

Health Equity Conversation

COVID-19 Myths & Misinformation

- [0:00] - Introduction by Gilbert Salinas, Chief Equity Officer
Covid-19 has impacted our communities and ravaged through our historically marginalized communities of color the most, with an overwhelming number of deaths. Just here in Contra Costa County, we have experienced over 700 deaths. We still continue to see some inequities around vaccination efforts, when you look at data that compares separate/different groups of minorities. I will just point out that here in Contra Costa we have vaccinated over 15,578 African Americans. In contrast, we have vaccinated over 126,280 white Caucasians in our county. Huge contrast, it shows us that we really have a lot to work on here. We really need to open up more access and provide more community education. Through our mobile vaccination efforts, we have been successful in vaccinating over 35,000 folks within our community. These mobile vaccine units are really trying to get into communities that historically have been underrepresented. We really want to make an effort to build an infrastructure to bring the vaccine to you, to our communities. This vaccination effort is really about trust. It is about how we establish trust among our community members, our residents, our patients, and our community and staff. We cannot neglect the fact that there has been multigenerational trauma at the hands of the government towards marginalized communities. We need to acknowledge that fact and we really need to work on trust. For a community, we work at the speed of trust. We need to do everything, there is no silver bullet for this. We need to try all our efforts to reach our communities to establish that trust. You say vaccine hesitancy, I say, let us build trust. I refuse to use “vaccine hesitancy” as part of my statements, because if you call it vaccine hesitancy, you are leaving it all up to the community, and not really owning what is behind that vaccine hesitancy. Let’s dig a little deeper.
- [2:24] - Introducing Dr. Rohan Radhakrishna, M.D., one of our Deputy Health Officers and leaders within our organization at Contra Costa Health Services. He has been with us for over ten years. Thank you for joining us this morning. We want to jump right into some common myths and general information about the vaccine itself. I, personally, have experienced having the vaccine. I was vaccinated a month ago. My personal experience leading up to it was that I had a lot of questions leading up to it. How will it affect me? How will it affect my body? One of the things that was really helpful for me was to understand what was inside of the ingredients. Also understanding what some of those side effects might be. I had some anxiety around it. It reminded me of the first time I had a flu shot. After my first shot, I did feel fatigue for a few days. I felt some soreness in my arm. But after about thirty-six hours, it was like nothing had ever happened. I went back to doing the same things I was doing. In between shots, I think that was another stressor because you are waiting for your next shot. I was thinking about that and that people were talking about the second shot being worse, that there might be some other kind of side effects. So I experienced that and had some anxieties there, but it was straightforward and the second shot had zero effect on me. I went back to working the same day and I feel great. I have not had any side effects and that I can see family. I am very excited I can see family and that I can visit family that are more susceptible and have a higher rate of mortality around Covid-19. I am very excited

that I can be around others and travel and start thinking about ways to get back to some new form of normal. So, I am very excited about some of those things. How about you Dr. Rohan?

Rare & Severe Side Effects

- [4:49] - Dr. Radhakrishna begins presenting. It is amazing that in less than a year, since this pandemic started, we received the gift of an offensive tool to fight this virus, which was the vaccine. To get it in December of 2020 was beyond my dreams. Me, as well as many other frontline providers, nurses, doctors, therapists, were also a little afraid. We had some questions and concerns. I want to normalize that. It shows that you care about your body, that you are asking questions, that you do have concerns. The good news is, there have been millions in people's arms, and we are monitoring it closely. I can share my own story, that I did have a little redness, and some petechial bruising around the injection site. That went away in a day or two. My wife, who is also a healthcare provider, actually had a more serious impact, feeling like she had a bad cold and was in bed and not feeling so great for a day. But then she bounced back and was back to normal. I have this conversation every day with my patients, whether they are concerned about getting the flu vaccine, or a tetanus booster, a varicella vaccine that prevents zoster, and it is an ongoing conversation. I tell people that it is like going to the gym, no pain, no gain. The good thing is that it is a little bit of pain, and it only lasts a few hours, it is mild. It is strengthening your immune system, and those side effects are actually a sign that your body is working, it is learning and building that immune memory to fight back. So do not be afraid. What we know now that we have given tens of thousands of those vaccines, and we have had zero serious adverse events and zero deaths, but we have had tens of thousands of cases of COVID-19 and hundreds of deaths. We have got to do the math for ourselves. The risk is a personal thing, but I am grateful that I have been able to get the vaccine, and I encourage each one of my patients to as well.

Efficacy / Which Vaccine is for me?

- [6:58] Question: Thank you for that experience and for sharing. The next thing that I want to talk about was, there are a lot of conversations happening now that we have the Johnson & Johnson (Jansen) vaccine that is available. It is a single dose and there is a lot of conversation about the efficacy of vaccines. I wanted you to define in layman terms what that means. What is efficacy and how do the vaccines compare to each other in efficacy?
- [7:30] Dr. Radhakrishna addresses these concerns.
Efficacy is a fancy word which simply means the ability to meet a goal. The goal to not end up in a grave, to not end up in an intensive care unit or on a breathing machine or to even go to the hospital. And for that, all the vaccines are almost 100% effective. It gives you the protection to fight off the infection. But there are minor differences in the rates of getting the infection with mild symptoms. You cannot actually compare them because there were nor any head-to-head trials. We are moving fast to get vaccines in people's arms, and they were also studied at different times during the pandemic, in different geographic places during the pandemic, with different variants circulating. So, we cannot compare them directly. The best vaccine for you, is the one that is offered to you on the day of your shot when it's your turn.

So, when you show up, the sooner we all get vaccinated, the sooner we can reach community immunity and save lives in our families and communities.

- [8:39] Question: That's great to hear Dr. Rohan. I appreciate that confirmation and I wholeheartedly agree with you that the best vaccine is the one that gets into your arm today, and vaccinate our community. In terms of answering the question is one vaccine better than the other? That is your response to that?
- [9:07] Dr. Radhakrishna addresses these concerns.
As mentioned, all the vaccines are nearly equivalent and highly effective at preventing death and hospitalization, which is what our main goal is. They are all very effective. It varies based on who you are between 70-95% effective for getting the virus with symptoms, but if you get that in your arm, you can be sure that you will never get sick enough to end up in the hospital or actually die from it. That is the insurance that people want. There will be new vaccines rolling out, and as of now, the third one on the scene in the United States is the Johnson & Johnson, also known as the "one and done". Each vaccine may have some differences, benefits, and advantages. So, for folks who are hard to reach, like someone leaving a hospital with transportation issues, someone in a detention facility, or maybe in and out of a homeless shelter, we want to catch people when we've got them, and maybe prioritize those one and done Johnson & Johnson vaccines for that population. So, we can't ensure choice. Just yesterday I had a patient in the clinic who was a Mexican grandmother, and she was so grateful that she got the vaccine in our clinic, but she was also really sad that her relatives in Mexico (Michoacan) were still at risk and dying because the vaccine had not been rolled out there. So, she was grateful to get what she has. Here in the United States and California, and in our county, we are blessed to have options, and people should take what they are offered, because many other countries and places have not even gotten the vaccines yet.

Clinical Trials / Vaccine Equity

- [10:41] Q: I would like to ask you about the context of understanding clinical trials. There are a lot of questions around that and the outcomes on black and brown trial participants. We receive many questions around this issue. How would you respond to that question?
- [10:59] Dr. Radhakrishna addresses these concerns.
A: Many aspects of society do not have enough representation for women or people of color. The same is true for science on the vaccine development side, and for volunteers participating in clinical trials. But it is getting better. You should know that a black woman was instrumental in the development of the COVID vaccine, and many black and brown folks were involved in those trials. Was it enough? No. Is it getting better? Yes. Watching disparities take its toll on our people is playing defense. We can't live in the past. We must be the change we wish to see, and equity is about playing offense. It means signing up and joining those trials, and that is why the presidents of historically black colleges from Xavier, and Dillard in Louisiana, and all the way to the East coast, rolled up their sleeves and themselves participated in the COVID trials early on. The presidents of Howard and Meharry Medical Schools are signing up their institutions to participate in ongoing clinical trials. But you do not need to wait for those results if you have questions. We do not have time to waste. We are doing real world studies on the millions of black, brown people, and women

who continue to get the vaccine as we follow the safety and effectiveness data. You can be more reassured than ever that it is not just dozens of people who have received it, but in the thousands and millions. Nobody is one statistic away from changing their mind. It is the heart, stories, and personal connections that change and inspire us. I can tell you that the Moderna trial had 27% people of color in their trial participants and volunteers. But do your own research, talk to people in your community who have gotten the vaccine, and ask them how they feel a few months later. We learned this a decade ago with the H1N1 influenza pandemic. In the Black community, it was actually the moms that were the key. "You cannot come into my kitchen if you have not had the vaccine." That goes a long way. We want people to be a part of the solution. The technology in those first two approved vaccines is called mRNA. The "m" stands for "messenger". We want you to be a messenger, to share your story, and if you have doubts, that is ok. Talk to people who you trust in your family and community who have gotten the vaccine. That is what creates trust and change.

- [13:47] Switch to audience Q&A session, including panelists from BIPOC communities. Today we will address mistrust in BIPOC communities due to medical racism. We have some great communities' members joining us today who will be talking about some of the questions brought about by community members, members of our African American workgroups, our Latino workgroups, our historically marginalized communities workgroups, our older adult workgroup and our youth and young adult workgroups as well. We also have members from our Asian Pacific Islanders workgroup that are joining us today. The first question comes from our African American workgroup.
- [14:38] First panelist (African American representative) speaks.
Q: We would like to know how were COVID-19 clinical trials more ethical than the historic medical experimentation on African Americans?
A: [14:44] (Dr. Radhakrishna) We have a dark history that we must be honest about, apologize for and move forward from. We are moving in that direction. In 1932, the U.S. Public Health Service was supposed to conduct a six-month syphilis experiment, which instead became a forty-year experiment and harmed the health of black men until 1972, violating ethics and decency. The damage has spanned generations and continues to harm the public's trust whether it is in taking a blood pressure pill or a vaccine. We have to continue to apologize and acknowledge that racism has and still does exist in all aspects of healthcare; Implicit, explicit, internalized, externalized, we can do better, and we are. We have to separate that past from what is happening now. We have prior informed consent for all clinical trials as a value in trying to ensure the pillars of bioethics, the Helsinki Declaration, the Belmont Report, and what our food and drug administration uses for all clinical trials. What that means is that volunteers must fully understand the risks, the benefits, and the alternatives before their participation. This is required by the FDA. Unlike in the past, where there was secrecy and neglect, now, we are inviting people with the choice, and with full prior knowledge to participate. If people of color want vaccines that are for us and by us, we are asking them to join in. That is why black leaders, historically black colleges, are having their own presidents participate in trials and signing up their institutions for new trials as we get more vaccines available that are safe and effective for all Americans, especially people of color.

- [16:55] Second panelist (Historically Marginalized Communities Engagement Unit representative) speaks.

Q: In the Latino community, there are beliefs that the vaccine was developed with fetal tissue and that the vaccine can give you COVID.

A: [17:16] I have been a family doctor for ten years in San Pablo West County Healthcare Center where two-thirds of my patients are monolingual Spanish speaking patients, and I get lots of questions, concerns, myths, conspiracy theories, for all vaccines, e.g., flu, tetanus and now Covid. So, these questions are important to answer head on. All of the COVID vaccines, like many new drugs in medicine, have used human stem cells for the testing as part of the development process. I view these as gifts from God and science that are saving lives. We cannot let perfect be the enemy of great. So, talk to your religious leaders and make the best decision for your values. Let us not let our communities continue to suffer when we have the solutions in front of us. This is why we are participating and collaborating with many religious leaders of all faiths, including in the Latino community, to be the messengers and share their views on what is safe. It is common to think that if you are a little sore or have some mild side effects, that you may have gotten sick from getting it, but like I have said, it is like going to the gym - no pain, no gain. You're a little sore afterwards, but that does not mean you have got the virus or the disease, it means your body is learning and fighting back and getting stronger. There is a big difference between getting a little headache or a sore throat after a flu vaccine, than getting slammed in bed with a high fever or ending up in the hospital. The same is true for Covid. The side effects are very mild and short lived, whereas the disease itself can be deadly and can have symptoms that last for months afterwards.

- [19:09] Third panelist (Latino representative) speaks.

Q: A recent example of the atrocities committed on migrant women at the border being given hysterectomies unknowingly, there is a layer of mistrust towards our government and there is a conspiracy theory that the vaccine will inoculate minorities with experimental ingredients. How do we know we are not being targeted yet again?

A: [19:46] We have to come to terms with our dark past and present and apologize, but we cannot let the bad actions of some stop us from saving our communities. Our nation was founded on horrific things that lead to mistrust, that is understandable. The genocide of Native people, slavery of Africans, forced labor and servitude of migrants, the exclusion of Asians, and the Government and other actors continues to mistreat migrants and perpetuate harm against women and people of color. All I can do, as a government worker and public health worker, is to offer a sincere and profound apology for all of this and to ask for support and partnership to move forward. Fear and conspiracy theories can only be supplanted with apology, acknowledgement, love, and trust. So yes, we are hypocrites who have violated the Hippocratic oath, to do no harm, because we have caused harm and furthered racism and mistrust. What has been done cannot be undone, but we can apologize, look in the mirror, and acknowledge the ongoing harm, bias, racism in our government and in our healthcare system, call it out, and move forward, which is what we have to do. So please forgive us, we are committed to a COVID-19 vaccine rollout that is ethical and equitable. We will do our best to rebuild trust with all communities. What is more important than this shot in the arm is trust in the heart for other public health emergencies on the horizon. We are

sorry, we must do better, we promise we will. One small step in that direction was in November of 2020, when our board of supervisors unanimously supported a declaration that racism itself is a public health emergency, and we hired a CEO, the chief equity officer here today, Gilbert Salinas, who is here to ensure that we offer more than words. That there is action and accountability. I signed up as a Health Officer and this is my badge (showed badge). As an official, I took a promise to protect our residents from enemies foreign and domestic. The foreign enemy in this case is a virus, the domestic enemy is ourselves, racism and misogyny against women and people of color. We have to apologize and move forward. We need you as our messengers to build that trust, which is why our community workgroups, our community leader, and promoters are essential to get facts over fears through conversations, through social media, because we can't let our community members die for our past mistakes.

- [22:47] Fourth panelist (Youth and Young Ambassador workgroup representative) speaks.
Q: How did scientists produce a COVID-19 vaccine so quickly? How did they bypass the normal vaccine approval process? Are the new strains going to affect vaccine efficacy?
A: [23:18] Operation Warp Speed to rapidly develop vaccines was successful thanks to millions of dollars of taxpayer money and new technologies. So, when it is your turn to get the vaccine, you better cash in, since it is your resources that helped it be a success. Was it rushed or did it take shortcuts? No! Will it protect you against variants? So far, it is looking promising that the approved vaccines are still very effective including against variants. But it is a constant arms race, as viruses mutate, we may need to change our vaccines in coming years, with boosters in the future with better technologies. The best way to stop these variants is to vaccinate as many people as soon as possible, so the virus cannot even get a foothold to dance around in our communities and mutate. Here in Contra Costa county in the Bay Area, we were the first in the nation to implement stay at home orders. And in less than a year, we went from fearing an unknown enemy and playing defense with masks and social distancing, to playing offense and fighting back with shots in arms. I am amazed at how fast we did it, but we did not cut corners. It had to be independently reviewed by many experts, starting nationally with the Food and Drug Administration. They gave an EUA (Emergency Use Authorization) because the need was so great, the data was so compelling, and the safety had been insured. Then, western states approved it, then the California Governor's panel of experts approved it. Finally, in our county our committee on ethical and equitable allocations agreed as well.
- [25:08] (African American workgroup representative) speaks.
Q: After killing the Coronavirus, does the vaccine stay in your body and leave behind a template?
A: [25:25] The vaccine actually does not kill the virus, it teaches you to make the antibodies to kill the virus, so it does not land and spread in your respiratory system. Those mRNA messengers show us what the enemy looks like, and then we learn how to fight back.
- [25:47] Fifth panelist (Asian Pacific-Islander workgroup representative) speaks.
Q: After getting vaccinated, do you have to continue social distancing and mask wearing because you can get COVID and pass it on to others?
A: [26:07] Risk is a very personal thing, who we live with, our own medical conditions, if we live with the elderly and high-risk workers, and people are getting vaccinated at different

times. The federal guidance from the CDC is continuing to change on this. It is important to not let our guard down. Getting a vaccine is not a golden ticket to be without masks in all settings. So, similar prevention needs to guide our personal choices. To date, the data is showing that the vaccines are very effective, not only at preventing us from getting COVID, but also from preventing us from passing it on to others. This is great news, but we need to continue to study it. There may be variants that may mutate and evolve, and not everybody is vaccinated, so we have a personal, a family, and community responsibility to continue to play it safe. That means be outdoors rather than indoors if possible, have good ventilation, wear masks, especially if you're coming into contact with people who haven't yet had the vaccine or may be a higher risk from a chronic condition or age. We want to take care of our loved ones and playing it safe is the best way to do so. We all have pandemic fatigue from these prevention measures, but it is the best thing we can do to make sure our loved ones continue to stay healthy and alive. So we can take more risks once we're two weeks after your final dose of the vaccine, and we've built those antibodies. But we still do not know how long the antibodies last for or when we are going to need a booster. So, err on the side of caution, follow the advice of your personal physician, and continue to play it safe and care for your loved ones.

- [28:01] Sixth panelist (Asian Pacific-Islander workgroup representative) speaks.

Q: In the Southeast Asian community, there is fear that the vaccine has ingredients that may cause infertility. Can you speak to this?

A: [28:27] The vaccine does not and cannot cause infertility. To the contrary, it can actually help moms and babies survive if they get infected with COVID. While the vaccines were not specifically studied in pregnant women, some of the women in the studies went on to get pregnant, proving that it did not cause infertility. And, also that once they were vaccinated, they had healthy moms and babies. Some of those women who did not get the vaccine in the study, actually had unhealthy moms and fetal demise. Being pregnant can lower your immune system and make it more likely to get really, sick or die from any disease like the flu or COVID. That is why we want all pregnant moms to get vaccinated for the flu and COVID. The best gift you can give to your baby is fresh antibodies to protect them from an unknown enemy in the outside world. Are we seeing more infertility in modern times? Yes. Are we seeing more vaccines? Yes. Are they related? No. This is called true, true, and unrelated. Rising infertility and lower sperm counts is not due to vaccine ingredients. It is due to chemicals in our environment that disrupt our hormones, and endocrine system, poisoning our true mother, Mother Earth, poisons humanity and fertility for generations. So, get the vaccine that is safe, eat healthy, organic food to protect this generation and help stop climate change and environmental toxins to save future generations.

- [30:20] (Youth and Young Adult community representative) speaks.

Q: How do we get to the goal for community or herd immunity?

A: [30:22] When enough people are protected from COVID-19 through vaccination, the virus will not be able to spread easily from person to person, and society can more safely reopen. It varies for different diseases, roughly between 70-90% of people injected so it cannot get a foothold and lead to outbreaks. This is called community immunity or sometimes herd immunity. But we are people, not animals. So, let us focus on the community benefits and motivations to get vaccination. You can't spell the word community or immunity without

unity! There is unity in immunity and community, and we have to protect those who may not be able to get the vaccine, like newborns or people who have severe allergies to vaccines. The quicker we get more people immunized, the sooner we will be able to safely return to a normal life. We are in this together and we will get out of this faster if we all get vaccinated together. [31:32]