



# COVID-19 Immunity in Our Community Podcast

## Transcript for Episode 1: Building Vaccine Trust Within the Black Community

**Robin Roberts:** (MUSIC BEGINS, THEN FADES) Hello. I'm Robin Roberts of ABC's Good Morning America.

And welcome to COVID-19 Immunity in Our Community, an innovative new podcast series brought to you by the U.S. Department of Health and Human Services. (MUSIC SWELLS, THEN FADES)

COVID-19 Immunity in Our Community has been created to provide you with the groundbreaking science, honest facts, and unvarnished truth you need to know about the deadly coronavirus and the revolutionary vaccines that can put this pandemic behind us and bring a bit of normalcy back to all of us.

And in this first episode, we're digging into some of the concerns within the Black community when it comes to COVID-19 vaccines.

Many Black Americans don't trust the medical industry due to a troubling history of harmful health studies, medical malpractice, and unequal access to health care for people of color.

If you're a Black American, you probably have some questions and concerns of your own about whether the COVID-19 vaccines are safe and effective.

Today, we'll set the record straight. (MUSIC SWELLS, THEN FADES)

First, we'll hear from Sandra Lindsay, a nurse and patient services director in the intensive care unit at Long Island Jewish Medical Center in New York.

Now, if Sandra's name sounds familiar to you, that's probably because you saw her featured in the news as the first American to receive the COVID-19 vaccine.

She and her team in the ICU have seen the devastation from COVID-19 firsthand. And yet some of her fellow staff members—Black individuals in particular—were still hesitant to get vaccinated.

We're going to chat with Ms. Lindsay about how she came to the decision to get her first shot, what it was like to get the vaccine, and why she would encourage others to follow suit.

After that, stay tuned as we chat with Dr. Marcella Nunez-Smith, associate dean for health equity research at Yale School of Medicine and chair of the COVID-19 Health Equity Task Force.

She's here to share with us the scientific facts about the available COVID-19 vaccines and how doctors and health care leaders can start to rebuild the trust they've lost among the Black community in order to help get our country back on track in the wake of the coronavirus. (MUSIC SWELLS, THEN FADES)

Nurse Sandra Lindsay has had a firsthand view of just how devastating COVID-19 can be on the front lines. She's been watching people fight fevers and chills, struggle for air, take their last breaths alone, separated from their loved ones.

When the vaccine rollout began, she read through the entire Pfizer study, not just to see the safety results, but to see who was included, making sure that folks like her—women and people of color—were represented.

Sure enough, they were. Here, she shares with us why, when she saw that more and more of her staff members were skeptical about the vaccine, she decided to lead by example and become the first person to receive a COVID-19 in the U.S. (MUSIC SWELLS, THEN FADES)

**Sandra Lindsay:** Over the past couple of months, since March last year, we've been dealing with this pandemic.

I've seen a lot of suffering, a lot of pain, a lot of deaths.

And I know that beyond what is recommended by the CDC in terms of the spread of the virus, but in terms of eradicating the virus, I knew that we needed something more than that. (MUSIC SWELLS, THEN FADES)

When the smallpox era, it was a vaccination that really led us out of that dark era. So I know that a vaccination would be what is needed to help us get out of this dark time that we now find ourselves in globally.

I got a call on December thirteenth, the evening, asking if I was still interested in taking the vaccine.

And without hesitation, I said, "Absolutely, I am ready. I have been ready."

So my chief nursing officer told me that the vaccine was scheduled to arrive in New York and specifically at Northwell Health and at Long Island Jewish Medical Center.

So she said, "If you're still interested, show up at eight o'clock." She said, you know, "I don't know how it's going to work, but I suspect that the governor might be there and they may ask you a few questions about why you decided to take the vaccine."

So I show up with my arms ready to go—could not wait to get that shot. The vaccination happened, thanks to Dr. Chester—was very gentle. And if you notice, I didn't flinch, I was so ready for this moment.

After that, I said to my administrator, "Thank you very much. I feel so lucky. I am grateful. I can't believe this moment is here. I will see you later."

And he said, "Where are you going?"

And I said, "Back to work."

And he said, "No, you're not."

And I said, "What do you mean?"

He said, "Well, the press is here and they want to speak to you so—"

The eleven o'clock press conference happened and then there was one after.

And my mom didn't know I was getting vaccinated. So she started getting calls from news outlets. And she calls my brother after not being able to get me to find out what is going on. "Is Sandra in trouble? Why is CNN calling here?" So he turned on the TV and my face and the vaccination process is all over the news. So then he realized what was really happening.

**Robin Roberts:** Minor side effects, such as fever, chills, or fatigue can be experienced after receiving a dose of any of the vaccines.

Like many Americans, Sandra had no noticeable side effects from her first injection, but a rather curious reaction to the second. (MUSIC SWELLS, THEN FADES)

**Sandra Lindsay:** I got the second vaccine on January fourth. And, well, same thing: I braced myself. Nothing. Instead, I got energy. I was so energized I went for a nice long run the next day.

You know, I felt grateful and just really lucky to have this experience.

So I've not had any side effects—similarly to some of the participants in the study who did not have side effects.

Now, some of my colleagues who have taken the vaccine, after the second dose they noted mild fever, feeling weak, kind of just wiped out. Some people describe it as foggy. But all which lasted less than twenty-four hours. And I can tell you that, compared to what I've seen, that pales in comparison to actually getting COVID. (MUSIC SWELLS, THEN FADES)

**Robin Roberts:** Sandra knows a number of fellow Black Americans who have reservations about the vaccines. But even as a medical professional, who realizes their

importance, her message to those skeptical folks in her community is one of understanding and recognition.

**Sandra Lindsay:** I think that people in the Black community have legitimate concerns that I never tried to dismiss.

For people who are hesitant because of historical, harmful events, like the Tuskegee Study, my answer to a person who references that study is: when I look at that study, it was never meant to help anyone. It was set up to harm right up front.

So I first want to acknowledge that your hesitancy's real.

And I want you to know that as a Black woman, I also grappled with those same sentiments in the past.

And I apologize to you for any pain and suffering that you went through personally, or a family member went through or continues to go through because of harmful practices or disparities in health care.

I'll also say to you that I have witnessed disproportionately how this virus is taking our lives as minorities.

So I would appeal to you to rethink your position and come to an informed decision.

And I think also as a society, in order to build back that trust, which is going to take time—that we alleviate some of the burdens moving forward. Meaning: that we have access points readily available to people in the Black community who are hesitant because of distrustful practices—that in order to build back trust, we need to make sure that we alleviate some of the burdens moving forward. And address the underlying issues, not just now with the vaccine, but moving forward.

A lot of my time is spent watching and listening and learning. That was really important for me so I could make an informed decision.

Don't listen to hearsay, what's on social media. I was supposed to turn into a ghost by now, but I am still here and, you know (LAUGHS), I'm doing well.

Everything has risk and benefits. So you have to personally weigh out the risk yourself and the benefits.

But from what I have seen, the risk of getting COVID is real at the moment.

We have people around us that are carrying this virus that we don't even know because they're not symptomatic.

I've seen the consequences of getting COVID firsthand.

What I'm afraid of is COVID. I am not afraid of the vaccine. (MUSIC SWELLS, THEN FADES)

**Robin Roberts:** Like Sandra Lindsay, Dr. Marcella Nunez-Smith knows that many Black Americans are hesitant about getting vaccinated against COVID-19. And she understands the reasons behind their reluctance.

It's not just because they're grappling with questions surrounding the unprecedented speed of the vaccines development, the new mRNA technology, and the possible long-term side effects of these vaccines. For Black people, there's more to it.

Here in the United States, we have a disgraceful history of racist treatment in medical care. From the Tuskegee Syphilis experiment to implicit bias in health care to long, established structural inequities. And that poor treatment has led many people in the Black community to distrust what they hear and see from scientists and medical experts.

Dr. Marcella Nunez-Smith is an epidemiologist and public health specialist who went on to become associate dean for health equity research at Yale School of Medicine and an advisor on President Biden's COVID-19 response team.

Throughout her career, Dr. Nunez-Smith has focused her research on health and health care equity for marginalized communities and as one of the leading experts in the U.S. on disparities and health care access.

Dr. Nunez-Smith has been watching the pandemic unfold since day one and is quick to point out the disproportionate burden that people of color are facing in the battle against COVID-19.

She's seen COVID-19 kill twice as many Black older adults as White older adults.

She knows she is facing a monumental challenge, and she's determined to tackle the health disparities that Black Americans are facing every day in the pandemic.

While more than thirteen percent of Americans identify as Black or African American, Black Americans make up less than seven percent of people who have been vaccinated against COVID-19 so far.

Dr. Nunez-Smith is committed to closing that gap and making sure that Black Americans get the protection they need against a disease that has infected more than twenty-eight million Americans and killed more than half a million.

Let's hear what she has to say. (MUSIC SWELLS, THEN FADES)

**Dr. Nunez-Smith:** I've been a practicing internal medicine doctor for about two decades.  
(MUSIC SWELLS, THEN FADES)

And certainly one of the things I learned early on as a medical student and going through my residency and training is that when we look at our patients in the hospital, so much of what lands them there has to do with things outside of what we can do with medications and has a lot to do with social economic realities, particularly for our patients of color.

And that's been very motivating for me and launched a research career that I've been really excited to pursue at Yale University, trying to get at the root cause of a lot of these social structural inequities in our communities.

You know, the COVID-19 pandemic, the corresponding economic crisis—are just devastating Black communities. While Black Americans are thirteen percent of the U.S. population overall, they represent nearly twenty-four percent of age-adjusted COVID-19 deaths.

You know, our country is at a very hopeful moment. We're looking ahead to increase vaccine supply, and we're continuing to make great and important steps to get the pandemic under control.

But the reality is the early data indicate that Black Americans are getting vaccinated at rates below their representation in the general population.

You know, that's why seeing people like Sandra is just so important.

It's critical for Black leaders to step up, to be role models at this time.

Sandra Lindsay is a perfect example of that. She's a trusted leader in her community and someone working on the front line of the crisis as a critical care nurse.

You know, some people have questions about the vaccines and they need their questions answered by people they know, people they trust.

It's also important for everyone to see people who understand science rolling up their sleeves and getting vaccinated. It's a powerful message that we're sending when we do that about the safety and efficacy of the vaccines. (MUSIC SWELLS, THEN FADES)

**Robin Roberts:** Dr. Nunez-Smith is in the unique position, both as a Black American and an expert in the field, to point out some of the reasons why exactly other Black Americans may be hesitant to get vaccinated and what we can do about it.

**Dr. Nunez-Smith:** One of the realities that we are confronting is we really have an under-representation across our health care workforce.

And when we look at the proportion of African Americans in our general society—around thirteen percent—but yet still physicians around four to five percent.

So it's another call to action for us to really invest more in diversifying our health care workforce—not just our doctors but also our nurses, our PAs, our pharmacists, everyone.

It's critical that people feel connected with the providers that they see, and having a diverse provider workforce will help get us there. (MUSIC SWELLS, THEN FADES)

It's key when we're talking with communities that we distinguish, you know, what's different now than before. When we saw Tuskegee, Henrietta Lacks—I mean, sadly, the list goes on.

And for a lot of people, you know, they don't have to look even that far back, right?

Even though that's still contemporary history, people have challenges now trying to access health care, trying to feel respected, well-treated within health care systems.

And so that drives a lot of the concerns that people have.

But clinical research now, you know, it's so different. There are ethical guidelines in place that prevent something like the repeat of Tuskegee. We see diverse representation in who is leading research, who is leading on policy.

The vaccines were all tested in very large clinical trials.

You know, we have about thirty percent of U.S. participants in late-stage trials who identified as Hispanic, African American, Asian, or Native American. About half were older adults. No one is getting targeted separate from anyone else.

This is about vaccinating our entire country, getting safe and effective vaccines into every neighborhood, every community, and every family. (MUSIC SWELLS, THEN FADES)

Every study, every phase of every trial was carefully reviewed and approved by an independent data and safety monitoring board at the FDA. Those processes are transparent, and the federal government has a robust system to monitor safety over time.

We should feel really confident in the processes that got us to this point.

You know, I hear from lots of folks asking about side effects of the vaccines. It's a great question.

I think it's important for everyone to know what to expect when taking the vaccines. You know, such as soreness at the injection site. And as evidence it's working, you might develop fever, chills, body aches—those resolve in a day or two.

I think it's also important to speak to some of the misinformation and disinformation that's out there. You know, the mRNA vaccines do not alter body's DNA, and there is no evidence the vaccines cause infertility.

**Robin Roberts:** Dr. Nunez-Smith has also had a personal experience with friends and family who are still not convinced.

Like Sandra Lindsay, she takes a patient, empathetic approach—one rooted in a deep understanding of their concerns.

**Dr. Nunez-Smith:** One of my really good friends—and this has happened multiple times, you know—I've had friends and colleagues who are physicians, who have texted me, and asked me questions, and said, "Hey, I'm on the fence about getting vaccinated."

You know, these conversations, I think it's so important we take our time.

We talk to people one-on-one, make sure we hear what questions are answered.

We should not make assumptions that people who have concerns are uneducated or otherwise unable to understand the science behind vaccine and vaccine development.

We really have to just respect and be respectful of the questions everyone has.

You know, I'm grateful to have been vaccinated and have had both shots at this point.

And everybody in my family who is eligible to have encouraged them. My own mom has gotten vaccinated.

And all these colleagues and physicians now have gotten their questions answered and have gotten vaccinated. And, in fact, are writing op-eds and really taking that message out.

It's just key for those who are still on the fence to understand the power of vaccination.

You know, my advice is get vaccinated.

All COVID-19 vaccines currently available in the United States have been shown to be highly effective at preventing what we really care about, which is severe illness, hospitalization, and death from COVID-19. (MUSIC SWELLS, THEN FADES)



The concerns that some Black Americans in particular have, you know, are completely understandable when we think about history and actually even contemporary examples of racist treatment.

It really does reflect longstanding, deeply rooted, systemic realities—precisely why equity is at the center of the Biden-Harris Administration’s pandemic response.

The federal administration is working with states and localities to support their efforts in equitable vaccine distribution and highlighting best and promising practices, which the states are doing this well.

And we’ve also launched a series of federally run efforts with a substantial focus on making sure vaccination sites are located in the communities hit the hardest by this pandemic. And we do that based on measures, such as the CDC’s own Social Vulnerability Index.

You know, we have our community vaccination centers—those are mass vaccination sites—but also sites that can be stood up in school gyms in our neighborhoods.

Many of those centers also have mobile capacity. We’ve supported or created nearly 400 mobile vaccination sites. And those are designed specifically to get vaccines to people who might be hard to reach.

And we’ve launched a retail pharmacy program, as well as a partnership with community health centers across the country to further extend vaccine availability through trusted entities in communities.

We’re working with community- and faith-based organizations, as well as state and local officials, to optimize the reach of all these programs, making sure registration is straightforward and that there are extended hours of access—is just examples.

The Biden-Harris Administration is fully committed to ensuring equitable access to vaccination for everyone in the country. (MUSIC SWELLS, THEN FADES)

**Robin Roberts:** In talking with Sandra Lindsay and Dr. Nunez-Smith, it’s important to note that both health care workers emphasized how important it is to listen to the experts and turn to the trustworthy science behind the COVID-19 vaccines.

This is the same advice echoed by all leaders across the medical community, including folks like Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, and Dr. Francis Collins, director of the National Institutes of Health.

Vaccinations are now rolling out throughout the United States.

When it’s your turn, please don’t delay.

Follow Sandra Lindsay's leap and join millions of your fellow Americans by scheduling your vaccination appointment as soon as you can. (MUSIC SWELLS, THEN FADES)

The CDC has recommendations for who should be vaccinated first. And every state has its own vaccine rollout plan based on your age, health conditions, and risk of exposure.

To get vaccinated, go to [cdc.gov/coronavirus](https://cdc.gov/coronavirus), and scroll down to the middle of the page to click on the word "vaccines." From there, click on "vaccine finder," and the site will help you determine where you can get the vaccine and how to make an appointment.

You don't have to worry about paying for your vaccine; your taxpayer dollars are funding the rollout, so there's no individual cost to you.

If someone asks you to provide your insurance information, that's only so your vaccination provider can bill your insurance for the administrative costs.

But you will not be personally responsible for any expenses.

I'd like to thank our guests, Sandra Lindsay and Dr. Nunez-Smith, for sharing their stories and insights with us today.

I hope that you'll tune in next week when we talk about how vaccines went from development into the arms of Americans in less than just a year's time. (MUSIC SWELLS, THEN FADES)

COVID-19 Immunity in Our Community was developed and paid for by the U.S. Department of Health and Human Services—part of a public education campaign to increase public confidence in COVID-19 vaccines while reinforcing basic prevention measures: *We Can Do This*.

Presented by iHeartRadio and ABC News, this podcast is hosted by me, Robin Roberts (LAUGHS).

This episode was executive-produced by Ethan Fixell; written by Stephanie Thurrott; and engineered, edited, and mixed by my man, Matt Stillo—with original theme music by Brad Kemp.

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Until our next episode, I'm Robin Roberts, and this is COVID-19 Immunity in Our Community.

Thank you for listening.