

December 2, 2020

## The Moon and the Ghetto – After 50 Years

In the early 1970s, commentators asked why we could put a man on the moon, but we could not fix the problems in the city ghettos. The answer was there for the taking. We knew where the moon was, and would be, and we could calculate trajectories to get there. The physics, propulsion, and computing problems were daunting, but there was a single point to reach ... and we reached it. Those of us who watched the landing on our black and white TVs will never forget it.

The ghetto, in contrast, contained lots of people, with lots of wants and needs. Prioritizing the needs involved achieving consensus. Understandably, ghetto residents wanted to have say in what was done. The late 1960s race to the moon was accompanied by unprecedented insurrection in many American cities, where opportunities lagged, and government programs were not addressing the needs of the citizens. “Black Lives Matter” for example has shown that fifty-plus years later many of these needs have still not been addressed.

Your blogger believes that there is a similar narrative occurring with creating and distributing the COVID-19 vaccine. According to all accounts, Big (and Little) Pharma are creating vaccines at unprecedented speed. With hope, vaccines will be ready within a year of the “start” of the disease. This has never been done before. YB is a bit less sanguine than others about how well the vaccines will work, and how we will know whether they work, but the technological speed is incredible. We will need them because by the end of December, over 300,000 Americans will have died of COVID-19. This is the “moon” part of the analogy.

The “ghetto” part involves getting the vaccines out in an orderly and efficient way, and making sure that enough people get them. 330 million Americans equal 660 million doses, administered at the correct intervals, all over the country. We will depend on a queuing system of unknown form and unknown quality. We will not be selling the vaccine in stores. Those administering the vaccine cannot put the vaccines on sugar cubes, and provide them in 75-degree offices. The Pfizer vaccine must be stored at temperatures of -94 degrees, colder than Antarctica.

Further, we must depend on patience from a population that cannot patiently keep out of restaurants, casinos, or holiday parties. Distribution will be complicated and will require careful plans. Given the current political climate, those plans will almost certainly not be available until after January 20, 2021.

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So ... kudos to the vaccine developers. We fervently hope that they will “shoot the moon” and there will be numerous effective vaccines available by early 2021. Distribution may be a much more difficult problem. Society is complicated and societal needs are many-faceted. The distribution chain will be complex, and the need for health professionals profound.

In the larger scheme, it may be harder to distribute the vaccine than it was to create it. Aiming at a single point may turn out to have been easier than distributing over 330 million (or over 7 billion world-wide) points.

Allen C. Goodman  
Professor of Economics