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4:39

well thank you everyone for joining us um happy monday everyone my name is nicholas i'll be walking you guys

4:45

through the conversation today um so let's get started though roll out of the cover 19 vaccine is continuing

4:51

here in new york last monday the list of those eligible to get vaccinated grew that

4:57

list now includes people with underlying conditions like type 1 diabetes and other comorbidities now as of friday last week

5:04

the state administered just short of 2 million 400 000 doses of the vaccine people are continuing to

5:11

get tested at local pharmacies and state-run facilities like the javits center as the number of

5:16

people being vaccinated rises it's now more important than ever to have emphatic conversations with friends

5:22

relatives and others in our community who may be hesitant or who may have concerns about the vaccine

5:28

we're looking to address some of those concerns and questions in our second public health conversation our first one

5:34

being last week some of what we're hoping to touch on today are some of the psychological factors that can promote and ultimately

5:40

undermine people's confidence in the vaccine adding to that we'll also look at some of the misinformation out

5:46

there surrounding the vaccine our panel of medical professionals will address your concerns but will also

5:52

provide you the tools and strategies to help you educate others on the importance of getting vaccinated

5:58

also helping you understand what arguments you might come across now this is being recorded and will be

6:04

available at the same url immediately following our conversation you can be part of the conversation by

6:10

submitting your questions in the chat and we'll make sure to do our best to get those to the panel as they come up

6:15

first i'd like to start by introducing our panel dr david scales is a hospitalist and

6:21

sociologist at weill cornell medical college down there in the city his research focuses on medical communication and

6:28

misinformation he's also the chief medical officer at critica an ngo studying the best ways to combat

6:34

scientific and medical misinformation online additionally dr scales is the co-founder

6:39

of help for palestine a community health care worker program for palestinian refugees dr scales serves on

6:46

the board of quest scope another ngo focused on education and mentorship for

6:52

vulnerable populations in syria and jordan dr scales has a phd in sociology and an

6:58

md from yale university and also joining us is dawg

7:04

dr gorman and his daughter sarah are co-founders of critic inc a non-profit corporation
dr gorman

7:11

serves as critic as president now critical is devoted to fighting science and isand
promoting the acceptance of science and health and safety

7:17

decision making dr gorman also founded franklin behavioral health care consultants in
2010

7:22

he serves as ceo and chief scientific officer there franklin behavioral health care

7:27

consultants provides expert guidance to biotech companies and to health care worker
organizations in order to improve

7:34

the efficacy and cost effectiveness of mental health care dr gorman graduated summa
laude from

7:40

the university of pennsylvania and received his medical degree from the college of
physicians and surgeons of columbia

7:46

university dr gorman did his residency in fellowship training in the department of
psychiatry of columbia university

7:53

new york state psychiatric institute program dr gorman authored or co-authored more
than 400

7:59

scientific articles and chapters and was continuously funded by the national institute of
health for his

8:05

research from 1981 to 2006 with numerous awards for his research and service of
psychiatry

8:12

from organizations like the american psychiatric association american college of
8:17

neuropsychopharmacology and society for cognitive behavioral therapy is one of the
most frequently cited authors in

8:25

the psychiatry and neuroscience literature and i believe you actually have a couple
books behind you there dr

8:31

gorman so let's get right to it so my first question i'll just send it over to dave now did
what

8:38

information um or what is some of the misinformation out there and

8:43

why is it so dangerous as far as the vaccine goes so send overview dr scales sure well thanks

8:50

nick thanks for that kind of introduction it's very happy to be here talking about this and talking about

8:55

misinformation in the vaccine context and what are some ways that people can help uh create a better information

9:02

climate for people that are hearing a lot about misinformation misinformation is in short false

9:09

information that's being spread you know there's a lot of words that people might hear to describe this sometimes

9:15

disinformation is used um disinformation is essentially the spreading of of false content false information but

9:23

intentionally spreading it a lot of misinformation is being spread out there but people don't know that they're

9:29

spreading misinformation uh for example they might just they're you know they see an article that's raising a concern about

9:35

the vaccine without knowing that the concern has already been addressed and studied

9:41

and uh and there really isn't that much of a concern out there from the perspective of scientists

9:46

and people spread that that information not knowing that it's essentially misinformation it's false information

9:54

there's a lot of that going around about the vaccine and so it's just important for us to be on the same page those of us that are

10:00

interested in promoting vaccine confidence um need to do some of our homework to figure out what the difference is

10:06

when we see information if it's misinformation or if it's if it's true information because

10:12

this can be dangerous uh misinformation now spreads extremely fast

10:17

uh misinformation has always been a problem but it hasn't been as much of a problem until uh recently when things can go

10:24

viral and spread very quickly uh like videos on youtube or even just posts on social media

10:32

and because things can spread so fast these rumors about the vaccine it can really undermine a lot of the

10:37

confidence in the vaccine and so that's this is something that we think is very important to be prepared

10:43

to to address uh anyone that's interested in promoting vaccine confidence

10:49

and quick follow-up um you know what role does misinformation play in vaccine confidence

10:57

well so misinformation it's not the only story here uh there's a lot of

11:03

factors that go into someone's beliefs and behaviors and whether or not they're ultimately going to get the vaccine

11:09

it has a lot to do with kind of what's being talked about in the communities that they belong to the friends that they have you know the

11:15

groups that they're part of on facebook uh it even you know things that uh

11:21

that we're doing on a day-to-day basis the you know what are people at our church talking about our family

11:26

um and also just your individual feelings because it's obviously something that's going to be going into you

11:32

everyone has different feelings about um uh about risks that they're willing to take

11:37

and how what makes them feel safe um so you know misinformation doesn't play

11:43

uh it's it's not the main determinant uh of why someone's gonna get a vaccine or not get a vaccine but it plays a

11:49

significant role um and so it's important uh you know if if misinformation is spreading in some

11:56

of these communities uh to be able to kind of have a lot of conversations among community members

12:01

uh to be able to address uh any concerns about the vaccine in the

12:07

places where some of the false information might be circulating and just how quickly can some of this

12:13

misinformation spread especially now the age of social media and everything

12:19

it can spread very quickly we've seen some things for example some rumors about how um

12:26

masks don't work uh that was there was a rumor going around about this uh in october and it was being spread on

12:32

social media and through different prominent uh political individuals and we could see in a matter of

12:38

sometimes 48 hours from the time that something is posted online until it's reaching millions and millions of people

12:44

so it really can be very concerning just how fast some of these rumors can spread

12:51

and uh when is it appropriate to just give the information or facts well

12:57

so this is a key point because because misinformation is circulating out there it's not necessarily always

13:06

prudent to be giving facts when someone says something that that you know isn't

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true facts can be really helpful but that's not necessarily always what's going to

13:17

change someone's mind someone might come up to you or you might just be having a conversation

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about the about the vaccine and they might say something that's not true but trying to dislodge that information

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that's not true it doesn't necessarily work if you just say oh well that's wrong and present someone with a fact that

13:36

corrects that that information um you know a lot of times you know if you're known in your community as

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someone who knows a lot about the vaccine if you're a public health champion and people are coming to you to ask questions it's very likely that they're

13:48

going to be coming to you with with questions that just need facts and so that's

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you know we definitely promote using facts when appropriate to help provide people with the correct

13:59

information that they can use to make their own decision about a vaccine but misinformation is a lot a lot of

14:05

times more complicated than just showing someone some facts or some data because usually there's there's other

14:11

things there's peer pressure there's psychological and social factors the community that they're getting their information from

14:17

that makes it hard for people to let go of some of these beliefs so i generally we find it appropriate to

14:24

give facts when someone uh is essentially making it very clear that that's what

14:29

they're looking for and sometimes you know in the work that i do i i i directly ask

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are you looking for facts or information to confirm that that's what someone's looking for rather than maybe they're

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just kind of asking a question to see my feelings about the vaccine for example

14:46

um and so you know for people that are interested in promoting vaccine confidence the first step is making sure that you

14:53

have the correct facts and so you know we get our information

14:58

from reputable sources um a lot of people turn to uh very good uh

15:03

web pages online and we'll put these these web pages in the chat there's mayo clinic has fantastic

15:09

resources about the coronavirus and the coronavirus vaccine there's a wonderful website called deer

15:16

pandemic which is a great place that people essentially write in with questions

15:22

and a group of scientists scientist volunteers have uh uh created a essentially a

15:28

database of questions about the the virus and the vaccine and of course

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we always go to official sources as well the centers for disease control is a fantastic resource

15:38

about the vaccine but more than just providing facts it's the approach um

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it's important not to be condescending it's important to be listening and provide the information

15:49

that people are asking for and and not just not just to overwhelm people with lots of data or facts

15:56

um because you know at the end of the day what we're trying to do is is really address people's underlying concerns it seems

16:03

like having that kind of personal connection can make a huge difference instead of just you know throwing those facts out there connecting with

16:10

someone on a personal level absolutely and uh dr gorman will get you a little

16:15

bit in the conversation here uh so my question to you is you know what are some of the

16:20

underlying concerns here well thank you yes one of the things that we've been trying

16:27

to do along with our colleagues at the university of pennsylvania is put the misinformation into categories

16:32

which makes it easier for us to come up with responses and these things that people

16:38

are concerned about range from things that are perfectly understandable and those are

16:44

the majority of the concerns to some that are a little bit out there and i'll just mention a couple of those

16:49

later but certainly understandable first of all is concerns about safety so the

16:56

by far largest category of concerns about vaccines for covid19 for example is are they safe

17:05

because people recognize that these vaccines were developed very quickly used to take up to 10 years

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to develop a vaccine and because of incredible progress in medicine and biotechnology

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and because the government put so much money into this we were able to develop safe and

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effective vaccines for covert 19 much more quickly than ever before but you can understand how

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this would raise concerns in people's minds and also the first two that were uh
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developed for use in this country use a very novel platform the so-called mrna platform
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and people have never heard of that before so again understandably people have
questions about what does
17:47

that mean to give rna to somebody will it affect my genes and things like that so that's
one important category there

17:54
are actually people who doubt the need for the vaccine at all people who minimize
18:02

the severity of the illness now we see almost every day in some media
18:07

source or other the huge number of people who have died from coping 19 and the
tragedy that we're approaching 500 000

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americans that's just in this country who have died but the actual rate of dying among
people who have

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covered 19 is quite low so the vast majority people who get it survive

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and most people therefore who know people who have had corporate 19 know people
who have survived

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and therefore think well we don't really need this vaccine because it's better just to get it
and get it

18:37
over with um and so we have to again come back to that explanation of

18:43
why we think it's absolutely critical to a vaccine and get the vaccine and why everybody
should get it

18:49
another key problem is trust so we've seen a diminution in trust in

18:57
the government over the last four years people don't trust the cdc and the fda

19:02
as much as they once did but there's all kinds of other types of mistrust as well people
have some

19:08
mistrust in the pharmaceutical industry and say well you know they're just making that
vaccine to make money

19:14
and people understandably have a lot of mistrust of the what the government says
because the

19:20

government particularly when it comes to people of color has really done some terrible things in

19:25

the research field in the past like tuskegee and many things like that so people hear

19:31

those things know about those things and wonder um are we just being made into guinea pigs is this vaccine really

19:37

a good thing i mean that's led unfortunately to the paradox that

19:42

the pandemic is especially severe in communities of color and those are

19:48

the people who are most likely to be hesitant about having the vaccine so that leads to our having to confront

19:54

that understandable source of misinformation quite a lot i would say that

20:01

another one is people get confused when they hear things like the vaccine is 95 effective

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and they wonder well does that mean it doesn't work five percent of the time or what does it exactly mean so people question how

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effective it is and finally there are people who have ideas that there are alternatives you

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don't need a vaccine because you could do other things uh vitamin d is one example that's kind of driving us

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crazy right now because there are even some doctors out there who are saying all you need to do is take vitamin d and

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you can't uh get covered 19 which isn't true um and there are people who think that

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there's something called natural immunity and they throw around these terms like herd immunity and things like that

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to imply that if everybody just lets themselves get infected then eventually the virus will

20:47

go away we know that's also not true and if we did that we'd lose even more

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than the 500 000 people that we've already lost but that's another one of those sources of misinformation that people seem to have

20:59

bought into and i'm sure you've heard everything under the sun dock you got it you got it

21:05

so to uh you know follow up on a point you made how do we break down those barriers and reach out

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to those minority communities and some of those other communities who may be

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hesitant or who may have kind of a preconceived notion of you know the medical industry and the

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government as a whole yeah nick this is a it's a great question because uh in a lot of the work

21:28

that i've done in the middle east with uh with syrian and palestinian refugee communities

21:34

uh you can imagine that there's a certain amount of wariness and sometimes a little bit of distrust of of americans

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uh that might be uh coming in and having discussions about about things that are very personal like

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like health and so it's one of the most important things as dr gorman mentioned is is trust and so you know if we're coming

21:53

in as outsiders into a community it's making sure that we spend the time to build the trust that's necessary or

22:00

sometimes sharing an identity with the community already and so people that are members of minority

22:07

communities or live in minority communities who already have a foundation of trust in those communities

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that's often the most important place to start um but in all situations whether you're an

22:18

outsider kind of talking with communities or you're an insider it always the most important thing is is

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starting from a place of respect and listening to what the underlying concerns are and a lot of the concerns

22:28

that that jack that uh dr gorman mentioned and just a quick follow-up i'm wondering

22:34

if um either you could speak to kind of some of the inequalities of scheduling

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ability or lack thereof yes so there's still um a lag

22:46

uh very much in terms of uh a lot of people from minority communities are not being vaccinated at the rate

22:52

of of people from white communities uh so you know this is challenging because

22:58

this represents a number of different disparities uh so i as you mentioned nick it's

23:03

there's very much disparity in being able to get the vaccine scheduled um to be able to get to the locations

23:08

where the vaccine is being given out and in new york there's been there's uh starting to be some strides made in this

23:14

in this front by providing some mass vaccination sites uh here in new york city uh but as well just

23:20

starting to really step up the outreach efforts one of the challenges to the vaccine

23:26

distribution is a lot of the money for this process even though the vaccine came out essentially in december the

23:32

money the federal money wasn't dispersed until come the early part of 2021

23:37

so we're essentially playing ketchup we as in public health officials are playing uh ketchup to try to get the

23:44

vaccine to the communities that are most at risk for covid and secondly um even before the vaccine

23:50

was released there was a lot of vaccine hesitating hesitancy uh in all groups because i think there

23:56

were a lot of concerns um one of the things that we've seen is the vaccine has come out

24:01

and people are starting to have more and more experience uh either personally with the vaccine or

24:07

their friends and family or someone that they know has has gotten vaccinated and has been has

24:13

done fine that peop some of that vaccine has it and seeing the concerns are starting to melt away a lot of people were taking a

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wait and see approach and that's starting to melt away but that said just a month ago the

24:25

kaiser family foundation they did a survey and it shows that there's still a disparity in terms of

24:31

what percentage of people are are willing to accept a vaccine and uh so in white communities for

24:37

example about is about 28 of people who say that they're they're pretty hesitant to accept a

24:43

vaccine and about half of those wouldn't accept a vaccine at all and it's similar in hispanic communities and

24:49

unfortunately in black communities it's it's even worse than that it's actually close to almost 40 percent about 37 percent

24:56

say that they're very hesitant to take a vaccine and about half of those are resistant to

25:03

taking a vaccine under any circumstances so i think there's still a lot of work to be done um

25:08

on on both of these fronts in terms of trying to help rectify some of these some of these

25:14

racial disparities between these different communities and as more and more people get

25:20

vaccinated are you hopeful that some of those numbers will slowly tick down uh yes i mean i think

25:26

we are starting to see a trend that as more and more people get vaccinated the people who are

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taking the wait and see approach i think are starting to come into the vaccine camp and i think they're starting to be more efforts like

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this one to build vaccine confidence and have respectful discussions about concerns about the vaccine

25:45

um to to start to get the movable middle all the people that you know we're concerned and have uh

25:50

have you know raising legitimate questions um and starting to be able to answer those questions and help

25:56

people um get vaccinated for those that want it i think there's still a a small minority

26:02

of people who are going to be very hesitant very resistant um and i think that's going to be that's going to

26:07

be a challenge that's going to be a challenge for uh vaccine ambassadors uh for public health champions

26:13

um and so i think i think we have a lot of work ahead of us to try to get that even that small minority to get them

26:19

uh uh you know a vaccine in their arms and you know how do we really listen to

26:26

some of these underlying concerns that folks might have when it comes to getting the vaccine well as dr scales

26:34

has already noted it's usually not enough just to hear the fact that

26:41

may be incorrect and to try to provide correct information you have to do something in addition to

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that and beyond that and we tell people we try to teach people to put themselves in the shoes of someone who is espousing

26:55

an incorrect thought about the vaccine or a concern because as i said before

27:02

most of this misinformation is wrong but understandable so put yourself in the shoes of someone

27:10

who can see that the vaccine was developed very quickly and is therefore understandably nervous

27:16

and acknowledge the fact that that's an understandable concern and understandable fear

27:22

so we try to empathize is the most important thing with the people who are espousing incorrect information and we

27:29

try to meet them where they are and we use a technique called motivational interviewing which was actually

27:36

developed a long time ago first to try to help change behavior of people who had drug addiction

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problems and has now proven to be very successful in changing behavior in a whole bunch of different medical

27:48

settings and for different medical problems and we're really trying to change a behavior here from

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i'm not getting the vaccine to i get the vaccine and we learned from motivational

27:59

interviewing several principles one of which is to empathize another which is to encourage a feeling

28:04

of self-efficacy so you see already that dr scales is going to put into the chat references links that

28:11

people can look up themselves and we encourage people to go to those links and read reliable information and

28:17

feel secure that they themselves can come to uh correct conclusions and can and can read what the research is all

28:24

about um so that's extremely important and we try to make a connection with the people that we're

28:31

uh working with so we often use personal narratives i fortunately have had the vaccine

28:36

myself now and so i point that out to people that i personally have had it and had no

28:41

adverse reaction whatsoever to it which is the case for the overwhelming majority of people who have been

28:47

vaccinated number of adverse reactions is minuscule compared to the number of people who

28:53

have had the vaccine as a whole so we try to empathize build self-efficacy put ourselves in the

28:59

people's shoes establish a connection and understand that all of these things are equally important as providing correct

29:06

information and you know for folks out there who you know have gotten vaccinated um

29:12

you know what are some you know arguments they might find from people who are you know hesitant or

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what tools can we provide them to say hey you know if you do run into this situation um there's here's the tools you can use

29:27

well nick so that's a really good question because i think we we tend to run into that a lot um so there's a

29:34

couple of different techniques that different people can use um one you know

29:39

some of the best evidence that's out there is uh using what dr gorman mentioned motivational interviewing kind of

29:45

starting from a point of of empathy promoting self-efficacy that's really one of the most

29:50

important ones and i i do urge people to follow some of the links and read more about motivational

29:56

interviewing because this is a very it's a very respectful and very important way to um to consider how to give

30:04

respectful information about the vaccine and build vaccine confidence

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there's some other ways um you know when these things are studied uh in a lot of social science studies by

30:16

psychologists by uh other types of scientists and there's

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i think dr gorman mentioned a number of them providing personal narratives and stories these can be very compelling as people

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that you know and you trust have gotten a vaccine and have done well that's often something that can be very

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you know both inspiring and it it's very familiar to people and that helps build trust appealing to sources trusted by

30:44

the communities that we're working with this is very important in certain communities so you know

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i work in health and so when i'm talking to colleagues we often refer to the centers for

30:56

disease control the fda these places are very well respected as

31:03

the people the scientists that are doing the best science but as dr gorman mentioned there's a lot

31:08

of distrust in science right now and a lot of distrust in the government and so the depending on the communities that

31:14

that you're working with those might not be the best sources so

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understanding your community well enough to know what sources are both correct and author

31:26

authoritative and bring out bring a lot of the science to bear on the question as well as being trusted in the

31:31

communities that you're working with is extremely important there's also things that you can do to

31:37

help prepare people for example if you're aware that there's some rumors and some misinformation

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that's circulating you can warn people you can say you know you might hear a little something about how people are

31:49

dying because of the vaccine but i just want to let you know i've looked at all of the information i've contacted

31:55

all of these trusted sources that we all trust and right now there is no data to suggest that's the

32:00

case you might hear that but i just i want to warn you that that's not true um so you know that

32:06

type of warning to give people a little bit of of information so that if they do ultimately see the

32:12

rumor and the untruth sometime later that they're prepared and they know they've already heard from you

32:18

something that's very trusted coming from trusted sources that's very important so these are all

32:23

different types of strategy strategies that that people can use and in any one specific instance i there's not an easy

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way to predict which one's going to be the most effective so it's important for you know vaccine ambassador or a public health champion

32:38

to be familiar with these different types of techniques to be able to use them uh in ways that are organic that the

32:45

the people they're working with are going to be most responsive to and actually interesting question from

32:51

cj who just sent us a question his question is what can corporations do to promote vaccine confidence for

32:58

some of their employees who you know are trying to get vaccinated and come back to work

33:08

i think that um corporations play a big role in this and again since the majority people want

33:15

to have the vaccine merely making it available or encouraging people will be

33:21

very important but i think that corporations can be helpful in doing two things one is spreading

33:28

information about vaccines spreading accurate information about the vaccine to their employees and having people who

33:35

are involved in employee health talk to people who work there find out if anybody has any concerns and

33:42

speak to the people of the individuals who have concerns so make it a one-on-one thing there are companies

33:48

that are doing this where they're actually giving a vaccine one person by at a time talking to the person at a time the more

33:55

you can do that kind of thing the more you reassure people and make them feel like they're part of something rather than

34:01

something being done to them and a quick follow-up dr gorman how do we

34:06

identify um potentially you know fake experts and what kind of their motivations might be

34:12

behind that right so you know fake experts have a bunch of things in common um that sort

34:19

of highlight them and can call it attention one thing is they always present

34:24

themselves as being alone the lone warrior who has information that no one else has

34:32

and vitamin d is an example for uh for instance where there are a couple of people

34:39

saying if you take vitamin d you'll cure covid you won't get covid i know this and no one else in the medical field

34:45

is believes me or is willing to say this because they all just want to promote vaccines
34:51

that's a definite red flag when somebody says i i'm the only one who knows it or
34:56

the other people are have an ulterior motive because it's almost never true um the
35:03

second thing that the fake experts do is they give what we call
35:08

non-falsifiable arguments and they do this by cherry-picking by picking a study here
35:15

and a study there and putting together an argument that you can't argue against
because they
35:20

have chosen things from all these different places to put together an argument
35:26

you have to step back and say gosh but the main source of information the vast
majority
35:33

of experts are saying one thing and this person has found a study here and a study
there to put together this
35:38

story that i can't even argue against because they've concocted it usually
35:44

consensus in science is correct you know we can get into the fact that there have been
times in the past when that's not
35:51

the case but usually when the vast majority of experts agree on something
35:56

that's usually the correct path to take and the fake expert is usually the
36:01

outlier who is not going by the evidence so it actually is interesting i just mentioned
36:07

quickly again with vitamin d that there are studies ongoing because there may be
something to the story about
36:12

vitamin d being playing a role in in covert 19 but as of right now as of today there is
36:19

no actual rigorous trial that's shown that vitamin d is very helpful and there are a couple
of that so it's not
36:26

so it's a very good example of how a fake expert will ignore that mainstream fact and
cherry
36:33

pick from the fringes to try to put together an argument and we have to be very wary of
that and
36:40

36:40

what are some of the techniques to address hesitancy when you know someone does encounter it

36:49

uh so nick do you mean like when someone's not countering there's some some rumor or

36:55

some untruth that's circulating but no one's really pushing against it yes yeah so i

37:01

one of these things that i would say is is very important to recognize what context you're in

37:06

um because there's a couple of different contexts that might be really important if you're if you're with your community

37:13

um say you're at a church gathering you know this might be a time to have a very respectful discussion among a lot of a

37:19

lot of people who might have similar concerns um you know if you're at work it might be something similar to that where

37:25

it might be people are asking genuine questions and raising a bit of misinformation something that's not true just because

37:31

they heard this and that might be an effective place where giving some facts could be really

37:36

helpful um but you also might find that this could be an entry point there might be

37:42

times where someone is is a bit of a hard line uh has hardline beliefs that are very much

37:49

against uh vaccines and vaccination in general so there's times where it can be really

37:55

helpful to engage right you know especially kind of communities that are interested that are

38:00

trying to gather facts that are trying to understand the situation to make better decisions for themselves but there's also it's very

38:06

important to recognize if you might be in a situation where uh where someone is essentially trying

38:12

to spread disinformation where someone is is really trying to undermine

38:17

confidence in a vaccine you know if people have their own personal view of a vaccine that's fine you know but if

38:23

someone is really actively trying to spread uh rumors that are known to be not true
38:29

then sometimes it's not necessarily the best idea to try to engage people like that in public
38:34

um it's the kind of thing that you know in private you can have you know personal discussions if you're a trusted friend or relative of that
38:41

person and try to understand kind of where they're coming from but in public it it often tends to be a
38:47

little bit almost like a kind of political acrimonious discussion we don't necessarily recommend engaging in that
38:53

type of situation so nick so so if you are someone who's observing this type of
38:58

of misinformation the first step almost is the self-awareness of what kind of situation is it is this a situation
39:04

that's worth engaging in and if so absolutely like you know engage with facts engage using some of the techniques that
39:10

dr gorman mentioned but if this does not seem like a productive moment to engage and it just feels like
39:15

this is a rumor monger who's spreading lots of of disinformation i think it's completely appropriate to
39:21

to to mention that just say you know what i think this is not a conversation that is is really beneficial i
39:27

for for everybody i think i think i i think we should step back from it and a question we actually just got in
39:34

from ek um they're asking you know please discuss whether you believe that
39:39

individuals should have a choice of which vaccine they receive and why you feel that way
39:47

i i would say that for right now of course you know we favor everybody having choice but there's no
39:54

evidence that it makes a difference there's really no evidence that the pfizer versus modern which are the
40:00

two vaccines that are available today that one is better than the other um so

40:05

i would tell somebody uh don't hold out for one when you can get the other one

40:10

get whatever vaccine you can get people having enough trouble in some places getting any vaccine

40:15

so get the one that you can get because it probably doesn't make any difference either way and i think that'll be true

40:21

as these new vaccines hopefully come online as more vaccines come online it'll really be

40:26

advisable to get the one you can get i think that's an interesting point um

40:31

that you made dr gorman is that you know you can get either or vaccines you shouldn't be you know you

40:37

shouldn't be particular and what vaccine you get

40:42

so we also actually just got another question actually from care uh this

40:49

i know we had a science discussion last week but uh carl wants to know if you had cover 19

40:55

and you survived it do you need to then get the vaccine

41:01

so right now the public health recommendations are yes and i i definitely recommend uh

41:07

you know the the talk from last week about uh you know becoming a covert 19 vaccine

41:13

ambassador had a lot of excellent discussion about a lot of the science behind the vaccines and uh

41:18

answered a lot of these questions so i i highly recommend that talk by dr morales and her colleagues um but in this specific instance right

41:26

now that is this the recommendations of the public health community and the recommendation the reason for that

41:32

recommendation is there is some evidence to suggest that immunity to covert 19 might decline over

41:39

time now we're still trying to understand how long that immunity might last

41:45

how long it takes to decline um both if for someone who was infected and for someone who got the vaccine

41:52

so you know as these questions are still being uh uh essentially sorted out by

41:58

scientists because the science is still uncertain so while the science is uncertain uh the

42:05

public health recommendation is uh to err on the safe side which is to even if you've had

42:10

a covet to get the vaccine and actually a perfect follow-up is uh how

42:16

do we address the fact that uh the science is uh uncertain

42:23

well that's again um a wonderful question because we have to deal with that with

42:30

science in general for so many things and we really have to start educating people a little bit more about how science works

42:37

good example is with face masks for example you may remember that way back in the

42:43

beginning of the pandemic even though trusted you love dr fauci

42:49

said i don't want to see everybody running around with face masks and then later on he has become as he should be a

42:56

strong advocate of everybody wearing face masks and some people have said well he changed his

43:03

mind how do they know what's really true how do i know what's really true what happened there was really that we

43:09

learn more about how the virus is transmitted and we also had some more data on how

43:15

masks work but originally we thought the virus was just transmitted by heavy droplets

43:21

which masks are not as effective and then we learned that they're also aerosolized and spread throughout the

43:26

air for which nests are more effective and that led to a change in the recommendation about how

43:31

frequently to use face masks and so we have to reassure people that most of the time when science changes

43:37

its mind it's because something new has been learned and for anyone to claim otherwise is

43:44

again undermining the process of science uh you'll see people who will say they change

43:49
their minds so they don't know anything it's definitely not true they've changed their mind because they've learned something new

43:56

and that's how we have to address that problem i think that's an important um point that you just brought up with

44:03

folks out there who might be concerned is that it does seem like you know especially with the science and everything everything is so fluid and

44:09

you know opinions can change as more facts come in right that's absolutely true um

44:16

and uh actually tara actually also had a follow-up as well um she said uh what about women uh who

44:23

are in their childbearing years what kind of studies are out there um as far as you know the research on

44:30

that topic so research so a couple things to know about this so in

44:37

the original studies um women who were pregnant were omitted from those studies that's because

44:43

pregnant women are a special category um that require extra special cautions to be engaged in

44:50

research there were some women in those studies uh who did get pregnant

44:55

during the course of those studies um there's also kind of a lot of work being done now by

45:01

scientists to try to understand uh you know the situation with respect to women of childbearing age and you who are interested in getting pregnant or who are pregnant and the vaccine and

45:14

while the data is not certain again science is uncertain there is a lot of consensus and so uh

45:21

the uh there's it's a group called acog which is the uh it's the american college of

45:27

gynecologists so this is a specialist community uh who are the specialists when it comes to

45:34

pregnant women and and they are actually recommending the vaccine so it's you know in the situation where

45:40

science is uncertain i think we're going to get a lot more information as we go forward about the

45:46

exact risks and benefits but they generally say acog believes that the that the risks of covid

45:52

for pregnant women are pretty high and the risks of the vaccine are pretty low and so on that

45:59

risk benefit balance they're suggesting the vaccine and that that makes a lot of sense uh

46:05

and so that's yeah i think it's always important for someone to uh talk to their doctor to figure out if

46:11

it's right for them because there was always a lot of factors involved in this but right now as a general public health recommendation

46:17

that that's the recommendation for now until the science becomes more certain and i know we touched on it a little

46:24

earlier in our conversation here but nicole asked how can we encourage communities who have uh legit historical trauma

46:31

caused by the medical community to trust that the vaccine is safe specifically when we're of course

46:37

talking about minority communities and communities of color

46:43

yeah so nick i think that's an excellent question because i think this is this is where

46:48

the rubber is going to meet the road because hopefully we're going to get to a point where you know all the people who want

46:53

to vaccinate who want a vaccine have gotten one and then there's going to be the group of

46:58

people who are a little bit more hesitant where it's going to take a lot more

47:04

effort to to really help them understand and address their concerns and so i the suggestion that i have is

47:11

again so number one is the most important thing is trust if you're from those communities and you

47:17

have a foundation of trust in those communities that's something that can be really important um and if you

47:23

are new to those communities it's important to gain trust before starting to try to tell people what to do it's important to listen and understand the concerns but one of the most important things i would

47:28

say is is don't give up um keep the conversation going because

47:34

as long as this conversation continues to to go around to people are being respectful of each

47:40

other in these discussions then i a lot of the hesitancy and resistance does

47:46

begin to melt away and i'll give one example uh so in the washington post today there was an article about

47:51

um a woman this is a black woman who lives in a place called belle glade florida her name is tammy jackson moore

47:57

so you know miss jackson moore she you know is this a community that is about 60 black

48:04

um and she is part of this volunteer group called guardians of the glade and so she and a bunch of other members

48:11

of this group have actually been going around the town uh essentially knocking on doors talking

48:17

to people that they see i mean she's lived in this town for 30 years she knows either knows everybody

48:23

in the town or or if she's talking to you she knows somebody who knows you so by doing this you know she's not

48:28

she's not trying to convince you she's essentially rolling with the resistance if someone says that they're not interested she says

48:34

48:40

she's very respectful she says you know let's keep talking about it well you know we'll come back and she starts talking about their other family members

48:46

to find out if their other family members are getting vaccinated so she's got the trust of her community

48:51

and she's using that to just remind people of how important it is to get vaccinated and

48:56

she's continuing the conversation as she continues to go around the community and so i think that's one of

49:02

the most effective ways for people to be public health champions and vaccine ambassadors in their

49:07

community and i think that's really the way that we're going to be able to get over the line get as close as we can to hurt immunity

49:14

and you know how major is that to be able to have you know that friendly face out there that you know a person

49:21

who might be hesitant can connect to very you know it's i give you another

49:27

example of how important that is there was a real problem a few years back with

49:33

anti-vaccination organizations working to try

49:38

to convince somalian citizens in minnesota to not have the measles vaccine

49:44

and they suddenly saw this huge drop of measles vaccinations in that community

49:51

and they called in all kinds of experts and it was being proven very difficult to change the tide

49:57

of that until they somebody said this is a largely muslim community

50:02

let's educate the imams in this community and about the vaccine and vaccine safety

50:08

let's ask them to talk to the people and lo and behold vaccine rates went back up to

50:14

nearly 100 so critically important to identify trusted sources within

50:20

specific communities and make sure that they're the ones who are talking to the

50:25

people and when do we know when

50:32

to you know not engage or when to disengage when when the conversation may get out

50:40

of hand or anything so i think that this is critical because

50:46

there's there are certain times where especially in a public type of setting

50:51

someone might be talking about a rumor that's just um the reason they're doing

50:57

it is not because they're trying to raise vaccine awareness but they're really trying to undermine confidence in the vaccine so

51:04

you know online sometimes people that are doing this are sometimes called trolls um and you know

51:11

in in person these are people who just might not be engaging in good faith so the challenge with this

51:18

is engaging in someone who's who's you know very publicly um trying to spread uh rumors about the

51:25

vaccine uh it's and just generally trying to undermine vaccine confidence this is

51:32

this is the type of thing where uh it's often not not a good idea to engage in public

51:38

it's often a better idea to to find out if someone's concerns are are genuine and try to engage them in a

51:43

more private conversation because if their concerns are genuine that's absolutely something that we should be

51:49

you know discussing with them understanding and providing any information resources or uh

51:55

in active listening uh as as much as possible to help them come to the understanding

52:01

that they need to unders to come to about the vaccine um as well as understanding where the differences are

52:07

because are they are they pulling misinformation from uh untrusted sources

52:12

are they listening to fake experts so just having a little bit of a discussion of of where someone might be getting some

52:19

of their information but all of that can and should be done privately if it feels like someone's really

52:24

not trying to engage in good faith and ek asks if you both could discuss

52:31

the viruses current and future variants um mutations in light of

52:36

urgent recommendations for the present vaccine

52:42

well we always worry about mutations in viruses that's one of the things that

52:47

has made it so difficult for example to develop vaccines for hiv

52:52

and why we seem to have to give vaccines every year for different strains of flu

52:59

the one good piece of news about the coven 19 the virus that causes copper 19

53:04

is that it seems to be a virus that mutates very slowly much more slowly than the flu virus so

53:11

it's not going to develop new strains at the rate that the flu does but we do know that there's always

53:18

going to be pressure on the virus to mutate to elude the immune system including

53:24

vaccine-induced immunity and there is some evidence that some of the vaccines that we already have are a

53:31

little less effective against some of the new strains than they are against the original strain

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overall i think it's reasonable to say that regardless of what strain

53:43

that the vaccines are effective um that there we need to

53:49

constantly surveil that situation so we trust the cdc and other authorities to

53:56

constantly be sequencing the genome of the virus to see what uh he develops and we also see that

54:03

the pharmaceutical companies that make these vaccines are already in the process of designing

54:08

booster shots or ways of handling the new new strains

54:15

so in multiple different ways we'll be protected i would predict that right now that

54:22

it's going to be there's going to be a lot of talk soon about whether there needs to be a shot again in a year or so and we just don't have

54:29

that information yet we don't know exactly how long immunity lasts and we don't know whether

54:35

the new strains will become sufficiently different from the current ones that a new booster shot will be needed if we

54:42

need it we'll have to get it um but i think the important thing is that we're

54:47

watching out for that very very carefully and when it comes to those healthcare

54:54

professionals or those healthcare advocates in some of those minority communities

54:59

what do you feel is the best tool that they can use in their arsenal to kind of break down some of these

55:06

barriers

55:12

i think nick i i i keep coming back to the the importance of trust um because if

55:20

uh it's a certain self-assessment of do you have the trust of that person and if you have the trust of that person

55:26

that's a great place to start um talking about your own personal journey if

55:32

if you've gotten the vaccine or you have friends or family that got the vaccine and not just the fact that you got it but

55:37

your decision-making process because hey we are often not uh just automatically getting a vaccine we all

55:44

went through a decision-making process uh to say where did we get our information

55:49

what information did we find most useful to help us make that decision um and but also in in that

55:56

self-assessment of trust it's if you aren't the tr the person that this person seems to trust

56:02

most kind of almost having a discussion about about that and and finding out who do

56:08

they trust and and where they get their information uh because sometimes that can be one of the

56:14

important sources to uh being able to reach them most effectively

56:19

sometimes that might be a family member or other friends maybe they get their information from

56:24

elsewhere sometimes it's even uh you know communities abroad if people we we all have extended families in

56:30

different places and so sometimes people have are getting their information from extended families that are even outside

56:36

the united states and so it's it's very important to kind of understand uh you know i listening actively to

56:42

where people are kind of getting some of the their information where their concerns are being raised and leveraging that trust as much as

56:48

possible whether that's personal trust or trust in other very respected people that they might

56:54

look up to and what they're saying about the vaccine using some some of our own personal

57:00

narratives um to be able to to talk about you know what worked for us um and then

57:05

in certain situations uh you know as as dr gorman mentioned there are times where implying motivational interviewing could

57:12

be very helpful just to help build someone's self-efficacy that you know the the that they can take the steps

57:18

necessary to really uh get to the point that they feel comfortable getting a vaccine

57:24

and you know obviously trust is very very difficult to you know build and everything like that but if there was kind of that first

57:31

step or that first leap um into building that trust what do you think that first step would be

57:41

i think it comes back comes down to listening so in the work that i do in the middle east

57:47

when i'm working with refugees even though i you know i have i have a background in medicine i have

57:53

a background in sociology i i come in with a lot of experience but what i don't have is i don't have knowledge and experience in the community itself and so the first thing

58:04

i do when i go into the community is i listen i ask questions and i really try to

58:12

to listen a lot i show respect um and so by respectfully listening um and really

58:18

trying to understand what is what the community hears and what they

58:23

know that's often the most important place that's where i start

58:28

and we had about five minutes left so i just wanted to see if there were any less
comments or

58:35

anything uh that you both wanted our audience out there to know

58:40

moving forward as they think about you know getting vaccinated and getting the
vaccine and some of the tools that they

58:46

can take with them uh into their own communities you know one of the things that we
have

58:55

the most trouble with in science and medicine is to help people understand

59:00

relative risk and it's very important here because everybody is going to see headlines in
59:07

the newspaper every time somebody somewhere develops something after they've had
the vaccine um

59:15

and because that's what makes headlines right something the exception and that's then
going to trigger people

59:20

to say oh my goodness maybe i shouldn't have it um so we try to remind people

59:26

that i think we're close to 50 million people have had the vaccine now right

59:32

and the actual rate of any adverse effect from the virus from the vaccine is tiny
compared to the

59:40

risk of getting sick with covid19 so those numbers are sometimes so huge

59:47

that it's hard for people to appreciate but when i think about them i personally feel very
reassured

59:53

that the risk of the vaccine is very very tiny compared to anybody's

59:59

risk of getting covid at 19 and getting covid 19 is really bad

1:00:05

as dave who takes who's taking care of many many patients with covert 19 knows

1:00:11

so that's you know one of the things that we definitely want to leave people with to consider those kinds of risks

1:00:17

and balances and i would just add to that um the

1:00:23

recognition that um in this work that we're doing trying to build vaccine confidence

1:00:29

that it's not just a simple matter of distributing facts um because facts

1:00:35

aren't going to go anywhere unless there's trust and so what we really need to do is build that trust and then i think then then people can

1:00:43

hear the facts and they can understand the facts and so i think um so i think those two pieces are

1:00:49

are critical as we think about trying to build vaccine confidence and i guess just lastly are you both you

1:00:55

know optimistic moving ahead in the future that you know we'll be able to reach out to some of these uh

1:01:02

communities who might feel concerned about getting the vaccine i definitely am i mean i think that

1:01:07

we're seeing a lot of attention being paid to how people feel about things much more than

1:01:13

ever before and as david said that dr scales said you know you have to really listen to people and understand

1:01:19

and i think this is one of the first times that i can recall where that's a real topic of conversation

1:01:27

and where people really are stopping and saying you know it's not just this miraculous science

1:01:32

that developed the vaccine that we have to think about we also have to think about the fact that

1:01:38

people have feelings about vaccines and feelings about medication feelings about the way the healthcare

1:01:43

system work and we have to understand those and address them and so because i

1:01:49

think that we're starting to do that for the first time and that this situation covered has forced us to do that that

1:01:55

gives me optimism that we're going to develop the methods and the tools of better understanding and better

1:02:01

helping people to come to good decisions about their health yeah and i i nick i would just echo that

1:02:08

because it's uh i think you know we we uh the public health community's gotten on the ball

1:02:14

late um you know i think did it did a fantastic job of developing the vaccine as quickly as possible

1:02:20

but didn't have as much resources as necessary to really kind of get the jump on

1:02:25

trying to get the vaccines to the people that need it most as quickly as possible so i think i think they're catching up

1:02:30

and so what i'm hopeful i'm really hopeful both in the short term that this is

1:02:36

really there's going to be a a catch up in getting the vaccine where it's needed but i'm also hopeful that

1:02:41

some of the discussions that we're having about um about these disparities about systemic racism but i hope some of this leads to a

1:02:49

certain amount of health equity um even after you know hopefully you know when things get back

1:02:54

to normal that we uh uh that you know we take some of the lessons from this and things don't

1:03:00

don't go completely back to normal in terms of a lot of the inequities that we've seen kind of leading up to this

1:03:05

point normal would certainly be nice i love hearing some words of optimism from both you doctors i appreciate it

1:03:12

i appreciate the audience for joining us i appreciate the questions i appreciate the conversation again this uh is being recorded and will

1:03:19

be of the same url immediately following so if there was anything you missed or anything like that please feel free to

1:03:25

hop on the uh link get your url at your leisure thank you guys so much we appreciate it

1:03:32

thank you thank you nick

1:03:51

you