**
3. **There should be stronger state and federal policies around fair vaccine distributions that healthcare providers can easily reference and use to monitor distribution progress, and appropriate consequences for unethical behavior.**
4. **Healthcare providers need to lead with equity and ethicality rather than urgency and convenience. Education and measurable progress toward closing the racial and economic gap should be in place.**

# Questions

1. How can nonprofit hospitals work to maintain and strengthen their trust within the communities served during vaccine distribution?
2. Would the nonprofit sector benefit from this hospital facing any further consequences for their actions? If yes, how so?
3. How could the hospital adjust access to the standby COVID vaccinations to improve access to the most vulnerable and underserved members of the community?
4. What responsibility do the Major Donors and Board Members have in this case study? Should they be held accountable, or is the majority of the blame to be put on the organization?

# References

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