

WOHL INTERVIEW KATHY

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Kathy Williams:

Welcome to Building Vaccine Confidence: Tell Me the Truth, the Women's Health Awareness podcast series from the NIEHS Office of Human Research and Community Engagement. I'm Kathy Williams. With this podcast series, we will continue to encourage our communities of color to get vaccinated and boosted against COVID-19. To reduce morbidity and mortality. We want to provide trusted and trustworthy information to educate and empower the people to take a closer look at the issues surrounding the vaccines. Also, in this series, we will examine the many lessons learned from the various efforts to combat the pandemic to help guide the way forward. In this episode, we meet an expert from the medical and scientific world, Dr. David Wohl from UNC Chapel Hill. Dr. Wohl is an infectious disease specialist at UNC Health Care. He has helped lead you and sees response to the COVID-19 pandemic. He is the medical director of the COVID Vaccination Clinic at UNC hospital's Hillsboro campus, and he led COVID-19 clinical trials at the UNC School of Medicine. So, all in all, Dr. Wohl has been at the frontlines of the pandemic and has dealt firsthand with resistance to vaccination. He shares his thoughts about the vaccines and where do we go from here.

Dr. Wohl, welcome to our podcast.

David Wohl:

Thank you. It's great to be here.

Kathy Williams:

Please tell us a bit more about your experience with the pandemic and vaccinations, and some of the lessons learned in that experience.

David Wohl:

Yeah, I'd be happy to. It's been a long couple of years. But soon after the pandemic really became clearly evident here in early 2020, a bunch of us who think about things like this all the time got together and said, well, what are we going to do? It's hit Europe, it's going to cross the Atlantic, it's going to hit us. So, the first thing we do when we're trying to defend ourselves is protect the perimeter. And for us, that meant keeping people sick with possibly COVID from our hospital and from our clinics, where they can infect other people and health care workers. So, we set up some testing sites, we set up drive through testing. And I was very involved with that I've had some experience in West Africa, in the Ebola outbreak and some of the same strategies we used for Ebola, and that I watched there, we applied here. And that came in really handy. And so, I was deputized to try to do that, given you know, my experience in other parts of the world.

And then when vaccines came out, the challenge was how do we get vaccines to people and spent a lot of time making sure that we had places people can get vaccinated here, but also bringing vaccines to people who may have obstacles and barriers to getting vaccinated. So, going to farms, going to meat processing plant staff at different locations to try to get vaccines to them, just creating onramps so that more and more folks could get vaccinated who wanted to get vaccinated. And I take care of patients with COVID in the hospital and

help work on our treatment in the clinic and help out also with our research because we really need to get better tools, of course to treat and prevent COVID-19.

Kathy Williams:

You've described the COVID-19 vaccines as a modern-day medical miracle. Why do you see them that way?

David Wohl:

They certainly are, to me, miraculous. Again, once it became clear, in mid-2020, that we were in an unprecedented pandemic, people had hopes that we'd be able to get a vaccine that can be at least 50 percent effective in protecting us against infection and getting really sick from COVID-19. And by the end of the year, we had vaccines that were 95 percent effective at that time for preventing infection and continue to provide that kind of level of protection against getting really, really sick, and dying. So, that to me is just remarkable in an extremely short period of time.

And before all this I was an HIV doctor I still am but it reminds me of just the revolution that we experienced over a much, much longer period of time, where we saw the development of new HIV medicines that were game changers and led people to live normal healthy lives. You know, to see this sped up to the point where we can meet the challenge, have safe and effective vaccines that work and continue to endure. You know they're -- they certainly don't protect as well against infection as they did in the beginning, but they still protect against infection. And they definitely protect us from getting really, really sick.

So, you know, I just think that this is a miracle. And when you look at some of the data, there was a study that was done at the Imperial College of London. And it's estimated that between 14 and 20 million lives have been saved due to COVID-19 vaccinations worldwide. That's a miracle. To say 14 to 20 million people across the planet is incredible. And here in the United States, you know, unfortunately, if you look at it the other way of the million people plus who've died, maybe around 320,000 of them wouldn't have if they were vaccinated. So, I think it's really a miracle.

Kathy Williams:

We've seen a variety of Minority Health Disparities related to COVID. We know that African Americans have had one of the highest rates of COVID related deaths and hospitalizations, but one of the lowest vaccination rates. Why do you think those unfortunate situations exist?

David Wohl:

You're absolutely correct. Among African Americans, fewer have been vaccinated than what we see with other groups, but the next group would be white non-Hispanics, where we again see a lot of folks who are not vaccinated, especially not fully vaccinated. So, why this is and what's going on is as complicated as is race in America, early polling by Kaiser Family Foundation found that there was a lot of skepticism about the vaccines, both among African Americans and among white respondents. And over time, the proportion saying that they will not get the vaccine, they have no plans to get the vaccine has actually dropped more for African Americans that are surveyed than it has for white people. And other studies have found a much steeper decline among African Americans being attributed to a sense of community, that there's more acceptance of the vaccine as being safe and necessary, and also

important for protecting themselves, their families and their communities, more so than other groups, which is really, really interesting.

So, then why do we continue to have gaps, right, because it looks like when you poll people, there's more acceptance, and a little bit less skepticism. And I think that the Kaiser Family Foundation has also found African American respondents who are more worried about missing work, to get the vaccine, whether to go travel and get the vaccine or take time off or missing a day if you get fever and feel achy the next day, we're more concerned about transportation. So, this is really tied up with other, I would say more perennial forces in our country, structurally that impact access to health care. And I think that's what we're seeing clearly were revealed and manifest when we look at these disparities that continue, despite greater acceptance by folks for the vaccine.

Kathy Williams:

I'm sure that you've seen more than your fair share of resistance to the vaccines. Would you tell us about your experiences with vaccine skeptics?

David Wohl:

Well, you know, we are constantly from the beginning, up until this very day, dealing with quite a bit of skepticism and reluctance to get vaccinated. And I think we have all experienced that, we all know people who feel that way, we may feel that way ourselves at one point or another. And I just wanted to be clear, I think that this is not just some organic phenomenon, necessarily. I think some of this skepticism actually was engineered. And the previous administration's messaging about the vaccines, as we recall was pretty ambivalent at best. We didn't see a national rallying around the vaccines, despite the billions the administration and our governments spent to develop them, to stockpile them, and distribute them to millions of people. That cost a lot of our money. So, there was an investment in these. But there wasn't an investment beyond dollars. There wasn't the investment in words and messaging. And I think that that has really led to a corrosiveness in the ability of the public to embrace these vaccines.

You don't get a second chance to make a first impression. And I think the first impression really stuck for a lot of a lot of people that I continue to see in our clinic. So, some of the original talking points that are no longer valid about there being limited safety data, or that the vaccines were rushed and not rigorously studied. Now that we have so much more time that we've studied people with these vaccines and so many more people vaccinated. Half of humanity on this planet has been vaccinated against COVID-19. That's a lot of data. So, I think the confused and clumsy roll out landed though, on top of a layer of already some anti vaccination sentiment, that was mostly but not exclusively, I think among certain white people, but as well as a justified skepticism that had been there and present of the health care system among people of color. So, you add on top of that, this administration's rollout on that background, and I don't think it's any surprise that we've had challenges convincing people to roll up their sleeves and get vaccinated.

Kathy Williams:

Dr. Wohl, our research has shown that various forms of mistrust are at the root of much of the vaccine hesitancy we've experienced during the pandemic, particularly in communities of color. Would you elaborate?

David Wohl:

Yeah, absolutely. Certainly, there is mistrust, and there's been mistrust on many levels that I feel has thwarted our response to the pandemic, in ways that have cost us lots; it cost us lives, cost us money, costs us time. So, in some ways, I think we're in a pandemic of mistrust that this COVID-19 pandemic has capitalized on. And this goes beyond just the very easy to manifest mistrust of pharmaceutical companies, you watch movies, and the pharmaceutical company executive is the villain, like it's very easy for us to mistrust their motives and their profits and where they're going, even though they deliver oftentimes incredible medicines. We, of course, don't trust elected officials. And now people don't trust reputable media, or even brilliant experts like Dr. Tony Fauci, whose career is basically a master class in rigorous scientific discovery and levelheaded approaches to dealing with infectious diseases. People don't even trust the facts or evidence when they are counter to their wishes or desires. People say things like, I don't trust that it doesn't feel right in my heart of hearts. And that even now goes to our political processes and our democratic processes, including elections. And so, that's really, really a lot of mistrust that's already circulating, that has distinguished us from other countries that have had a much more effective response to COVID-19. And the difference there oftentimes is the messaging from leadership of all stripes, and the country being unified and cohesive, and that taking that shared message to heart.

So, again, this breakdown in trust, I think was particularly acute early on, especially for African Americans and people of color, who are all too familiar with a health care system that disregards, disrespects and discriminates them. If you're an African American woman who has ever given birth in this country. I think you've probably have experienced that. If you're an African American person who's gone into the emergency room with pain, you've experienced that. And I think Linda Villarosa and her recent, really important book, *Under the Skin*, helps us understand this experience. And I think that can easily be written about COVID-19 and how many people were sent out early on from emergency rooms who were dripping with COVID, and their lungs were filling up with fluid and told to go home and not given oxygen, how our pulse oximeter is don't read as well through darker skin than lighter skin. So, those are things that I think we have to really appreciate and understand that can explain why there is some valid mistrust circulating and mixed in with a general atmosphere of cynicism and suspicion and mistrust that I think has been bred within us for ulterior motives.

Kathy Williams:

Are there other reasons you've seen for lack of confidence in the vaccines?

David Wohl:

I do remember back when Al Gore wrote his book, *An Inconvenient Truth*, when truths are inconvenient, and then you have permission and cheerleading to disregard them, then you're more likely to do so. So, I think we do know that that is happening. I think that that's a big part of it and the toxic effects that we've seen politically and the divisiveness of our country, and the things that fuel that certainly have been at play here. So, I think there's sins of Commission if you will, like, purposefully mis spreading information by disruptors like extremist media folk who do this for profit, or extreme U.S. House of Representatives who do it for political gain. But there's also sins I think of omission. And so, here I feel like another factor that's really important besides the villains we've talked about, people who spread disinformation from within or outside of our country for really again, ulterior motives. I think there's some things that have been missing and one of the things I think is messaging.

Kathy Williams:

Certainly, disinformation has played a role. What myths have you heard about and had to dispel?

David Wohl:

My colleagues and I, soon after the vaccines became widely available, started to do talking sessions with housekeepers here on the campus, the electricians, the plumbers, the woodworkers, so really just a lot of the folks who wanted to reach and who may not get direct messaging from our campus sources. And so, I've heard everything, and there is a lot of skepticism, even among my own patients who come in, I take care of folks living with HIV. And so, a lot of them have been through some of this before, and were skeptical about the HIV medicines, and then took them because if you didn't take them, you weren't -- you're not around anymore to be my patient, you're gone. So, a lot of them had been through this before. And so, I have heard some of those people still say, well, you know, this was rushed. And I try to point out that this wasn't made from scratch, this technology was there being used, the mRNA technology, to develop vaccines against other pathogens. And when the call came out, we need a vaccine against this new virus, these brilliant minds say, well, let's retool, let's shift, we have the sequence of this virus, we were using it against a different virus, we could program this in, and let's do the studies of tens of thousands of people and get this through quickly. So, this is exactly what you'd want to have happen. So, I think that that kind of thing that, you know, this is rushed.

The one thing that really bothers me a lot, though, is and this came from, you know, one, you know, internet post, is the fertility issue. This is completely made up. There is no basis at all to think that this vaccine or these vaccines, in particular, have any impact at all on fertility. So, this preys upon something that already people are triggered about, you know, there's an attempt to reduce fertility among people of color, for demographic warfare. So, this feeds into something that's already there. So, this is really sinister in that it's being engineered, particularly, to resonate with certain people. So, I think that that's one of the things that bothered me the most, and we should make clear, there is no impact at all. And we also know that COVID-19 is very bad for pregnancy. And I can tell you, for sure, I've seen it myself, I've seen people lose their pregnancy due to COVID-19. So, we know that. So, I think those are the kinds of things that I hear, and that we've all heard all these kinds of things. And I won't even tell you what we see on social media about magnetism and microchips, which I think most reasonable people, if not all would say is nonsense.

Kathy Williams:

What types of efforts to promote vaccination have you been involved with?

David Wohl:

One of the things that I do most is talk to people like you, so we can amplify messages from people like me, and many, many others who dedicated the last three years to trying to figure out ways that we can save people's lives and prevent misery, prevent people missing at the dinner table. That's what we're all about. We've seen way too many people dying, and in our antiseptic way, most people don't see that, we don't have very many journalists with cameras coming in to our ICUs and seeing people naked on their bellies with tubes coming out of everywhere, who are struggling to survive due to this virus, we don't see that, we don't see the people on the floor of their bathroom collapsed. When we don't have those images in our mind, it's harder for us to realize the impact. So, verbally, we can do that, we can describe it. Also meeting people, going to where people are, talking to them, engaging with our partners who are trusted in different communities and really doing it.

So, one of the first things we did with our Mass Vaccination Center, which we took over the Friday Conference Center, which is a huge conference center on campus that wasn't being used anyhow, because we weren't meeting during COVID time. And we took it over to become a mass vaccination site. We reached out to the NAACP and said, how do we do this? Who do we talk to? How do we make really easy onramps without hurdles, without being on your my chart and getting a text message with a code word and getting into the system and that all the folks from some of these subdivisions came in right away, how do we bring on ramps to folks if they can get access to the vaccine? Reached out to folks in Siler City now because there's there was a big desert there as far as medical care, and how do we talk to them? How do we talk to them in a way that they understand and working with community organizations that advocate and have advocated for those people who work in those meat processing plants? And the farmworkers? So, it goes on and on. So, really just trying to be as factual as possible, be clear as possible, be consistent, have websites for people who do that, and a lot of people do that just have things like frequently asked questions, not dense with lots of material. But here's your questions, here's our answers, and updating it regularly, so it doesn't get stale when people can't find what they want.

Lots of community forums, Facebook groups, you know, these are the kinds of things you just have to do constantly to get the word out. And we did that with HIV, because there was so much again, disinformation and misinformation and stigma and obfuscation that we've been doing this for a long time trying to explain things, how do you get HIV, how do you not get HIV, what do you have to worry about, what, you know, do you take your medicine, do you not take your medicine, is there a medicine prevent it? Those are kind of things we've been doing the HIV world for a long time and just took a page out of that book for COVID.

Kathy Williams:

Dr. Wohl, do you have any specific suggestions for how to reach folks who are still vaccine hesitant, particularly minorities? What has worked in your experience?

David Wohl:

Well, here's where I may be the skeptic now, because I think for folks who haven't had any vaccines at all by now, convincing them to reconsider at this point is going to be really hard. If you've lasted this long and not gotten vaccinated, I don't know what it would take other than getting really, really, really sick, or someone in your family getting really sick to convince you. And I've seen that we've all seen sick bed conversions from I'm not going to take the vaccine to I can't get it quickly enough. And I'm going to tell everyone I know to get it because I don't want anyone to go through what I'm going through. So, barring that, it's really hard. I do think that there has been some attrition. And over time, as people have seen, well, everyone else is getting it and they still have their head on, and they are having babies and they're still living their lives and everything's fine. I think that will help them. It's a double edge, though, because I think the good news about the vaccines is they're keeping people out of the hospital, so there's fewer people who are getting really sick, but in communities, especially where I live in North Carolina, there are several communities, many, where under 30 percent of the population has been vaccinated and those people do get sick. So, I think it's important for us to continue to be mindful of that. And keep messaging that we do need to think about this.

Right now. Also, I'm focusing less on convincing the unvaccinated to get vaccinated than convincing the vaccinated to get boosted. And it should be very clear that these vaccines

have really helped us, they prevented a lot of badness, but we got to keep our foot against the pedal. And we can't let up we -- these are the original -- remember, these are original vaccines that were made for an ancestral strain of the virus that's extinct. But yet, they still have staying power. You know, we don't have that original Wuhan virus anymore. It's changed. And so, the vaccines remarkably continue to work to protect us from infection to some extent, to a good extent, but also better yet from getting really sick. So, we need better vaccines. But right now, in the meantime, we need boosters, and boosters top up your antibodies, which is really, really key and keep you from getting really sick and getting infected. So, get boosted. If you already did the first two vaccines, don't waste that opportunity. There's no good reason not to get a booster to protect you further, especially because, you know, winter's coming, you know, in a few months, and we're going to be indoors again. And this virus has gotten more catchy. So, I really want people to hear this, if you haven't had a booster, please get a booster. They're really helpful. I've had two boosters. I can't wait for another.

Kathy Williams:

How do you see the situation going forward? With repeated surges and evolving new variants, do you think we will see a shift in the trends toward more acceptance of the vital importance of vaccines and boosters to individuals' health and public health?

David Wohl:

I do. So, again, there's lessons here. We have the flu, the influenza comes, it's a little different in that it circulates around the planet, changes and comes back to us and we have to take a different vaccine every year, but we take a flu shot every year. That's become normalized. Certainly, a lot of people refuse the flu shot, often for bad reasons [laughs]. So, that's misinformation and lack of understanding that we've been sort of working on for years. And so, that it was already there even before COVID right. People come in all the time and say, well, I got the flu from the flu shot. You'd never -- there's no such thing it's dead. It's not alive. It can't give you the flu. You've got symptoms of your immune system reacting to the flu shot, which is great because it shows your immune system is revved up and raring to go and will protect you. And also, because of the vaccine, the flu vaccine doesn't protect us as much. But that's going to get better too, I think as a side effect of this pandemic. But the same sort of thing, I think we're gonna see people offered the COVID-19 vaccine, every year, and probably every year, it will be engineered and changed to be even better and more reflective of what's circulating, and the mRNA technology allows that to happen. So, this is great. This is not bad news; this is good news. Because the old way of doing it was archaic, growing stuff in cells. That's why people who have egg allergies couldn't take a flu vaccine, go figure. That's ridiculous. So, we can't be injecting stuff into egg yolks and make a vaccine that way, we can do it in a different way and bring it to the modern era. And that's what we're doing with mRNA technology.

So, I think the future is this, the future is we're going to be getting boosted probably every year, because this is going to become -- it's going to join the family of coronaviruses. That way it keeps it from being a consequential existential threat to us, it becomes a cold, it becomes something that keeps us out of work for a few days. And that's what we want to keep it as. That's it. Just like little children get repeatedly exposed to this to different coronaviruses and they build up immunity, we're going to build up immunity too, especially as variants pop up. But we need better treatment, too. We need something you can take, you know, when you get sick and makes you better. We don't have that. We have that for flu to some extent, we don't have that really, truly. The medicines we have now keep you out of

the hospital, they don't get you back to work sooner or back to school, or make you less infectious, that we don't know that it does that. So, that's what I'd like to see. And I think we need that immediately. And that's how we get, quote-unquote, "back to our normal." That's when we get to the point where I'm willing to take off a mask if we were indoors together. We're not at that point right now. So, I think the future is going to be good, I think it's going to be brighter. I think we've got a good handle on this. I'm being optimistic. I see the glass is half full. But it helps if we don't have people you know, pushing back, if we make sure that any advance is available to everyone, regardless of where you are and how much money you make, or what political party you're affiliated with, we have to make these advances ubiquitous. Otherwise, we're going to always be you know, chasing our tails.

Kathy Williams:

Dr. Wohl, thank you for your advocacy and getting vaccines out to the public, and for sharing so much important and useful information. Best of luck for continued success in all of your COVID related activities.

David Wohl:

Thank you, and thanks for you know, highlighting all these important messages so people can hear it.

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Kathy Williams:

Please join us for the other episodes of our podcast series, which is brought to you by the NIHEHS Office of Human Research and Community Engagement. We will be speaking in depth with community leaders who have been working to protect their populations from the COVID-19 pandemic and promote vaccinations. We will hear about their experiences and the lessons they have learned as a result. And don't forget, tell me the truth.

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