



# COVID-19 Immunity in Our Community Podcast

## Transcript for Episode 3: Vaccine Facts vs. Fiction (feat. Dr. Anthony Fauci)

**Announcer:** Welcome to COVID-19 Immunity in Our Community.

Before we kick off the show, here's the latest COVID-19 vaccination news at the time of this recording on Monday, April 26th.

After reviewing all available safety data, the CDC and FDA lifted the pause to resume the use of Johnson & Johnson's Janssen COVID-19 vaccine.

At the start of this week, over 230 million vaccines have been administered in the U.S. and more than half of eligible Americans have received at least a first dose. Also this week, CDC Director Rochelle Walensky recommended that pregnant women receive a COVID-19 vaccine.

That's it for now. Enjoy the show.

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

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, unvarnished truth about the deadly coronavirus, and the revolutionary vaccines that could put this pandemic behind us and bring back a bit of normalcy for all of us.

And in this third episode, we're talking about how plenty of misinformation has surfaced online as the COVID-19 vaccines are being manufactured and distributed, leaving people unsure about what is true and who to trust. (MUSIC SWELLS, THEN FADES)

First, we're going to hear from Tasha French Lemley and Kim Cannon. They're sisters with very different viewpoints on the vaccine.

The night before Tasha was scheduled for her first vaccine appointment, Kim had forwarded her a YouTube video of a doctor with advice that contradicted that of the vast majority of medical professionals.

We're going to hear how this social media share affected Tasha's decision to get vaccinated and her relationship with her sister.

After that, stay tuned as we get answers from infectious disease expert Dr. Anthony Fauci. Yes, President Biden's chief science advisor and a leader who many have come to trust as a straight shooter during the course of the pandemic.

I had the pleasure of speaking with Dr. Fauci myself and getting the facts about these new vaccines, how they work exactly, and what you can do to weed out misinformation about them in the future. (MUSIC SWELLS, THEN FADES)

We've all heard the myths, the conspiracy theories, and the outright lies about the COVID-19 vaccine that have spread all over social media and the internet since this pandemic started.

You know, such misinformation isn't just extremely misleading, it can be deadly. Some folks are turning down a vaccine that can protect them from illness, hospitalization, and death.

And when we doubt that the vaccine is indeed safe and effective and decide not to get vaccinated, we may also put everyone around us at risk of succumbing to the virus and continuing the pandemic.

Tasha French Lemley and Kim Cannon are two sisters in Tennessee and Arkansas, respectively, who found themselves in the crosshairs of some of the misinformation surrounding the COVID-19 vaccine.

Now, just prior to her appointment to get vaccinated, Tasha's sister, Kim, forwarded her a video making some false claims about how the vaccine can affect people's genes.

Now, we know that vaccines trigger your body to create immunity against the COVID virus, but it does not interfere with your genetic code.

But with that deceptive presentation of pseudoscience, Tasha, who didn't yet know many people who had been vaccinated, started to feel scared, stressed, and worried.

The video not only had an effect on Tasha, it affected her relationship with her sister, too.

Here now are Tasha and Kim, telling their stories about how they each reached their own conclusions on vaccination and the impact their decisions have had on their lives since. (MUSIC SWELLS, THEN FADES)

**Tasha French Lemley:** My name is Tasha French Lemley, and I am a media professional and social entrepreneur in Nashville, Tennessee.

**Kim Cannon:** My name is Kim Cannon. I live in northwest Arkansas, work for a community college here.

Tasha is my little sister. We have the same mom and the same dad. And she was born when I was twenty-two years old. (LAUGHS) So I think that it was the most amazing thing when she was about eighteen. Before then, she had just been a child, my little sister, and she actually was friends with my children.

**Tasha French Lemley:** We reconnected over a holiday, kind of suddenly and kind of intensely. Like, all of a sudden I'd grown up enough to where we could speak the same language.

**Kim Cannon:** She is my go-to person. If I have a problem, she helps me think through it. We're just very close. I feel like she's my soulmate. (MUSIC BEGINS, THEN FADES)

I can't remember what I first thought about COVID. I guess I felt the same as I did about a lot of the scares, like SARS, like Ebola. You know? I mean, there was some terrifying ones out there and I disregarded it. I thought, you know, it's sad and it's scary for the people that are going through this, but it probably won't come here.

I remember feeling very nervous watching the news a lot and getting a lot of mixed messages.

**Tasha French Lemley:** When I first found out about the vaccine, I latched onto the mRNA and thought: this thing is going to change people's biology; I am not into it.

And she was pretty aligned. We were like, "I don't know what this means."

You know, we have a layman's understanding of the other kinds of vaccines with the weakened or killed virus and how that might kind of work in the body. But I think this mRNA stuff blew my mind and scared me.

I had no intention of being one of the first people to get this vaccine and neither did she. (MUSIC SWELLS, THEN FADES)

**Kim Cannon:** When people asked me if I would take the vaccine, I didn't know.

I continued to listen and hear about it and wonder. And a lot of people are nervous because they say that it's just such a quick vaccine, that they've come up with this so fast.

**Tasha French Lemley:** Over the months that we've heard about this mRNA vaccines and they've been running trials, I started to soften to it a little. I started listening to these people who know more than me and started going, "Okay," you know, "what can I understand about this?"

Again, I'm still not first in line. I'm relatively young, middle-age, and generally pretty healthy. And so I didn't think it was going to have to be a decision I made quickly. (MUSIC SWELLS, THEN FADES)

One of my part-time jobs sent out an email to the entire staff and said, "Anybody who is a staff of this company is eligible to get the vaccine."

I look over at my husband and I'm like—and I start shaking—I'm like, "I could do this like three days from now. What in the world?" And in the end, we felt like this is a gift. And so I decided to accept that.

**Kim Cannon:** I had listened to a video from Dr. Christiane Northrup. She's a doctor, and she's on NPR and public TV and she's written many books and I've read some of them. And on this particular one, she was very cautious about the vaccine. In fact, discouraged her listeners from taking the vaccine. And because Tasha was getting her vaccine that very day, this was about two in the morning, I sent the video to her so that she could see that perspective.

**Tasha French Lemley:** I'm in a vulnerable position, but I decide to kind of kick myself in the balls. (LAUGHS) I decided to watch the video. So it's a ten minute video. And I'm mortified.

She says, "I know a lot of you are grieving about loved ones who are going to be taking the—." And she won't use the word "vaccine." She holds up two fingers and the letter V. And she says, "This is not actually a vaccine. This is to genetically reprogram us. That's basically what's going to happen to all of us. (LAUGHS) We are no longer going to be living organisms." (MUSIC BEGINS, THEN FADES)

I have a personality that when someone is very passionate about something—it's not that I believe them—but something can rattle me about it, that someone is so passionate and believes this so hard. What if they're right?

**Kim Cannon:** I guess it was just a really bad time to send it to her. But if I had decided in my heart of hearts that I thought it was a dangerous thing to do, then of course I had to send it.

**Tasha French Lemley:** I love my sister just about more than anybody in the world. And I was so hurt and so angry that she would take this seriously enough to potentially stand in the way of doing—me doing something really healthy for myself. And I wanted to throw my computer into a wall. (CHOKES UP)

**Kim Cannon:** I think she was angry about the video and maybe I understand that now. You know? I really do.

**Tasha French Lemley:** So that morning I'm sitting here and I've got on one hand all of this fear, and conspiracy, and misinformation, and a lot of emotion. And I'm an emotional person—I can be swayed by fear. And then on the other hand, I've got these

scientists who have dedicated their entire lives to these technologies. (MUSIC SWELLS, THEN FADES)

**Robin Roberts:** You know, it wasn't just the video that made Tasha nervous. Her lack of understanding of the new mRNA technology in the vaccines produced by Pfizer and Moderna had initially given her pause.

Tasha was ultimately reassured by the ways in which Dr. Collins, director of the National Institutes of Health, could speak to science while keeping the importance of faith in my mind.

Kim was similarly comforted after doing further research and speaking to a medical professional.

**Tasha French Lemley:** We come from a Church of Christ background. So as my poor husband's leaving for work and I'm a mess in the bed, he says, "Francis Collins used to be really big in the Church of Christ." He said, "He would go around and talk to churches about science and try to help congregations understand how these scientific things work." He goes, "He's really compassionate. You might want to listen to him."

So I looked up Francis Collins and (LAUGHS) I looked at this guy, and I'm like, "No, I don't think this guy is lying to me. (LAUGHS) I don't think he's trying to kill me or turn me into a chimera."

So yeah, those were the people that helped me that morning. And then, of course, once I got to the facility, looking at those nurses and looking at the people in line just—I felt overwhelming gratitude for the process, that it was happening as smoothly as it was—just glad to be there.

Couple days later, my sister says, "I talked to my boss, and he says he's going to get it. He thinks we should all get it when (LAUGHS) we have the opportunity."

Was it a week and a half later—something like that? She went and got her vaccine. (MUSIC SWELLS, THEN FADES)

**Kim Cannon:** I don't know. I just did a lot of reading and a lot of listening. I really think that we should be cooperative with this process of trying to get rid of this stuff. You know? It's not getting any better without the vaccine.

Listening to my boss, who is an attorney, and his wife, who is a nurse practitioner, really helped. I felt that they gave me great advice.

So when I went to get the vaccine, I didn't know what to expect. They kept us very distanced from each other. It seemed very, very safe. And then it was my turn. And I sat in the chair. And they had me take down my sleeve. And they shot me in the arm. And it was easy, breezy.

I did feel some soreness in the arm—not much.

And Tasha actually got her second one and didn't feel any adverse effects from her second one.

I'll have my second shot in two days. And I'm really looking forward to it (LAUGHS). (MUSIC SWELLS, THEN FADES)

**Robin Roberts:** Now Kim says she feels like her life will be much freer. And she's looking forward to a day soon when she can see her mother. The two of them haven't been together in more than a year.

**Kim Cannon:** I am feeling empowered, having this protection, that I can get back to my normal life sooner. Not immediately; I understand that. In fact, you're supposed to wait a full two weeks after the second vaccine before you feel like the full effects have taken place.

But even then, you're to continue to wear your mask for the sake of other people, and I probably won't be joining social circles yet either. (LAUGHS)

So it's a slow process. But I'm still feeling very fortunate to be one of the first people to get the vaccine. I feel like I'm going to be much freer in my life.

So I just want it for everybody. I want the whole world to get through this. (MUSIC SWELLS, THEN FADES)

**Robin Roberts:** Kim had the best of intentions when she sent that video to her sister.

And she and Tasha certainly aren't the only people who have been concerned about the COVID-19 vaccines. Plenty of folks are worried about the apparent speed at which the pharmaceutical companies and government began developing, testing, and producing them.

Others are apprehensive that the vaccines could cause long-term side effects that haven't yet come to light. Some might even wonder if they might be better off taking their chances with COVID-19 over getting vaccinated.

But with an informed expert on hand, we can confidently put those notions to rest.

If anyone knows just how long these vaccines have actually been in the making—far longer than a year—it's infection disease expert Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases.

You might not have heard of Dr. Fauci before the pandemic, but he has since become a household name, as someone that we've come to recognize and trust. He's now serving as President Biden's chief medical advisor and as a member of Biden's COVID-19 response team.

Dr. Fauci has been on the front lines of the fight, watching in horror as the COVID infections grew from just a handful of cases in the United States more

than a year ago to a pandemic that has infected more than 30 million Americans and killed more than half a million.

But as of today, three company—Pfizer, Moderna, and Johnson & Johnson—are manufacturing drugs that the FDA has authorized for emergency use against COVID-19, and vaccinations are rolling out all across the U.S.

Dr. Fauci has said publicly that he's extremely confident that the large-scale clinical trials of more than 100,000 volunteers prove that these vaccines are safe and effective.

And he doesn't just talk the talk—no, no, no, no! He walks the walk, leads by example. He got his first vaccine in front of a live audience on December twenty-second; his second on January nineteenth.

But he understands that not everyone is willing to be vaccinated and knows that a lot of people are still hesitant about the vaccine.

Now I'll talk with him about why Tasha and Kim made the right decision to get vaccinated, about how this vaccine went from pharmaceutical laboratories to clinical trials to authorization and distribution at unprecedented speed, and about the various misconceptions and rumors surrounding the virus and the vaccines.

Here's my conversation with Dr. Fauci. (MUSIC SWELLS, THEN FADES)

Dr. Fauci, we just heard from those two sisters, who were both initially hesitant to get the vaccine after they saw that video that had so much false information. So, how can you respond to such hesitations and address how we might be able to combat this false information about the vaccines that's out there?

**Dr. Fauci:** You know, Robin, it's not easy. And it requires continual confronting of distortions of the fact of which there are a lot of them out there.

You've got to be out there with messages as often as you possibly can, to talk about the facts about the vaccine.

And I believe if you get reasonable people and you talk to them in a way that they can understand—namely, about the safety, the efficacy, and what vaccines do historically and the specific vaccines that we're dealing with right now—you can get them to change their mind and realize that this is a lot of false information.

It's not an easy task, because the distortions of reality are really kind of pervasive out there. I hear and see a lot of it myself.

**Robin Roberts:** I'm sure.

And so I want to get to some of that and some of the myths, if you will, about the vaccinations. And what I appreciate about this podcast, on many levels, is that we're not dismissing anybody's questions about the vaccines. And we want to give them the knowledge to be able to make informed decisions for themselves.

But when they see the video, as the sisters did, people wondered: Does it alter your DNA like it was said in that video that they watched?

**Dr. Fauci:** Sometimes there are situations where a question that's asked has a reasonable biological basis. Namely: Does this do this?

And you say, "Well, you know, it can, but it's such a rare event."

Let me give you an example, and then we'll get back to the idea about influencing your DNA.

Someone says: "Can you get an allergic reaction to the vaccine?"

You could say: "You know? Biologically, that's possible because there may be something in the vaccine that you happen to have a hypersensitivity to and you'll get an allergic reaction. We know there are allergic reactions to the vaccines, but they're extremely rare, because we've been following tens of millions of people and it happens anywhere from two to four per million."

So you're addressing a true biological reason.

What you can say about whether it alters your DNA is that there's no biological possibility whatsoever of that happening, because even though the two of the vaccines are mRNA vaccines—people hear RNA, they think of genetics, and they think it's going to modify your gene.

And, in fact, you need to explain to them that RNA is something that gets in there, codes for a protein, and the RNA kind of disappears after a couple of days. That, you need to explain. So there's no biological reason how it could ever get into your DNA.

**Robin Roberts:** Let's talk about J and J: Johnson & Johnson. People like to call it "one and done—the one and done vaccine."

**Dr. Fauci:** (LAUGHS) Right.

**Robin Roberts:** How does it—the viral vector vaccine—work?

**Dr. Fauci:** So, when you look at the virus under an electron microscope, it has these spikes that stick out. And that's why you get the word "coronavirus," because the spikes look like the spikes of a crown. So corona is the word for "crown," so they call it "coronavirus."

So, the way you protect against it, the body makes a response against these spike proteins.



So, one way or the other, you want to get the spike protein into the body so that when the body sees it, the body thinks it's the virus and it makes a really good response against the spike protein, even though it's harmless because it's only the protein; it's not the virus, it's not replicating. So that when you get exposed to the real virus, the body has built up this memory of trying to prevent that virus from coming in. So when you get exposed, your immune system jumps all over that virus and suppresses it.

So, having said that, each of the vaccines presents the spike protein to the body in a different way.

The mRNA presents it by putting into the body a messenger—the mRNA—that codes to make the protein. The body sees the protein, makes the immune response.

Then you get to the J and J, which is a harmless cold virus called Adenovirus twenty-six. It's a virus that's inactivated, so it's not replicating. But the body makes a pretty good response when it sees that virus in the context of other things. So you get the virus, you stick the gene of the spike protein in there. When you inject it into a person, that gene starts coding for the protein. And the only thing the body sees is the spike protein, and it responds to it the same way as it responds to the spike protein that the mRNA coded for.

All of them have the common denominator, as they're all making a response against the spike protein. And it's just presented to the body in a different way with the three different types of vaccines.

**Robin Roberts:** You know, there are some myths out there, Dr. Fauci, about the vaccines. You know this. For one, I know many experts are thrilled about how fast we were able to get these vaccines to the people. Some skeptic citizens, though, are out there and they're wondering if they were rushed. And, if so, how can they be safe?

**Dr. Fauci:** That is not only a good question, it is the most common question I get. And it's understandable.

The reason is, we keep saying historically that it takes years from the time you get a new pathogen—a new virus, for example—to the time you actually get a safe and effective vaccine into the arm of individuals. Because of the extraordinary advances in vaccine platform technologies—that was work that was done a decade or more before the actual work began on this vaccine—that we were able to get the genetic sequence of the virus, which was published on a public database on January the ninth or tenth.

What we did was, literally within a few days, took that sequence out, made an RNA version of it and, therefore, we started our phase one trials about sixty or sixty-five days later. On July twenty-seventh, we started the phase three trials.

Normally, on purely technical basis alone, that would have taken years. So, safety was not compromised, scientific integrity was not compromised; it was merely a reflection of spectacular advances in scientific technology. That's all that was.

So there's a very good explanation for the speed.

**Robin Roberts:** Right.

**Dr. Fauci:** It isn't as if we rushed it through.

Another very important point about speed is that—unfortunately for the people who get infected but quite fortunate for the vaccine development—is that when you are testing a vaccine in the middle of an explosive outbreak, you can get your answer within months, rather than years.

Let me give you an example that I'd think you'd appreciate. You remember back when we were making a vaccine for Zika—

**Robin Roberts:** Right.

**Dr. Fauci:** We made a really good vaccine for Zika. But as the infection rate came down because we controlled the mosquitoes, it was years into it, and we still don't have a vaccine. You know why?

**Robin Roberts:** Why?

**Dr. Fauci:** There are not enough cases of Zika to prove that the vaccine works.

We have a vaccine. We have a really good vaccine. But there are so few cases of Zika, it's going to take years to prove that the Zika vaccine works.

Whereas when you test a vaccine in a country that was averaging two hundred thousand infections per day, you get your answer like that. You get your answer in months at the most. That's why it was fast. Not because corners were cut, not because safety was compromised, but a combination of scientific technology and the unfortunate situation of having hundreds of thousands of cases per day.

**Robin Roberts:** So, you talk about COVID-19 and those that have had it. Well, some people want to know, "Okay, I've had it. So, I don't need to get vaccinated." True or false?

**Dr. Fauci:** Well, the reason it's false, Robin, is that we have found now—and we're getting more and more information—that the immunity that's induced by prior infection is not as powerful or durable as the immunity that you get from a good, powerful vaccine.

In fact, a really, really interesting observation was made that if you get infected and recover and then you get a single boost of either the mRNA from Pfizer or Moderna, the amount of protection you get increases many, many, many,

many fold—so that you get this extraordinarily robust immune response of protection.

So if you want to be the most protected person, would likely be somebody who had a mild infection and then got vaccinated. Because the level of protection goes way, way up.

So we do recommend that people who have been infected and recovered ultimately get vaccinated.

**Robin Roberts:** Okay. We have two more myths. Can it affect women's fertility?

**Dr. Fauci:** Robin, there's no biological reason or any possibility that you could even make up as to why it should influence women's fertility.

You could ask that question for every—I mean, is it possible that if you inject someone with this, that it would make them three feet taller? And the answer is, there's no biological reason (LAUGHS) to believe that that could happen.

So you've really got to put feasibility with the question. There's no biological reason why it should interfere with fertility.

**Robin Roberts:** The last one: Getting the COVID-19 vaccine gives you COVID-19. True or false?

**Dr. Fauci:** You know, that is absolutely impossible for the reason I mentioned just a little bit ago. You're getting injected not with the virus itself, but with the spike protein, which is one component of the virus that you want your body to make an immune response against.

**Robin Roberts:** How are you feeling at this point, Dr. Fauci, about where we are?

We're having tens of millions of Americans that are getting vaccinated. We've heard of the mostly mild-to-moderate side effects. Some people are worried about severe, long-term effects.

How much time or post surveillance data would you need to kind of make people feel better about those concerns that they have?

**Dr. Fauci:** Yeah. I'm feeling comfortable now about what people would be considering long-term effects.

One of the things that went on with the approval, emergency use approval, of the vaccine some time ago—you might remember when we collected data—after all the data was collected and we were looking at the possibility of getting emergency use authorization, the FDA said, "We have to wait 60 days."

And people were saying, "Well, why was that 60 days? You want to wait until the election is over?"

Remember that? That was the—

**Robin Roberts:** I remember, yes, right.

**Dr. Fauci:** You remember that very well. Okay.

Well, it wasn't any arbitrary political reason. It was a public health reason. Because if you look at the history of vaccines, the so-called longer term adverse events, almost all of them occur between fifteen and forty-five days after the last dose.

So every time you want to go for an emergency use authorization, you have to wait sixty days from the time that fifty percent of the people in the trial have received their last dose. And they're well beyond that. So when 60 days is a couple of weeks—

**Robin Roberts:** Mm-hmm.

**Dr. Fauci:** —further than the forty-five day outer limit, so the chances of there being a very long-term negative effect is very, very, low.

**Robin Roberts:** How long are we protected after being vaccinated? When do we have to get vaccinated again?

**Dr. Fauci:** Robin, we don't know the answer to that right now, because we've only been in this for now for literally less than a year when you're talking about the vaccination.

We know now from preliminary studies that it's at least six months. And I hope it's a lot longer. But we don't know yet until we get a lot more experience as the months go by.

**Robin Roberts:** Can I say thank you? Because you all admit when you don't have the answer. And that's transparency. And you're being very honest and you're learning some things along the way, you're giving us as much information as you can and want to make sure that it's very accurate.

But that is something that needs to be understood.

I remember early on, you all were saying, "There's as much we don't know as we do know."

But you have to admit, for the public it's hard to hear that.

**Dr. Fauci:** One of the real risky things that sometimes people do—often scientists do that—is that in their feeling of not wanting to seem inadequate, of not knowing the answer, they guess.

You know, one of the things when you're dealing with communication and science: don't guess.

You can say: "I don't have the data, but my projected common-sense feeling is this."

Don't ever say it definitively unless you know. And since I don't know how long this lasts, I have to be honest with you and tell you I don't know.

**Robin Roberts:** Can you give us a sense when you think we're going to finally put the pandemic, though, behind us?

**Dr. Fauci:** So that gets into what we were just referring to.

There's no guarantee. There's no mathematical formula.

But I can make some judgment calls that, given the fact that we now have several highly efficacious vaccines; that the vaccines are really, really, seem to be quite good (not only against the regular virus but even against some of the variants like the one-one-seven—the vaccine seems to handle that pretty well); that we're going to have enough vaccine to vaccinate everybody in the country by the end of May, as the president says.

Logistically, getting it into the arms of people would likely take through the summer.

I would think if we get to the point by the end of the summer and the beginning of the fall—when we have the overwhelming proportion of the population vaccinated—that as we get into the fall, we may not be exactly the way we were, you know, in October of 2019. But we will be much, much closer to normality than we are right now.

**Robin Roberts:** Mm-hmm.

**Dr. Fauci:** And by that I mean, doing some of the things that we've not done for so long: getting back into the workplace, being able to travel, getting to school safely open with less anxiety about things like that, going to your house of worship without worrying about things, going to a theater, going to a rest[aurant]. Those are the kind of things that will gradually unfold as we get more and more people vaccinated.

**Robin Roberts:** And all those things we will never take for granted again.

**Dr. Fauci:** Hallelujah. (LAUGHS)

**Robin Roberts:** Hallelujah. (LAUGHS)

What is your parting message, in particular, for those skeptical listeners that are still not sure about getting vaccinated?

**Dr. Fauci:** The first thing that I always say is that you never confront them as like there's something wrong with them.

You respect the fact that people have skepticism. I do that all the time.

I do that especially when I'm dealing with people of color who, historically, have a good reason to have skepticism about vaccines, particularly when the

federal government is involved. Because you can't just forget about what happened with Tuskegee. You've got to respect that skepticism.

And then once you say, "You know, there are things now—ethical constraints that have been put in place—that would make something like that impossible right now."

So, therefore, even though there maybe some lingering concern, whether you're a person of color or not, just take a look that five hundred and twenty-five thousand Americans have died thus far. We're still having fifty-five [thousand] to sixty-five thousand new infection per day.

We know these vaccines work.

Even if you're in a situation where you feel, "I'm young, I'm healthy, do I really need it?" You know, you can't think about yourself in a vacuum. You've got to think about yourself, is that if the virus comes to you and infects you, even if you don't get any symptoms, you become part of the outbreak if you then spread it to someone else. Even if you do it innocently and inadvertently.

So there are two or three major reasons to get vaccinated: for your own protection, for protection of your family, and for the protection of your community.

So you've got to have some community responsibility because you want to be part of the solution to the outbreak, not a part of the problem of propagating it.

**Robin Roberts:** And together we can do this.

**Dr. Fauci:** We can do this. (MUSIC BEGINS)

**Robin Roberts:** And we thank you for your tireless efforts and your service. Dr. Anthony Fauci.

**Dr. Fauci:** Thank you very much, Robin. Thank you for having me. (MUSIC SWELLS, THEN FADES)

**Robin Roberts:** Tasha French Lemley, Kim Cannon, and Dr. Anthony Fauci have all reminded us that it's important to listen to well-respected experts for the answers to the questions we have about the COVID-19 vaccines.

And leaders like the one Tasha turned to—Dr. Francis Collins—provide us with that same advice.

Every American over the age of sixteen is now eligible for vaccination in every state.

I urge you to join Tasha, Kim, and over half of the United States population that have already received at least one dose. Schedule your vaccination appointment as soon as you can. (MUSIC SWELLS, THEN FADES)

To get vaccinated, go to [cdc.gov/coronavirus](https://cdc.gov/coronavirus), and scroll down to the middle of 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.

So if someone asks you to provide your insurance information, that’s only so your vaccination provider can bill your insurance for the administrative cost.

But you will not be personally responsible for any expenses.

I’d like to thank our guests, Tasha French Lemley, Kim Cannon, and Dr. Anthony Fauci, for sharing their thoughts and their expertise with us today.

I sure hope you’ll tune in again for episode four, in which we’ll be discussing how COVID-19 is impacting the Asian American, Native Hawaiian, and Pacific Islander community. (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 little old me, Robin Roberts. And this episode was executive produced by, get this: Ethan Fixell. It was written by Stephanie Thurrott. And you know my man. It was engineered, edited, mixed by—Mm!—Matt Stillo. With original them music by Brad Kemp.

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I am Robin Roberts, and this is COVID-19 Immunity in Our Community.

We can do this!

Thank you for listening.