Honoring Dr. Martin Luther King, Jr.

Interview

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able coronaviruses vaccinations, overturning the Trump administration's plan to reserve half of the available doses.

But only 26% of the vaccines distributed to Oregon have been administered, according to the Centers for Disease Control and Prevention (CDC). Gov. Kate Brown has told the Oregon Health Authority to meet a goal of 12,000 vaccinations a day statewide. (For up-to-date information on statewide vaccinations, visit the Oregon Health Authority dashboard here: https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19VaccinationTrends/OregonStatewideVaccinationTrends).

Myth: The Vaccine Gives You Coronavirus & Changes Your DNA

"Usually, vaccines are made from either live or very weakened viruses to encourage the body to develop antibodies to them, which then leads to immunity to those viruses," Anderson said. But neither the Moderna nor the Pfizer vaccines contain a live virus. Instead, they use the emerging technology of messenger RNA (or mRNA).

"The mRNA vaccine encodes the protein spike of the virus, which will not cause the disease. When given it is inserted into cells in lymph nodes near the injection site to trigger immune response and create antibodies to fight infection," Anderson explained.

At no point is the coronavirus itself introduced through the vaccine. The messenger RNA does not enter the cell nucleus, where DNA is kept. Because of this, the vaccine does not in any way impact or interact with genetic material.

"It does enter the cells, and in that sense, it causes the cell to in fact stimulate antibodies to the virus. It certainly changes the cells so that they're able to better protect themselves and to help to develop antibodies to the virus."

Myth: It Was Developed Too Fast

"I certainly am hearing people who are skeptical about the time it's taken to develop the vaccine," Anderson said. "Usually vaccines take five to 20 years to manufacture, to get right.

The thing is we have had an increase in technology over time, which has shortened the time period. And I think that that will continue. I think we will continue to see that, as new technologies emerge in the future."

Anderson points out that vaccines rapidly developed in response to pandemics are, in fact, written into U.S. public policy.

"We do have a pandemic plan that was actually put into place in 2005, right after the SARS epidemic. And that was put in place by the administration of George W Bush. Certainly the Obama administration updated it, and put it into effect around H1N1 and also Ebola."

The global magnitude, speed, and fatality rate of COVID-19 made it a top research priority, and this urgency has meant unprecedented financial and scientific resources have been devoted to developing a vaccine, tapping into the expertise of public, private, and top educational institutions worldwide.

Similarly, the flu vaccine is refined each year based on predictions of which strains are most likely to emerge.

Fighting Distrust

Public health officials must grapple with the history of medical racism in the U.S., ranging from White providers' often institutionalized racial biases and misunderstanding of pain tolerance in Black patients, to violent medical experimentation performed on Black bodies without consent and often without knowledge.

> "People have to realize that the people that are taking care of them in the hospitals are taking the vaccine

"We tend to do things to people and not with people," Anderson said. "And that has been the problem in the past."

A report co-authored by the NAACP found that Black respondents who knew of the Tuskegee Syphilis study were significantly less likely to opt for the vaccine, and that only 14% of Black Americans surveyed trusted the vaccine was safe, and only 18% trusted it was effective.

It also found that Black Americans were twice as likely to trust messaging from someone of their own racial or ethnic group.

Anderson reported he had the Moderna vaccine.

"People have to realize that the people that are taking care of them in the hospitals are taking the vaccine – I just had mine last week," he said. "So if we're still here, it can't be that bad.

"I think that they ought to know that the data has been peer-reviewed, by individuals who look like them. Also, I think it would be beneficial for a lot of doctors and nurses of color to certainly be the leaders in trying to get people vaccinated. I think that this is a great time for the (Historically Black Colleges and Universities) to tout the expertise of the graduates, and to try to mobilize those individuals to encourage individuals of color to be vaccinated."

Still, Anderson believes the best approach is for local organizations to identify vaccine-related apprehension within their respective communities.

"There are some things that might be universal, but I think the messaging has to be local," Anderson said. "It's just psychology. All politics is local. Well, so is healthcare."

Vaccination is voluntary, and Anderson urges similar consideration when talking with people about their fears.

"I think that we do it conversation by conversation," he said. "That we tell the truth, and we keep telling the truth. We try to have a conversation with anybody who wants to have a conversation with us, and the second part is important.

"I just ask, 'Do you plan to take the vaccine?' We're just having a conversation. So if I'm an Uber, I'm having a conversation with the Uber driver. I'm not trying to convince him so much as I'm trying to listen to why or why not he's going to have the vaccine. I'm really listening to their explanations."

Anderson offers a novel suggestion for demystifying the shot.

"I've also said that perhaps the one personal thing that everybody can do is when they get their vaccine, to post a screenshot on social media, and to have a conversation," he said.